

TABLE F. STATISTICAL PROJECTIONS - ENTIRE FACILITY

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For sections 4 & 5, the number of beds and occupancy percentage should be reported on the basis of licensed beds. In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. See additional instruction in the column to the right of the table.

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Include additional years, if needed in order to be consistent with Tables G and H.						
Indicate CY or FY	FY2013	FY2014	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022
1. DISCHARGES										
a. General Medical/Surgical*	9,421	9,199	10,262	10,213	10,278	10,342	10,407	10,582	10,757	10,932
b. ICU/CCU	2,211	2,400	1,902	1,925	1,937	1,949	1,961	1,994	2,027	2,060
Total MSGA	11,632	11,599	12,164	12,138	12,215	12,291	12,368	12,576	12,784	12,992
c. Pediatric	123	113	75	75	75	77	77	79	79	81
d. Obstetric	0	0	0	0	0	0	0	0	0	0
e. Acute Psychiatric	1,528	1,484	1,396	1,427	1,459	1,490	1,522	1,552	1,583	1,613
Total Acute	13,283	13,196	13,635	13,640	13,749	13,858	13,967	14,207	14,446	14,686
f. Rehabilitation	0	0	0	0	0	0	0	0	0	0
g. Comprehensive Care	0	0	0	0	0	0	0	0	0	0
h. Other (Specify/add rows of needed)	0	0	0	0	0	0	0	0	0	0
TOTAL DISCHARGES	13,283	13,196	13,635	13,640	13,749	13,858	13,967	14,207	14,446	14,686
2. PATIENT DAYS										
a. General Medical/Surgical*	38,619	36,014	40,604	40,516	40,772	41,028	41,286	41,980	42,674	43,369
b. ICU/CCU	14,295	14,410	12,310	12,283	12,361	12,439	12,517	12,727	12,938	13,148
Total MSGA	52,914	50,424	52,914	52,799	53,133	53,467	53,803	54,707	55,612	56,517
c. Pediatric	221	205	136	136	138	138	139	142	144	147
d. Obstetric	0	0	0	0	0	0	0	0	0	0
e. Acute Psychiatric	7,224	7,144	6,574	6,723	6,871	7,020	7,168	7,311	7,454	7,597
Total Acute	60,359	57,773	59,624	59,658	60,142	60,625	61,110	62,160	63,210	64,261
f. Rehabilitation	0	0	0	0	0	0	0	0	0	0
g. Comprehensive Care	0	0	0	0	0	0	0	0	0	0
h. Other (Specify/add rows of needed)	0	0	0	0	0	0	0	0	0	0
TOTAL PATIENT DAYS	60,359	57,773	59,624	59,658	60,142	60,625	61,110	62,160	63,210	64,261

3. AVERAGE LENGTH OF STAY (patient days divided by discharges)										
a. General Medical/Surgical*	4.10	3.91	3.96	3.97	3.97	3.97	3.97	3.97	3.97	3.97
b. ICU/CCU	6.47	6.00	6.47	6.38	6.38	6.38	6.38	6.38	6.38	6.38
Total MSGA	4.55	4.35	4.35	4.35	4.35	4.35	4.35	4.35	4.35	4.35
c. Pediatric	1.80	1.81	1.81	1.81	1.84	1.79	1.81	1.80	1.82	1.81
d. Obstetric	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
e. Acute Psychiatric	4.73	4.81	4.71	4.71	4.71	4.71	4.71	4.71	4.71	4.71
Total Acute	4.54	4.38	4.37	4.37	4.37	4.37	4.37	4.38	4.38	4.38
f. Rehabilitation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
g. Comprehensive Care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
h. Other (Specify/add rows of needed)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL AVERAGE LENGTH OF STAY	4.54	4.38	4.37	4.37	4.37	4.37	4.37	4.38	4.38	4.38
4. NUMBER OF LICENSED BEDS										
a. General Medical/Surgical*	149	152	148	160	162	164	165	160	160	160
b. ICU/CCU	57	55	42	42	42	42	42	42	42	42
Total MSGA	206	207	190	202	204	206	207	202	202	202
c. Pediatric	6	4	6	3	3	3	3	3	3	3
d. Obstetric	0	0	0	0	0	0	0	0	0	0
e. Acute Psychiatric	24	24	24	24	24	24	24	24	24	24
Total Acute	236	235	220	229	231	233	234	229	229	229
f. Rehabilitation	0	0	0	0	0	0	0	0	0	0
g. Comprehensive Care	0	0	0	0	0	0	0	0	0	0
h. Other (Specify/add rows of needed)	0	0	0	0	0	0	0	0	0	0
TOTAL LICENSED BEDS	236	235	220	229	231	233	234	229	229	229

5. OCCUPANCY PERCENTAGE <i>*IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.</i>										
a. General Medical/Surgical*	71.0%	64.9%	75.2%	69.5%	69.1%	68.7%	68.4%	71.9%	73.1%	74.3%
b. ICU/CCU	68.7%	71.8%	80.3%	80.1%	80.6%	81.1%	81.7%	83.0%	84.4%	85.8%
Total MSGA	70.4%	66.7%	76.3%	71.7%	71.5%	71.3%	71.1%	74.2%	75.4%	76.7%
c. Pediatric	10.1%	14.0%	6.2%	12.4%	12.6%	12.6%	12.7%	13.0%	13.2%	13.4%
d. Obstetric	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
e. Acute Psychiatric	82.5%	81.6%	75.0%	76.7%	78.4%	80.1%	81.8%	83.5%	85.1%	86.7%
Total Acute	70.1%	67.4%	74.3%	71.4%	71.4%	71.4%	71.4%	74.4%	75.6%	76.9%
f. Rehabilitation	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
g. Comprehensive Care	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
h. Other (Specify/add rows of needed)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
TOTAL OCCUPANCY %	70.1%	67.4%	74.3%	71.4%	71.4%	71.4%	71.4%	74.4%	75.6%	76.9%
6. OUTPATIENT VISITS										
a. Emergency Department	35,864	34,548	34,858	35,664	36,079	36,499	36,923	37,353	37,787	38,227
b. Same-day Surgery	6,773	6,445	6,593	6,585	6,623	6,633	6,657	6,723	6,788	6,853
c. Laboratory	3,797,263	4,013,624	3,627,643	3,627,643	3,638,527	3,649,442	3,660,390	3,744,576	3,755,810	3,767,078
d. Imaging	629,766	674,502	671,241	679,789	683,097	686,423	689,766	706,922	710,369	713,835
e. Other (Specify/add rows of needed)										
TOTAL OUTPATIENT VISITS	4,469,666	4,729,119	4,340,335	4,349,681	4,364,326	4,378,997	4,393,736	4,495,574	4,510,754	4,525,993
7. OBSERVATIONS**										
a. Number of Patients	4,180	5,224	5,690	4,543	5,218	5,279	5,340	5,402	5,465	5,529
b. Hours	69,010	95,841	93,610	92,866	106,662	107,903	109,158	110,427	111,712	113,011

* Include beds dedicated to gynecology and addictions, if separate for acute psychiatric unit.

** Services included in the reporting of the "Observation Center", direct expenses incurred in providing bedside care to observation patients; furnished by the hospital on the hospital's premises, including use of a bed and periodic monitoring by the hospital's nursing or other staff, in order to determine the need for a possible admission to the hospitals as an inpatient. Such services must be ordered and documented in writing, given by a medical practitioner; may or may not be provided in a distinct area of the hospital.