

TABLE I. STATISTICAL PROJECTIONS - NEW FACILITY OR SERVICE

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (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.

	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 J and K.				
Indicate CY or FY	FY19	FY20	FY21	FY22	FY23
1. DISCHARGES					
a. General Medical/Surgical*	119	227	267	309	343
b. ICU/CCU	21	41	47	53	59
Total MSGA	140	268	314	362	402
c. Pediatric					
d. Obstetric					
e. Acute Psychiatric					
Total Acute	140	268	314	362	402
f. Rehabilitation					
g. Comprehensive Care					
h. Other (Specify/add rows of needed)					
TOTAL DISCHARGES	140	268	314	362	402
2. PATIENT DAYS					
a. General Medical/Surgical*	993	1,893	2,206	2,530	2,795
b. ICU/CCU	199	376	435	495	542
Total MSGA	1,191	2,269	2,641	3,025	3,337
c. Pediatric					
d. Obstetric					
e. Acute Psychiatric					
Total Acute	1,191	2,269	2,641	3,025	3,337
f. Rehabilitation					
g. Comprehensive Care					
h. Other (Specify/add rows of needed)					
TOTAL PATIENT DAYS	1,191	2,269	2,641	3,025	3,337

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	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 J and K.				
Indicate CY or FY	FY19	FY20	FY21	FY22	FY23
3. AVERAGE LENGTH OF STAY					
a. General Medical/Surgical*	8.4	8.3	8.3	8.2	8.1
b. ICU/CCU	9.3	9.3	9.3	9.3	9.3
Total MSGA	8.5	8.5	8.4	8.4	8.3
c. Pediatric	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
d. Obstetric	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
e. Acute Psychiatric	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Acute	8.5	8.5	8.4	8.4	8.3
f. Rehabilitation	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
g. Comprehensive Care	#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!
TOTAL AVERAGE LENGTH OF STAY	8.5	8.5	8.4	8.4	8.3
4. NUMBER OF LICENSED BEDS					
a. General Medical/Surgical*	164	169	173	177	181
b. ICU/CCU	47	49	50	51	52
Total MSGA	211	218	223	228	232
c. Pediatric	1	1	1	1	1
d. Obstetric	0	0	0	0	0
e. Acute Psychiatric	29	29	30	30	31
Total Acute	241	247	253	258	264
f. Rehabilitation	0	0	0	0	0
g. Comprehensive Care	0	0	0	0	0
h. Other (Specify/add rows of needed)	0	0	0	0	0
TOTAL LICENSED BEDS	241	247	253	258	264

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	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 J and K.				
Indicate CY or FY	FY19	FY20	FY21	FY22	FY23
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*	1.7%	3.1%	3.5%	3.9%	4.2%
b. ICU/CCU	1.1%	2.1%	2.4%	2.7%	2.9%
Total MSGA	1.5%	2.9%	3.3%	3.6%	3.9%
c. Pediatric	0.0%	0.0%	0.0%	0.0%	0.0%
d. Obstetric	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
e. Acute Psychiatric	0.0%	0.0%	0.0%	0.0%	0.0%
Total Acute	1.4%	2.5%	2.9%	3.2%	3.5%
f. Rehabilitation	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
g. Comprehensive Care	#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!
TOTAL OCCUPANCY %	1.4%	2.5%	2.9%	3.2%	3.5%
6. OUTPATIENT VISITS					
a. Emergency Department					
b. Same-day Surgery					
c. Laboratory					
d. Imaging					
e. Other (Transplant Outpatient Activities)	226	452	567	688	805
TOTAL OUTPATIENT VISITS	226	452	567	688	805
7. OBSERVATIONS**					
a. Number of Patients					
b. Hours					

*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.