MARYLAND HEALTH CARE COMMISSION

GROSS AND NET 2025 BED NEED PROJECTION FOR MEDICAL/SURGICAL/GYNECOLOGICAL/ADDICTIONS AND PEDIATRIC BEDS BY JURISDICTION

In accordance with the requirements of COMAR 10.24.10.05F(4)(f) and 10.24.05G(4)(f), the Maryland Health Care Commission (MHCC) publishes the following notice of jurisdictional gross and net bed need for medical/surgical/gynecological/addictions (MSGA) beds and pediatric beds. These jurisdictional gross and net bed need projections will apply in the review of Certificate of Need (CON) applications acted on by MHCC after the date of their publication. Updated projections published in the *Maryland Register* supersede any published in either the *Maryland Register* or any plan approved by MHCC. Published projections of gross bed need remain in effect until MHCC publishes updated acute care hospital bed need projections. Projections of net bed need can change in the interim between bed need projection updates as a result of changes in the number of licensed MSGA and pediatric beds and/or changes in approved beds resulting from MHCC CON or CON exemption decisions, or changes to correct errors in the data.

Gross and Net Bed Need Projection for MSGA Beds: Maryland, 2025

Jurisdiction	2025 Gross Bed Need		Licensed and Approved Beds	2025 Net Bed Need (Net of Currently Licensed and Approved Beds)	
	Minimum	Maximum		Minimum	Maximum
WESTERN MARYLAND					
ALLEGANY	97	131	168	-71	-37
FREDERICK	147	210	186	-39	24
GARRETT	17	22	24	-7	-2
WASHINGTON	136	193	188	-52	5

MONTGOMERY COUNTY					
MONTGOMERY	689	990	975	-286	15
SOUTHERN MARYLAND					
CALVERT	53	70	60	-7	10
CHARLES	72	104	73	-1	31
PRINCE GEORGE'S	371	498	569	-198	-71
ST. MARY'S	74	100	73	1	27
CENTRAL MARYLAND					
ANNE ARUNDEL	397	560	556	-159	4
BALTIMORE CITY	1,517	2,190	2,936	-1,419	-746
BALTIMORE COUNTY	530	700	782	-252	-82
CARROLL	112	142	96	16	46
HARFORD	168	223	218	-50	5
HOWARD	152	221	204	-52	17
EASTERN SHORE					
CECIL	60	77	64	-4	13
DORCHESTER	25	32	22	3	10
KENT	25	33	25	0	8
SOMERSET	4	4	3	1	1
TALBOT	81	105	87	-6	18
WICOMICO	143	206	241	-98	-35
WORCESTER	41	57	45	-4	12

Gross and Net Bed Need Projection for Pediatric Beds: Maryland, 2025

Jurisdiction	2025 Gross Bed Need		Licensed and Approved Beds	2025 Net Bed Need (Net of Currently Licensed and Approved Beds)	
	Minimum	Maximum		Minimum	Maximum
WESTERN MARYLAND					
ALLEGANY	1	2	2	-1	0
FREDERICK	2	2	5	-3	-3
GARRETT	1	1	1	0	0
WASHINGTON	2	3	4	-2	-1
MONTGOMERY COUNTY					
MONTGOMERY	8	11	52	-44	-41
SOUTHERN MARYLAND					
CALVERT	1	2	1	0	1
CHARLES	1	2	4	-3	-2
PRINCE GEORGE'S	0	0	6	-6	-6
ST. MARY'S	1	1	6	-5	-5
CENTRAL MARYLAND					
ANNE ARUNDEL	7	9	18	-12	-9
BALTIMORE CITY	96	140	246	-150	-106
BALTIMORE COUNTY	5	7	21	-16	-14
CARROLL	1	2	7	-6	-5
HARFORD	1	1	1	0	0
HOWARD	3	4	6	-3	-2
EASTERN SHORE					
CECIL	0	1	3	-3	-2
DORCHESTER	0	0	0	0	0
KENT	0	0	1	0	0
SOMERSET	0	0	0	0	0

TALBOT	1	2	8	-7	-6
WICOMICO	3	5	8	-5	-3
WORCESTER	0	0	0	0	0

NOTES:

Gross Bed Need

The minimum and maximum gross bed need projections shown in the tables above were calculated based on the methodologies outlined in COMAR 10.24.10.05, using a base year of 2015 and a target year of 2025.

Licensed and Approved Bed Inventory

The licensed and approved bed inventory has two components. First, for every jurisdiction, this inventory number includes the total number of MSGA or pediatric beds designated within the total acute care license of all of the hospitals in that jurisdiction for FY 2017. (These licensed bed numbers can be found in Table 1 of the *Annual Report on Selected Maryland General and Special Hospital Services: Fiscal Year 2017*, available on the MHCC website[1]).

Secondly, for some jurisdictions, the licensed and approved inventory also includes beds that were approved through the CON process as additions to bed capacity at hospitals in those jurisdictions. If a CON has been issued to a hospital that affected MSGA and or pediatric bed inventory and MHCC records indicate that a first use approval has not been issued for the project authorized through the CON or annual revision of the hospital's acute care bed license (which occurs on July 1 of every year) has not yet occurred following issuance of a first use approval, this may have an impact on the bed inventory of these tables, as follows:

1. If the number of designated MSGA or pediatric beds within the total acute care license of that hospital for FY 2017 equals or exceeds the total number of MSGA or pediatric beds approved for that hospital in the CON, then no additional beds are added to the jurisdictional inventory for purposes of net bed need projection. The licensed and approved bed inventory will simply be the total number of MSGA or pediatric beds designated within the total acute care licenses of all of the hospitals in that jurisdiction for FY 2017;
2. If the number of designated MSGA or pediatric beds within the total acute care license of that hospital for FY 2017 is less than the total number of MSGA or pediatric beds approved for that hospital in the CON, then additional beds are added to the jurisdictional inventory for purposes of net bed need projection, if the project has been completed (as indicated by issuance of a first use approval) and an annual re-designation of licensed bed capacity after the completion of the project has not yet occurred. The additional number of beds is the difference between the total number of MSGA or pediatric beds approved for all hospitals in that jurisdiction through the CON process and the total number of MSGA or pediatric beds designated within the total acute care licensees of all of the hospitals in that jurisdiction for FY 2017.

Net Bed Need

The minimum and maximum net bed need projections shown in the tables are the difference between the minimum and maximum gross bed need projections and the licensed and approved bed inventory.

Other

Licensed MSGA and pediatric bed capacity is not necessarily equivalent to the actual physical capacity to set up and staff acute care beds of this type in any given hospital, which is a function of building space and appropriate patient room space and the manner in which the rooms are equipped. Physical bed capacity is not necessarily equivalent to the actual bed capacity that an acute care hospital can safely, effectively, and efficiently operate, which is a function of both actual room capacity and the relationship between units of rooms and the circulation pattern within buildings and floors of buildings that connect units of patient rooms and other spaces within the hospital, including diagnostic, treatment, and supportive space.

Total licensed bed capacity for acute care hospital services is determined by a formula based on observed average daily patient census and is recalculated every year. Hospitals are allowed to designate the assigned acute care services (MSGA, Pediatric, obstetric, or psychiatric) for their total licensed acute care beds. For this reason licensed bed capacity can exceed actual physical bed capacity in any given hospital. For most hospitals, this is not the case. They report more physical bed capacity than licensed bed capacity.

Licensed acute care beds and other physical bed capacity that exceeds the licensed bed capacity of a hospital is used to accommodate patients that are not admitted to the hospital for inpatient hospital services but are classified as patients under observation. Bed use of this kind is not accounted for in the MSGA and pediatric bed need projections developed by MHCC. More information on the use of licensed and/or physical acute care hospital bed capacity for observation patients can be found on the MHCC website:

1.http://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_hospital/documents/acute_care/chcf_AcuteCare_Interim_Update_Hospital_Beds_FY17.pdf

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