**Massachusetts Department of Public Health**

**Acute Care Hospital Attestation: Suspension of ICU Staffing Minimums and Elective Procedures**

This attestation form is applicable to acute care hospitals and hospital systems that do not meet the bed capacity maintenance threshold established in the [Phase 1 Reopen Approach for Acute Care Hospitals](https://www.mass.gov/doc/dph-phase-1-reopening-guidance-acute-care-hospitals/download) and consistent with the Commissioner of Public Health’s [Order Exempting Hospitals from the Requirements of M.G.L. c. 111, §231](https://www.mass.gov/doc/dph-order-nurse-staffing-updated-may-18/download). **This attestation form** **must be completed and submitted prior to suspending the intensive care unit (ICU) acuity-assessed staffing and nurse-to-patient ratio requirements of G.L. c. 111, §231. The attestation shall confirm the hospital or hospital system’s suspension of all nonessential elective invasive procedures, including those conducted in an outpatient setting under the hospital’s license, consistent with the Commissioner of Public Health’s** [**Order Exempting Hospitals from the Requirements of M.G.L. c. 111, §231**](https://www.mass.gov/doc/dph-order-nurse-staffing-updated-may-18/download), [**Phase 1 Reopen Approach for Acute Care Hospitals**](https://www.mass.gov/doc/dph-phase-1-reopening-guidance-acute-care-hospitals/download) **Guidance, and** [**Phase 2 Reopen Approach for Acute Care Hospitals Guidance**](https://www.mass.gov/doc/dph-phase-2-reopening-guidance-acute-care-hospitals/download)**. Hospital systems cannot suspend ICU staffing ratios in any hospital in their system unless the hospital system overall is unable to meet bed capacity thresholds. Hospitals or hospital systems must take every reasonable step prior to requesting a temporary exemption from the requirements of M.G.L. c. 111, chapter 231.**

The form must be signed by the chief executive officer (CEO) of the hospital or the hospital system, as applicable. Hospitals or hospital systems must submit the attestation to DPH via its secure reporting web-based portal, the Health Care Facility Reporting System (HCFRS). Hospitals or hospital systems should upload the completed attestation as a new incident case, under the incident type “Surge Suspension Attestation” and then submit it. **Should the hospital or hospital system’s bed capacity exceed the bed capacity maintenance threshold, or if the hospital or any hospital in the system re-starts nonessential elective invasive procedures, the hospital or hospital system must resume the ICU staffing requirements of G.L. c. 111, §231 and must notify DPH of this change via a message in the notes section using the same incident case in HCFRS.**

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| **Hospital or Hospital System Information** | |
| **Hospital Name or Hospital System Name:** |  |
| **Date of Attestation:** |  |
| **Date Hospital or Hospital System’s Suspension of ICU Staffing Requirements and Elective Procedures:** |  |
| **Chief Executive Officer**  *CEO authorized to sign on behalf of the hospital or hospital system* | |
| **Name:** |  |
| **Phone Number:** |  |
| **E-mail Address:** |  |

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| **Attestation of Compliance**  ***Mark each criteria with an “X”*** | |
| In accordance with [DPH Hospital Reopening Guidance](https://www.mass.gov/doc/dph-phase-1-reopening-guidance-acute-care-hospitals-may-18/download) and the Commissioner of Public Health’s [Order Exempting Hospitals from the Requirements of M.G.L. c. 111, §231](https://www.mass.gov/doc/dph-order-nurse-staffing-updated-may-18/download) the undersigned certifies that: | |
|  | The 7-day average of the hospital or hospital system’s total staffed adult inpatient bed capacity (adult ICU and adult medical/surgical beds included staffed surge beds) fell below 20%. |
|  | The hospital or hospital system confirms that all  nonessential elective invasive procedures have been suspended, including those conducted in an outpatient setting under the hospital’s license. Nonessential elective invasive procedures are procedures that are scheduled in advance because the procedure does not involve a medical emergency; provided, however, that terminating a pregnancy is not considered nonessential. Further detail is outlined in the Commissioner of Public Health’s [Order Exempting Hospitals from the Requirements of M.G.L. c. 111, §231](https://www.mass.gov/doc/dph-order-nurse-staffing-updated-may-18/download) and [guidance](https://www.mass.gov/doc/dph-guidance-non-essential-elective-procedures/download) regarding the cancellation of elective procedures issued on June 24, 2020.  Providers at each hospital shall use their clinical judgment on a case by case basis regarding any invasive procedures that must be done to preserve the patient's life and health. Elective scheduling restrictions do not apply to procedures that, in the clinical judgment of the provider, would adversely impact life sustaining care. |
|  | Upon the hospital or hospital system’s total staffed adult inpatient bed capacity falling below 20%, I understand that the hospital or hospital system is exempt from the ICU staffing requirements of G.L. c. 111, §231 only for such time as the hospital or hospital system’s total staffed adult inpatient bed capacity remains below 20% and while elective procedures remain suspended. |
|  | I understand that once the hospital or hospital system’s total staffed adult inpatient bed capacity reaches or exceeds 20%, the hospital or hospital system is required to comply with the ICU staffing requirements of G.L. c. 111, §231. |
| **Certification and Attestation of Hospital or Hospital System Compliance** | |
|  | I certify under the pains and penalties of perjury that the above certifications are true and accurate. I understand that should the hospital or hospital system’s total staffed adult inpatient bed capacity reach or exceed 20%, the hospital or hospital system must comply with the ICU staffing requirements of G.L. c. 111, §231 and must immediately notify DPH via a message in the notes section using the same incident case in HCFRS it has resumed complying with all ICU staffing requirements. |
| **Signature:**  **Title:** |  |
| **Date:** |  |
| **Name:** |  |