**Massachusetts Department of Public Health**

**Hospital Attestation: Available Staffed Medical-Surgical and Intensive Care Unit Bed Capacity**

As provided in COVID-19 Public Health Emergency Order 2021-14 and implementing guidance from DPH, hospitals that maintain at least 15% of their available staffed medical-surgical and intensive care unit bed capacity (“capacity threshold”) may continue providing non-essential, non-urgent scheduled procedures that may require the use of bed capacity and/or services (“procedures”) without reduction. To provide such procedures the hospital/hospital system must complete this attestation form. **This attestation form** **must be completed and submitted in order for the hospital/hospital system to continue providing procedures without reduction. Hospitals/hospital systems cannot continue procedures without reduction unless the hospital meets or exceeds the capacity threshold and additional criteria outlined in the implementing guidance and below. Should the hospital or hospital system’s bed capacity fall below the capacity threshold, the hospital/hospital system must reduce procedures** **performed by at least 30% as compared to the hospital’s 2019 procedure volume and must notify DPH of this change via a message in the notes section using the same incident case in HCFRS.**

Hospital systems must ensure that every hospital within their system, including specialty hospitals, meet the criteria outlined in this document. Specialty hospitals that are independent or specialty hospitals that are part of a hospital system choosing to implement the Order at a hospital level, and its member hospitals are attesting independently, are not subject to the limitations in the Order and therefore, do not need to complete this attestation form.

The form must be signed by the chief executive officer of the hospital/hospital system. Hospitals/hospital systems must submit the attestation to DPH via its secure reporting web-based portal, the Health Care Facility Reporting System (HCFRS). Hospitals/hospital systems should submit the attestation as a new incident case and select “Scheduled Procedure Attestation” as the incident type. The attestation should be signed and uploaded as an attachment to the incident.

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| **Hospital/Hospital System Information** | |
| **Hospital/Hospital system:** |  |
| **Date of Attestation:** |  |
| **Date Hospital/All Hospitals in the Hospital System’s Available Bed Capacity Meets or Exceeds 15%:** |  |
| **Chief Executive Officer**  *Authorized to sign on behalf of the hospital/hospital system* | |
| **Name:** |  |
| **Phone Number:** |  |
| **E-mail Address:** |  |

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| **Attestation of Compliance**  ***Mark each criteria with an “X”*** | |
| In accordance with COVID-19 Public Health Emergency Order No. 2021-14 issued November 23, 2021 and implementing guidance from DPH, regarding the provision of non-essential, non-urgent scheduled procedures that may require the use of bed capacity and/or services, the undersigned certifies that: | |
|  | The 7-day average of the hospital’s total staffed adult bed capacity (adult ICU and adult medical/surgical beds including staffed surge beds) meets or exceeds 15%. In the case of a hospital system, the 7-day average total staffed adult bed capacity will meet or exceed the capacity threshold. |
|  | The hospital will maintain or exceed 15% available total staffed adult bed capacity (adult ICU and adult medical/surgical beds including staffed surge beds) and as reported to DPH through WebEOC, as measured by the 7-day average. In the case of a hospital system, each hospital in the system will maintain or exceed the capacity threshold. |
|  | The hospital will actively participate in the hospital’s regional Health and Medical Coordinating Coalition (HMCC) meetings and makes bed capacity available to and regularly accepts transfers from other hospitals. In the case of a hospital system, each hospital in the system will actively participate in the applicable regional HMCC meetings and make bed capacity available to and regularly accepts transfers from other hospitals. |
|  | The hospital will not transfer patients or seek assistance from other hospitals for the purpose of maintaining or exceeding the capacity threshold of 15% available total staffed adult bed capacity (adult ICU and adult medical/surgical beds including staffed surge beds). In the case of a hospital system, each hospital in the system will not transfer patients or seek assistance from other hospitals outside of the hospital system for the purpose of maintaining or exceeding the capacity threshold. |
|  | Should the hospital’s available capacity fall below 15%, the hospital will reduce procedures performed by at least 30% as compared to the hospital’s 2019 procedure volume and must notify DPH of this change via a message in the notes section using the same incident case in HCFRS. In the case of a hospital system, the system will reduce procedures performed by 30% across its system and must notify DPH of this change. |
| **Certification and Attestation of Hospital** | |
|  | I certify under the pains and penalties of perjury that the above certifications are true and accurate. I understand that should the hospital’s/any hospital in the hospital system’s total staffed adult bed capacity fall below 15%, the hospital/hospital system must reduce procedures performed by at least 30% as compared to the hospital’s/hospital system’s 2019 procedure volume and must notify DPH of this change via a message in the notes section using the same incident case in HCFRS. |
| **Signature:**  **Title:** |  |
| **Date:** |  |
| **Name:** |  |