



Massachusetts Department of Public Health

Acute Care Hospital Phase 1 Reopen Attestation

NOTE: This attestation form has been updated as of May 25, 2020 to provide the following clarifications:

- **Bed capacity calculation methodology**

If hospitals submitted the previous version of this attestation form, there is no requirement to resubmit.

This attestation form is applicable to acute care hospitals and **must be completed prior to performing Phase 1 services and procedures as defined in Massachusetts Department of Public Health (DPH) Reopen Approach for Acute Care Hospitals guidance ([“DPH Hospital Reopening Guidance”](#))**.

The form must be signed by the chief executive officer (CEO) of the hospital or the hospital system and prominently posted on the hospital’s website with a link to the [Commonwealth’s Reopening website](#). 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 “Phase 1 Attestation” and then submit it. If the hospital or hospital system no longer meets the criteria described in DPH Hospital Reopening Guidance, the hospital or hospital system should notify DPH via a message in the notes section using the same incident case in HCFRS.

Hospital or Hospital System Information	
Hospital Name or Hospital System Name:	<i>Trinity Health Of New England: Mercy Medical Center</i>
Date of Attestation:	June 1, 2020
Date to Begin Phase 1 Services:	June 1, 2020
Chief Executive Officer <i>CEO authorized to sign on behalf of the hospital or hospital system</i>	
Name:	Deborah Bitsoli
Phone Number:	(413) 748-9305
E-mail Address:	Deborah.Bitsoli@TrinityHealthOfNE.org

Attestation of Compliance
Mark each criteria with an "X"

In accordance with [DPH Hospital Reopening Guidance](#), the undersigned certifies that:

Capacity Criteria (See Methodology Guidance Below For More Information)

The 7-day average of the hospital's or hospital system's available, staffed adult ICU beds was at least 25% of its total staffed adult ICU bed capacity (including staffed surge ICU beds) as of the date of attestation.

The 7-day average of the hospital's or hospital system's available, staffed adult inpatient beds was at least 25% of its total staffed adult inpatient bed capacity (adult ICU and adult medical surgical beds including staffed surge beds) as of the date of attestation.

The hospital or hospital system has reopened and has the ability to staff all pediatric ICU beds and psychiatric/behavioral health beds consistent with pre-pandemic levels as described in [DPH Hospital Reopening Guidance](#).

If the 7-day average of the hospital's or hospital system's total staffed adult inpatient bed capacity (adult ICU and adult medical/surgical beds included staffed surge beds) falls below 20%, it must immediately give notice to DPH and promptly suspend the provision of non-emergent Phase 1 services, as outlined in the [DPH Hospital Reopening Guidance](#).

Public Health and Safety Standards

The hospital or hospital system is in compliance with all Personal Protective Equipment and Other Essential Supplies standards outlined in [DPH Hospital Reopening Guidance](#).

The hospital or hospital system is in compliance with all Workforce Safety standards outlined in [DPH Hospital Reopening Guidance](#).

The hospital or hospital system is in compliance with all Patient Safety standards outlined in [DPH Hospital Reopening Guidance](#).

The hospital or hospital system is in compliance with all Infection Control standards outlined in [DPH Hospital Reopening Guidance](#).

The hospital or hospital system maintains and regularly updates written policies or procedures that meet or exceed all of the public health/safety standards outlined in [DPH Hospital Reopening Guidance](#).


Services and Procedures Provided

The hospital or hospital system will provide only those in-person procedures and services consistent with [DPH Hospital Reopening Guidance](#) that based on the provider's clinical judgment, constitute: (1) high-priority preventative care such as pediatric care and chronic disease care for high-risk patients, (2) urgent procedures or services that cannot be delivered remotely and would lead to high risk or significant worsening of the patient's condition if deferred, and (3) emergency procedures or services.

The hospital or hospital system is making clinical determinations about service provision in a manner consistent with [DPH Hospital Reopening Guidance](#).

Compliance and Reporting

The hospital or hospital system has established a governance body that is responsible for overseeing ongoing compliance with the criteria and standards for the hospital(s) in [DPH Hospital Reopening Guidance](#).

	The hospital or hospital system will maintain this attestation and documentation of compliance, including all written policies and protocols that incorporate or exceed the standards outlined in DPH Hospital Reopening Guidance for PPE and supplies, workforce safety, patient safety, and infection control, and will make such documents available to DPH upon request at any time.
	The hospital or hospital system is making reasonable efforts to recall furloughed direct care workers to the extent possible.
Certification and Attestation of Hospital Readiness	
	On behalf of the hospital or hospital system indicated above, I certify under the pains and penalties of perjury that the above certifications are true and accurate the hospital meets the Phase 1 criteria and standards in DPH Hospital Reopening Guidance . I understand that should the hospital become unable to meet any of the criteria or standards in DPH Hospital Reopening Guidance and contained within this form the hospital must immediately notify DPH and cease performing Phase 1 services until full compliance is obtained.
Signature:	
Date:	June 1, 2020
Name:	Deborah Bitsoli

Methodology Guidance for Calculating Capacity Criteria

- Hospital systems are required to assess their total bed capacity at the system level for all capacity criteria. For the purposes of this guidance, a hospital system includes all acute care hospitals in Massachusetts that are owned or corporately controlled by a common parent entity.
- To calculate bed availability at a hospital or hospital-system level, based on the data reported daily in WebEOC, the hospital or hospital-system should: (a) calculate the numerator for each day: sum the number of adult medical/surgical and ICU patients (i.e., occupied beds) across the hospital or hospital system. Then, (b) calculate the denominator for each day: sum the total adult medical/surgical and ICU staffed beds (including staffed surge) across the hospital or hospital system for the current day. To calculate the occupancy percent, (c) divide the numerator by the denominator: the summed number of patients (i.e., occupied beds) by the summed total number of staffed beds (including staffed surge). To calculate the availability percent (d), subtract the occupancy percent from 1. To calculate a 7-day average, (e) hospitals or hospital systems must calculate the bed availability rate for the current day, and using the same methodology calculate the rate from the previous 6 days, and take an average of the 7 rates.
- The ICU criteria is calculated using the same methodology, but using only adult ICU patients and staffed ICU beds (including staffed surge).
- For the purpose of this guidance, staffed surge beds (ICU or adult medical/surgical) means those beds that are currently staffed or that the hospital can staff within 12-24 hours. Unstaffed surge beds, i.e., those that can be made available within 72 hours, should not be included.