

# Massachusetts Department of Public Health

## Acute Care Hospital Phase 1 Reopen Attestation

### Phase 2: Cautious



**NOTE: This updated attestation form incorporates the capacity criteria and public health and safety standards required for Phase 1: Start and outlines additional requirements for acute care hospitals in Phase 2: Cautious, effective June 8, 2020.**

This attestation form is applicable to acute care hospitals and **must be completed prior to performing Phase 2 services and procedures as defined in Massachusetts Department of Public Health (DPH) Reopen Approach for Acute Care Hospitals Phase 2: Cautious Guidance (“DPH Hospital Reopening Guidance Phase 2”)**.

The attestation form must be signed by the chief executive officer (CEO) of the hospital or hospital system on behalf of all system hospitals and include a named contact responsible for internal compliance with these criteria. A hospital or hospital system that meets the criteria below and intends to perform Phase 2 services and procedures must maintain a copy of the signed and made available to DPH upon request. A copy of the signed attestation form must be prominently posted at each hospital and on the hospital’s website with a link to the [Commonwealth’s Reopening website](#).

Hospitals or hospital systems must submit the attestation form via DPH’s 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 2 Attestation” and then submit it. If the hospital or hospital system no longer meets the Phase 2 criteria, the hospital or hospital system must notify DPH via a message in the notes section using the same incident case in HCFRS and promptly suspend provision of Phase 2 services, as outlined in the **DPH Hospital Reopening Guidance Phase 2**.

Hospital or Hospital System Information	
<b>Hospital Name or Hospital System Name:</b>	Signature Healthcare Brockton Hospital
<b>Date of Attestation:</b>	06/12/20
<b>Date to Begin Phase 2 Services:</b>	06/15/20
<b>Chief Executive Officer</b> <i>CEO authorized to sign on behalf of the hospital or hospital system</i>	
<b>Name:</b>	Kim Hollon
<b>Phone Number:</b>	508-941-7395
<b>E-mail Address:</b>	khollon@signature-healthcare.org



**Attestation of Compliance**  
*Mark each criteria with an "X"*

In accordance with **DPH Hospital Reopening Guidance Phase 2**, the undersigned certifies that:

**Phase 1: Start Reopen Attestation Completed (please check one box):**

X

The hospital or hospital system has previously filed a Phase 1: Start Reopen Attestation in accordance with the [DPH Hospital Reopening Guidance Phase 1](#) and is continuing to meet all Phase 1 criteria and standards.

**Attestations Specific to Phase 2: Cautious**

X

The hospital or hospital system has established a prioritization policy for scheduling and delivery of Phase 2 non-urgent care in accordance with this guidance and is making clinical determinations about service provision in a manner consistent with health equity principles in such policy and the **DPH Hospital Reopening Guidance Phase 2**.

X

The hospital or hospital system is monitoring patient volume for non-essential, elective invasive procedures and services, in each facility, clinic, or office setting where such procedures and services are performed and is scheduling patient visits in a manner consistent with the **DPH Hospital Reopening Guidance Phase 2**.

X

The hospital or hospital system is in compliance with CDC requirements and other public health guidance regarding environmental infection controls, which include specific requirements to suspend the use of all examination, procedural, and surgical areas in-between procedures for a mandated timeframe necessary for sufficient air changes to remove air-borne contaminants, prior to the thorough cleaning and disinfection of the room and equipment, as required in the [DPH Hospital Reopening Guidance Phase 1](#) and **DPH Hospital Reopening Guidance Phase 2**.

**Certification and Attestation of Hospital Readiness**

X

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 and that the hospital meets the criteria and standards in [DPH Hospital Reopening Guidance Phase 1](#) and standards in **DPH Hospital Reopening Guidance Phase 2**. I understand that should the hospital or hospital system become unable to meet any of the criteria or standards in **DPH Hospital Reopening Guidance for Phase 2**, the hospital or hospital system should notify DPH via a message in the notes section using the incident case in HCFRS and must promptly cease performing Phase 2 services until full compliance is obtained. I understand that should the hospital or hospital system no longer meet the criteria described in [DPH Hospital Reopening Guidance Phase 1](#), the hospital or hospital system should notify DPH via a message in the notes section using the incident case in HCFRS and must promptly cease performing both Phase 1 and Phase 2 services until full compliance is obtained.

**Signature:**

**Date:**

06/12/20

**Name:**

Kim Hollon