**Massachusetts Department of Public Health**

**Acute Care Hospital Phase 1 Reopen Attestation**

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](https://www.mass.gov/info-details/reopening-four-phase-approach). Hospitals must submit the attestation to DPH via its secure reporting web-based portal, the Health Care Facility Reporting System (HCFRS). Hospitals should upload the completed attestation as a new incident case, under the incident type “Phase 1 Attestation” and then submit it. If the hospital no longer meets the criteria described in DPH Hospital Reopening Guidance, the hospital should notify DPH 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:** | *Lahey Hospital Inc. – Burlington* |
| **Date of Attestation:** | 05/18/2020 |
| **Date to Begin Phase 1 Services:** | 05/18/2020 |
| **Chief Executive Officer**  *CEO authorized to sign on behalf of the hospital or hospital system* | |
| **Name:** | David L. Longworth, MD |
| **Phone Number:** | 781 744 8097 |
| **E-mail Address:** | [David.l.longworth@lahey.org](mailto:David.l.longworth@lahey.org) |

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| **Attestation of Compliance**  ***Mark each criteria with an “X”*** | |
| In accordance with DPH Hospital Reopening Guidance, the undersigned certifies that: | |
| **Capacity Criteria** | |
| ***X*** | 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. |
| ***X*** | 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 (including staffed surge ICU beds) as of the date of attestation. |
| ***X*** | 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. |
| ***X*** | If the hospital’s or hospital system’s adult inpatient bed capacity falls below 20%, it must immediately give notice to DPH and promptly suspend the provision of non-emergent Phase 1 services. |
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| ***X*** | The hospital or hospital system is in compliance with all Personal Protective Equipment and Other Essential Supplies standards outlined in DPH Hospital Reopening Guidance. |
| ***X*** | The hospital or hospital system is in compliance with all Workforce Safety standards outlined in DPH Hospital Reopening Guidance. |
| ***X*** | The hospital or hospital system is in compliance with all Patient Safety standards outlined in DPH Hospital Reopening Guidance. |
| ***X*** | The hospital or hospital system is in compliance with all Infection Control standards outlined in DPH Hospital Reopening Guidance. |
| ***X*** | 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. |
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| ***X*** | The hospital 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. |
| ***X*** | The hospital is making clinical determinations about service provision in a manner consistent with DPH Hospital Reopening Guidance. |
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| ***X*** | 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. |
| ***X*** | 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. |
| ***X*** | The hospital or hospital system is making reasonable efforts to recall furloughed direct care workers to the extent possible. |
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| ***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  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:** | 05/18/2020 |
| **Name:** | David L. Longworth, MD |