

**Massachusetts Department of Public Health  
Acute Care Hospital COVID-19 Resurgence Planning and  
Response Attestation  
November 3, 2020**



This attestation form is applicable to acute care hospitals and **must be completed within two weeks of the publication of the** Department of Public Health’s (DPH) [COVID-19 Resurgence Planning and Response Guidance](#).

The form must be signed by the chief executive officer (CEO) of the hospital or the hospital system or by the hospital’s compliance leader. Hospitals or hospital systems must maintain the signed attestation form and its Tiered Resurgence Plan and related policies and documentation as required by the guidance and make them available to DPH upon request.

Hospital or Hospital System Information	
<b>Hospital Name or Hospital System Name:</b>	<i>Shriners Hospitals for Children - Boston</i>
<b>Date of Attestation:</b>	November 16, 2020
<b>Chief Executive Officer or Compliance Leader</b> <i>CEO or leader authorized to sign on behalf of the hospital or hospital system</i>	
<b>Name/Title:</b>	Eileen F. Skinner, MHA FACHE - Administrator
<b>Phone Number:</b>	617-371-4715
<b>E-mail Address:</b>	eskinner@shrinenet.org

Attestation of Compliance <i>Mark each criteria with an “X”</i>	
In accordance with DPH <a href="#">Resurgence Planning and Response Guidance</a> , the undersigned certifies that:	
<b>Participation in Regional COVID-19 Preparation and Response Planning Process Meetings</b>	
<p>The hospital or hospital system has designated a senior leader with clinical experience and operational perspective (e.g., Chief Medical Officer, Chief Nursing Officer or other senior clinical leader) to participate in the regional COVID-19 Preparation and Response Planning Process meetings as required by the <a href="#">Resurgence Planning and Response Guidance</a> and provided the name of such designee to their Health and Medical Coordinating Coalition (HMCC) region sponsoring organization(s) within two weeks of the publication of the <a href="#">Resurgence Planning and Response Guidance</a>. For hospital systems, the hospital system has designated such a senior leader from each hospital within the HMCC region, or a senior leader from the hospital system for each region in which the hospital system’s hospitals are located.</p>	
<b>Designated Regional COVID-19 Hospital Preparation and Response Planning Process Meeting Participant</b>	



<i>Senior leader with clinical experience and operational perspective</i>	
<b>Name/Title:</b>	Mary Jo Pedulla – Director of Patient Care Services
<b>Phone Number:</b>	617-371-4795
<b>E-mail Address:</b>	mpedulla@shrinenet.org
The hospital or hospital system’s designee is prepared to share, discuss, develop, and implement coordinated regional action steps about the topics identified in the <a href="#">Resurgence Planning and Response Guidance</a> and as otherwise directed by DPH.	
<b>Tiered Resurgence Plan</b>	
The hospital or hospital system has developed a Tiered Resurgence Plan to guide their response to capacity constraints with the implementation of gradual and dynamic reductions in elective, non-urgent procedures and services, as needed, in accordance with the <a href="#">Resurgence Planning and Response Guidance</a> .	
The plan incorporates a written prioritization policy for determining which services or procedures should be reduced in each tier. The policy promotes equitable access to care for all populations, without regard for patient's insurance type, consistent with the criteria outlined in <a href="#">Phase 2 Guidance</a> (Section 3).	
The hospital or hospital system regularly updates and maintains written policies and protocols consistent with the Tiered Resurgence Plan and the <a href="#">Resurgence Planning and Response Guidance</a> .	
<b>Hospital Actions Based on Regional HMCC Tier Designation</b>	
The hospital or hospital system is taking the actions required in the <a href="#">Resurgence Planning and Response Guidance</a> and its Tiered Resurgence Plan consistent with the current regional HMCC Tier Designation.	
The hospital will activate the hospital’s or hospital system’s Tiered Resurgence Plan upon the hospital’s HMCC region being designated as Tier 3, as required by the <a href="#">Resurgence Planning and Response Guidance</a> .	
<b>Compliance and Reporting</b>	
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 the <a href="#">Resurgence Planning and Response Guidance</a> and will make such documents available to DPH upon request at any time.	
<b>Certification and Attestation</b>	
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 the hospital meets the requirements of the <a href="#">Resurgence Planning and Response Guidance</a> . I understand that should the hospital become unable to meet any of the criteria or standards in the Guidance and contained within this form, the hospital must immediately notify DPH.	
<b>Signature:</b>	<i>Eileen F. Skinner</i>
<b>Date:</b>	November 16, 2020
<b>Name:</b>	Eileen F. Skinner, MHA FACHE - Administrator