

Reassignment of CQI Data Abstractor

Attestation

I hereby attest the CQI data abstractor(s) named below will be temporarily reassigned to other duties necessary to our organization's response to the COVID-19 pandemic.

CQI name: MSTCVS Quality Collaborative

Data abstractor name(s): _____

Dates of abstractor reassignment:

Begin date: ____/____/____ Anticipated end date (if known): ____/____/____

What is the COVID-related percent bed occupancy at your hospital at the time of this form completion?
(example: 11/17/20- 30%) _____

What is the overall (both COVID and non-COVID patients) percent bed occupancy at your hospital at the time of this form completion? _____

If there are changes to the above information, I will provide the CQI coordinating center with updated information in a timely manner.

Facility Name

Signature _____/_____/_____
Date

Name

Title