

## Reassignment of CQI Data Abstractor

### Attestation

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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: \_\_\_\_\_

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: 4/16/21- 80%) \_\_\_\_\_

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.

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Facility Name

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

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Name

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Title