**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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: 12/6/21- 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_\_/­­­­­­­­­­­­­­\_\_\_\_\_\_

Signature Date

Name

Title