

NON-CRITICAL CARE BED CAPACITY ACTIVATION ATTESTATION:

Hospital Name and Site:	Facility#:
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In order to support the increased pressures on hospital care in the third wave of COVID-19, there is a need to quickly create additional non-critical care capacity for the duration of the declaration of the Emergency Order.

This activation attestation will document the opening of new non-critical care beds (i.e. acute and post-acute) in response to local, regional, or provincial need. The attestation will serve to record the intention and rationale of the hospital and the Regional Lead. This document will provide the Ministry of Health and Ontario Health the documentation necessary to enable the notification for funding allocation and reconciliation.

New Non-Critical Care Capacity will:

- Be considered temporary and created for a limited period of time. These beds will be closed when no longer required or as directed.
- Only be opened as deemed necessary by Hospital CEO in collaboration with Regional Lead to support COVID-19 census load balancing, in response to capacity demand resulting from directions from the IMS tables but, not at their specific direction i.e., the IMS cannot direct the opening of beds.
- Be considered a provincial and/or regional resource.
- Be implemented within days of the completion of this Activation Attestation.
- Be reported in the Daily Bed Census and related Ministry or Ontario Health surveys (ie. The COVID-19 Beds Tracker Weekly Survey)
- Be funded by the Ministry using a standard per diem rate. No bed per diems may be submitted for reimbursement through the Ministry’s COVID-19 incremental expense process.
- Will adhere to principles of safe practice and care.

NOTE: Support for the New Acute and Post-acute Care Capacity does not commit the Regional Lead nor the Ministry of Health to on-going funding of these beds.

Attestation Check List – to be completed by the hospital proposing to open new non-critical care capacity.

Bed Type	# of Beds	Site	Planned Open Date
Acute			
Med/Surg			
Long-Term Vent (LTV)			
Mental Health			
Transitional			
AHF - Transitional			
ALC - Transitional			
Post-Acute			
Complex Continuing Care			
Rehab			
Other Bed Type			
Please Specify:			

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- Health Human Resources Plan for beds has been developed and staff/clinicians have been secured.
- Beds are in conventional space ____ or unconventional space ____ or outside the hospital facility ____
 - If unconventional or outside hospital, please describe:
- IPAC team has reviewed and approved unconventional or external bed location.
- Necessary equipment and supplies have been secured.
 - If equipment is required, please describe:
- Support services (e.g. dietary, cleaning) have been arranged.

Signature below attests to agreement with terms of new bed capacity outlined above and accuracy of the attestation checklist.

Hospital CEO Name

Date

Signature

The additional non-critical care capacity request/proposal is supported by:

Regional Lead Name

Date

Signature

Please email signed copy of attestation to Adil Khalfan, Health System Performance and Support Executive, adil.khalfan@ontariohealth.ca.