**Local Hospital Capacity**

**Post Test**

**Post Test – Local Hospital Capacity**

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| **Question: True or False?** | **Answer** |
| 1. The facility has transfer agreements with the local hospitals to be able to transfer residents who need the acute level of care. |  |
| 1. A high percentage of COVID-19 positive cases in the community could limit the availability of hospital beds |  |
| 1. Facility staff capabilities and bed capacity are two factors which determine admission acceptance. |  |
| 1. The referral hospital is required to take all admissions, so it is not necessary for the facility to know their bed availability. |  |
| 1. The facility has policies and procedures for Infection Prevention and Control and to manage COVID-19. |  |
| 1. The facility is not required to have a system in place to identify changes in condition promptly. |  |

Employee Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_