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| **Requestor Details** |
| Date of Request: |  |
| Resource Request Number: |  |
| Facility Point of Contact:  |  |
| Facility Email: |  |
| Facility Phone: |  |

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| **Medical Staffing Information** |
| Requested Deployment Dates: |  |
| **Please answer each of the following questions:** |
| Is this a Medical Staffing Request? (Yes/No) |
| Is this for a General Acute Care Hospital (GACH)? (Yes/No) |
| Does the requested staff allow additional ICU or M/S/T beds (above licensed capacity) to be opened?O ICU bedsO M/S/T bedsO N/A |
| Would requested personnel allow for additional ICU beds to be opened for patients? (Yes/No) |
| Total ICU beds occupied (%)?O 100%+O 90-100%O 80-89.99%O 70-79.99%O <70% or NA |
| Has the facility transferred, or attempted to transfer, patients out of the facility within the last 24 hours because there is not enough trained staff to care for them? (Yes/No) |
| Have you cancelled all non-urgent elective surgeries? (Yes/No) |
| What is the average time of “triage-to-treatment” for ESI Category 3 patients in the ED over the last 72 hours?O >10 hoursO 6-10 hoursO 2-6 hoursO 0-2 hours |
| Do you have, or have you requested, an active Staffing Waiver for the service line in which you are requesting staff?O Team nursing model in placeO Already have a waiverO Have applied for a waiverO have not applied for a waiver |
| Would you be able to accept inter-facility patient transfers if you receive this staff? (Yes/No) |