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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 beds  O M/S/T beds  O 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 hours  O 6-10 hours  O 2-6 hours  O 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 place  O Already have a waiver  O Have applied for a waiver  O have not applied for a waiver | |
| Would you be able to accept inter-facility patient transfers if you receive this staff? (Yes/No) | |