



Hospital Staffing Questionnaire

With increasing COVID-19 cases across the state of Texas, healthcare worker staffing shortages are occurring. The following information is needed to better prioritize all requests.

Hospital Name

Requestor Name

Hospital Address

Hospital Type

What type(s) of staff are you requesting?

Of the requested staff, which positions are needed most? Highest priority?

How immediate is this need? Do you need these staff within 24hrs, 3 days, 5 days, 7 days? Future need?

Why are these staff needed?

Is your facility capable of operating without these staff?

Yes No

If no, why?

If yes, why are you requesting these staff?

Would these staff replace any existing staff?

Yes No

If yes, why are you replacing existing staff?

How many existing staff would be replaced?

Will these staff add capacity to increase the number of patients admitted to your facility?

Yes No

If yes, how many more patients will your facility be able to admit?



Have you furloughed staff? Yes No

If yes, is your facility working to hire them back?

If yes, how many furloughed staff has your facility returned to work?

Has your facility cancelled all non-essential procedures? ** Yes No

If yes, provide the date your facility formally cancelled all non-essential procedures:

***Please Note: Contract staffing provided by DSHS **are not** to provide any level of care for patients of non-essential procedures.*

Has your facility cancelled all non-essential visits? Yes No

If yes, provide the date your facility formally cancelled all non-essential visits:

Have all PRN staff been called in? Yes No

Number of PRN staff currently working full-time in your facility:

Has your facility contracted with any staffing agencies and/or healthcare workers to support your current needs? *(Does not include contract staff provided by the state)* Yes No

If no, why?

If yes, why can't your needs be filled by your facility's own staffing contract?

Has your facility decompressed by discharging all possible patients? Yes No

If yes, provide the date this was implemented:

Has your facility requested supplemental staff support from your corporate network? Yes No

If no, why?

If yes, have you received any supplemental staff from your corporate network? Yes No

Has your facility transferred outpatients from units with critical staffing shortages? Yes No

If no, why?

If yes, provide the names of some of the facilities/cities you are transferring patients to:



Has your facility transferred outpatients from units with critical staffing shortages? Yes No

If no, why?

If yes, provide the names of some of the facilities/cities you are transferring patients to:

Has the on-site hospital medsurge plan been implemented? Yes No

If no, why?

If yes, how many staffed beds has this added to your facility?

Has your facility developed plans to allow asymptomatic healthcare workers who have had an exposure to SARS-CoV-2 (The virus that causes COVID-19), but are not known to be infected, to continue to work? Yes No

If no, why?

Is your facility utilizing the time-based or symptom-based strategy to discontinue isolation for healthcare workers with suspected or confirmed COVID-19 to allow them to return to work? Yes No

If no, why?

Has your facility developed criteria to determine which healthcare workers with suspected or confirmed COVID-19 (who are well enough to work) could return to work in a healthcare setting before meeting all criteria to discontinue isolation and return to work? Yes No

If no, why?

Has your facility exhausted all other means of supplemental staffing? (Medical Reserve Corps, Nurses Associations, neighboring facilities, Texas Disaster Volunteer Registry, city/county CARES funding, etc.) Yes No

If no, why?

Is your facility actively following CDC Hospital Staff guidelines for response and mitigation practices? Please see the link below:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html> Yes No

Additional Comments: