

2021 Medical Surge Support Request Form

All questions below are required to be answered by all facilities requesting healthcare surge staff support from the Texas Department of State Health Services.

Please Note:

Facilities must onboard contract medical staff more than once a week and onboarding process must be submitted to DSHS prior to allocation of staff. If a facility cannot onboard more than once a week, the request may not be considered an emergency.

Contract staffing provided by DSHS are not to provide any level of care for patients of non-essential procedures. Contract staffing provided by DSHS are only to care for COVID patients OR to backfill staff who are unavailable for reasons due to COVID or caring for family members with COVID. No other scenarios for use of staff are authorized.

Facilities will schedule staff for no more than 72-hours per week (6 days, 12-hr shifts each).

Submission of this form communicates your agreement to abide by the requirements outlined within.

Staffing

1. Of the requested staff, which positions are needed the most/highest priority? *Please rank in order of priority, with highest first.*
2. How immediate is this need? Do you need these staff within 24-hours, 3-days, 5-days, 7-days?

Do you anticipate future needs? YES NO

- a. Note: Contract staff may take up to 5 days to arrive in place after dispatch at the state level.
3. Why are these staff needed?
4. Is your facility capable of operating without these staff? YES NO
 - a. If no, why?
 - b. If yes, why are you requesting these staff?
5. Would these staff replace any existing staff? YES NO
 - a. If yes, why are you replacing existing staff?
 - b. How many existing staff would be replaced?
6. Will these staff add capacity to increase the number of patients admitted to your facility? YES NO
 - a. If yes, how many more patients will your facility be able to admit?
7. Have you furloughed staff? YES NO
 - a. If yes, is your facility working to hire them back? YES NO
 - b. If yes, how many furloughed staff has your facility returned to work?

8. Have all PRN staff been called in? YES NO
 - a. Number of PRN staff currently working full-time in your facility:
9. Has your facility contracted with any staffing agencies and/or healthcare workers to support your current needs? (Does not include contract staff from the state) YES NO
 - a. If no, why?
 - b. If yes, why can't your needs be filled by your facility's own staffing contract?
10. Has your facility requested supplemental staff support from your corporate network? YES NO
 - a. If no, why?
 - b. If yes, have you received any supplement staff from your corporate network? YES NO
11. Has your facility exhausted all other means of supplemental staffing? (Contract staffing agencies, County Medical Reserve Corps, County Emergency Nurses Associations, neighboring or sister facilities, Texas Disaster Volunteer Registry, city/county CARES funding, etc.) YES NO
 - a. If no, why?
12. Is your facility capable of onboarding new staff more than 1 day a week? YES NO
13. Are there particular days you conduct onboarding? YES NO
 - a. If so, when?
14. How long is your facility's onboarding process (how many days does it take to complete)?
15. How many staff can your facility onboard in a week?
16. Are you willing to deviate from any onboarding protocols/processes to prevent a delay of staff's ability to work? YES NO
 - a. If so, which ones?

Facility Operations

17. Has your facility cancelled all non-essential procedures? YES NO
 - a. If yes, provide the date your facility formally cancelled all non-essential procedures:
18. Has your facility cross-leveled between hospital systems prior to requesting state staff? YES NO
19. Has your facility decompressed by discharging all possible patients? YES NO
 - a. If yes, provide the date this was implemented:
20. Has your facility transferred patients out of units with critical staffing shortages? YES NO
 - a. If no, why?
 - b. If yes, provide the names of some of the facilities/cities you are transferring patients to:
21. Has the on-site facility med surge plan been implemented? YES NO

- a. If no, why?
 - b. If yes, how many staffed beds has this added to your facility?
22. Is your facility prepared to provide the necessary PPE for additional contract staff? YES NO
- a. If no, please work to ensure your facility is prepared for this. You may submit a STAR, if needed.
23. Has your facility developed plans to allow asymptomatic healthcare workers who have had an exposure to SARS-CoV-2 but are not known to be infected, to continue to work? YES NO
- a. If no, why?
24. 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
- a. If no, why?
25. 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
- a. If no, why?