



Request for National Guard Hospital Staffing

Hospital Name

Hospital Address

Contact Name:

Phone Number

E-mail Address

Hospital Type Government Owned
 Non-profit

1. For TDH use: check all boxes that apply.

30% or more of all hospital admissions were COVID positive

95% or more of all staffed floor beds were utilized

30% or more of ICU admissions were COVID positive

95% or more of staffed ICU beds were utilized for 6 of the last 7 days

Other

2. Required hospital response: has the hospital stopped all elective procedures? (Note: this does not include trauma, emergent surgical cases, or oncology cases)

yes

no

Please describe. If you answered "yes," please include dates of implementation and whether or not this is still in effect. If you answered "no," please describe the extent to which elective procedures have been stopped.

3. Required hospital response: has staff from surgical and outpatient settings been redirected to inpatient needs?(Note: this does not include trauma, emergent surgical cases, or oncology cases)

Yes

No

Please Describe:

4. Has the hospital used available staffing regulatory flexibility by submitting a plan pursuant to EO67 and 68? (suggested, not required)

Yes

No

Please Describe:

5. Required hospital response: has the hospital exhausted all contract staff options (via hospital specific, statewide priority contract with THA, or other contract)?

Yes

No

Please Describe:

6. Has the hospital utilized hospital staffing assistance grants from the State?

Yes

No

7. Has the hospital coordinated with other facilities in the region to offload or level patient volume?

Yes

No

Please Describe:

8. Has the hospital expanded telehealth, home health, hospital-at-home, or other mechanisms of safely discharging or avoiding admissions?

Yes

No

Please Describe:

9. Has all PRN staff been called in?

Yes

No

If yes, please provide the date this was implemented:

10. Has the HCF utilized nursing graduates prior to board exams?

Yes

No

If yes, please provide the date this was implemented:

11. Has the hospital Implemented monoclonal antibody administration protocol?

Yes

No

If yes, please provide the date this was implemented:

How many medical personnel will you be requesting from the National Guard? (please enter a value that is 10 or less)

How many administrative personnel will you be requesting from the National Guard? (please enter a value that is 10 or less)

**What is the hospital's plan for incorporating National Guard personnel into clinical care?
Please include the number of beds that could be added by such integration.**

By typing my name below, I certify that the questions were answered truthfully and accurately to the best of my knowledge.

Please return completed forms to hospitals.covid@tn.gov