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State Health Professional Staffing Assistance

The Wisconsin Department of Health Services (DHS) is able to support supplemental surge staffing statewide via a state contracted staffing agency to hospitals and skilled nursing facilities which may be experiencing critical staffing shortages. Facilities should first utilize their existing relationships with staffing agencies; however, if facilities are unable to procure sufficient staffing, the DHS has staffing resources available statewide. The DHS cannot guarantee that every facility that meets the criteria to request staffing resources will receive staffing support due to the high demand.

Staffing Request Process

Resource requests, including staffing requests, must be submitted through [local or tribal emergency managers](#). The first step is to submit a staffing request through the [Wisconsin Emergency Assistance Volunteer Registry \(WEAVR\)](#). If the staffing request is unable to be fulfilled through WEAVR, the request may be escalated to the Surge Staffing Assistance Team (SSAT) to assess eligibility for support through a state contracted staffing agency. To be eligible to submit a staffing request through the SSAT, a facility must have:

- Contacted staffing agencies and is unable to meet current staffing needs.
- Submitted a Wisconsin Emergency Assistance Volunteer Registry (WEAVR) request.
- Curtailed elective health procedures.

There is a cost share arrangement made between the requesting facility and the State to receive health care staff under this professional staffing assistance program. If both the WEAVR request and surge staffing assistance request are unsuccessful within a hospital setting, the request can be further escalated to federal support. In all instances, a member of the Surge Staffing Assistance Team or of the Wisconsin Department of Administration will reach out to the requestor to confirm details of the request, provide updates on the process, and answer any questions.

For additional information, or to submit a question to the Surge Staffing Assistance Team, please contact John Longo at john.longo@dhs.wisconsin.gov.

HEALTH CARE ENTITY STAFFING REQUEST

Directions for requesting organization and determining eligibility:

Please fill out this form and submit it to your local public health department and/or local emergency manager so they can submit a resource request to the State Emergency Operations Center. This form is for both hospitals and long-term care facilities. If a particular question is not applicable to your facility, simply answer "Not Applicable."

In order to be eligible to receive support from the state staffing agency, the facility must have exhausted the following resources. To be eligible you must answer 'Yes' to all three questions below.

1. Must have already requested staffing through the Wisconsin Emergency Assistance Volunteer Registry (WEAVR) Yes No
2. Must have already request staffing through other agencies, or found to be cost prohibitive Yes No
3. Must have curtailed elective procedures Yes No

As more requests are received, prioritization will be based on a variety of metrics to determine need and urgency. Please complete the information requested on this form as detailed as possible as we need information on all steps that have been taken to meet the need locally.

Contact Information

Facility Name

Requestor Name

Requestor E-mail

Requestor Phone Number

Address

Site Point of Contact (POC) Name (if different than requestor)

Site POC Phone Number (if different than requestor)

STAFFING REQUESTS

Staff type(s) and FTE needed:

RN (insert FTE):

CNA/LPN (insert FTE):

Tech (specify type and insert FTE):

Unit Coordinator (insert FTE):

Environmental Services (insert FTE):

Other (specify type and insert FTE):

Type: FTE:

Other (specify type and insert FTE):

Type: FTE:

Other (specify type and insert FTE):

Type: FTE:

Acuity Level:

General Care Intermediate Care/Step-Down Intensive Care

Other (specify):

Specialty considerations (surgical, oncology, neonatal, postpartum, etc.):

Patient Age:

Pediatrics Adult

Shift(s) to be Covered:

8 hrs. 12 hrs. Night

Day(s) of Week to be Covered:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Date Needed by:

Duration of Deployment

CURRENT SITUATION AND ACTIONS TAKEN

What are the projected staffing shortfalls in the next week?

ICU:

Hospital:

Skilled Nursing Facility:

Have you opened additional surge space in your facility? If so, what are your projected staffing shortfalls for your surge space in the next week?

Would additional staffing resources facilitate expanded capacity in your facility? Yes No

Have you waived licensure requirements per State of Wisconsin Emergency Order #2?

<https://dsps.wi.gov/Documents/EO2AidHealthcareFacilitiestoProvideTreatment.pdf> Yes No

What steps have you taken to implement crisis standards of care (e.g., adjusted providers-to-patient ratios)?

What steps have you taken to reallocate staff within your skilled nursing facility, hospital or health system?

Have you redeployed procedural or outpatient staff to inpatient care? Yes No

Have you attempted to recruit retired providers? Yes No

Number or percent of healthcare providers unable to practice due to quarantine or COVID-19 infection:

Have you allowed exposed staff back from quarantine early per Health Alert Network (HAN) #18?

<https://content.govdelivery.com/accounts/WIDHS/bulletins/2a5760d> Yes No

Are you past your projected peak caseload? Yes No

Do you have more patients than your planned maximum? Yes No

Have you contacted the state-run Alternate Care Facility (ACF)? How many patients have you been able to transfer to the ACF?

Have you transferred patients to other hospitals? Yes No

Do your existing staff continue to be at or above a full workload? Yes No

Do you have staff that have not worked? Yes No

Do staff need time off? Yes No

Have you found additional permanent employees to help fill your capacity needs? Yes No

Do we need to provide additional staff capacity, and/or replenish PPE and other supplies to keep staff at full capacity? Yes No

What other measures have you taken to address staffing shortages?

Is this staffing request endorsed by HERC or other systems? If so, please describe.

Thank you for completing this form. You may be contacted to verify details of your request.

For Office Use Only

Additional Information: