



Rapid Response Team 2 Request

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| REQUEST DATE |
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Submit your completed form to rapidresponse@dshs.wa.gov. Include all required information to complete the request. "Rapid Response Team 2 Management will review and screen your staffing request using the priority criteria in the following order: Priority 1 for patient admissions from hospital; Priority 2 for COVID outbreaks at a certain staff percentage; Priority 3 for other urgent staffing.

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| FACILITY / HOME / PROVIDER NAME | | LICENSE / CERTIFICATION NUMBER | |
| PHYSICAL ADDRESS: STREET | | CITY | STATE ZIP CODE WA |
| FACILITY / HOME / PROVIDER TYPE <input type="checkbox"/> AFH <input type="checkbox"/> ALF <input type="checkbox"/> CCRSS <input type="checkbox"/> ICF/IID <input type="checkbox"/> ESF <input type="checkbox"/> NH <input type="checkbox"/> SL | | | |
| REQUESTOR'S NAME | | POSITION | |
| EMAIL ADDRESS | | CELL / OFFICE NUMBER (INCLUDE AREA CODE) | |
| FACILITY / HOME BED CAPACITY (NH, ALF, AFH, ESF, ICF/IID) | | SL CLIENTS ASSIGNED TO PROVIDER (SL ONLY) | |

Facility / Home / Provider Information (completed by requestor)

PRIORITY 1

Are you participating in the DSHS Incentive for Acute Care Hospital Discharges? Yes No

Is this request necessary to admit patients from acute care hospitals to expedite a necessary hospital discharge? Yes No

If yes, how many residents admitted: a) in the past 72 hours? ; b) this week?

Is this request necessary to readmit residents and clients from acute care hospitals (not related to the incentive program)? Yes No

If yes, how many residents admitted: a) in the past 72 hours? ; b) this week?.

PRIORITY 2

Is this request related to staffing needs for high COVID-19 + cases? Yes No

PRIORITY 3

Is this request related to staffing needs other than to support patient admissions from from hospitals and COVID-19 + cases? Yes No

STAFF REQUESTED

| NACS | LPNS | RNS |
|--|--|--|
| SHIFTS NEEDED: <input type="checkbox"/> DAY <input type="checkbox"/> EVENING <input type="checkbox"/> NIGHT | SHIFTS NEEDED: <input type="checkbox"/> DAY <input type="checkbox"/> EVENING <input type="checkbox"/> NIGHT | SHIFTS NEEDED: <input type="checkbox"/> DAY <input type="checkbox"/> EVENING <input type="checkbox"/> NIGHT |

Rapid Response Team 2 Management Notes

COMMENTS

Priority 1 Priority 2 Priority 3

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|---|------|------------------------|
| RAPID RESPONSE TEAM 2 MANAGER'S SIGNATURE | DATE | MANAGER'S PRINTED NAME |
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