



Regional Medical Coordination Center

24/7 Emergency Activation Line

855-734-6622

Activation Checklist:

During your call, include the following Essential Elements of Information

- Your Name
- Your Contact Number
- Organization Name
- Reason for Emergency Assistance
- Type of Assistance Needed
- If requesting a physical resource-
 - Exact location where resource is to be delivered
 - Who will accept and sign for the resource
 - Contact information for individual accepting/signing for resource

--- Hospital Essential Elements of Information ---
--- Data Collection Sheet on next page ---

Essential Elements of Information (EEI) Request - Hospitals

Medical Surge Incident

For the Regional Medical Coordination Center (MCC) to complete.

Below is the information requested by the Community Health Emergency Coordination Center (CHECC) to maintain situation awareness for a medical surge incident.

Region:	Date and Time:																						
Point of Contact at Region Submitting:																							
Facility Name:																							
Address:																							
Name and Title:																							
Phone Number:																							
Email:																							
Facility Report Section																							
Briefly Describe the Situation:																							
Estimated number of impacted adult patients:																							
Estimated number of impacted pediatric patients:																							
Total number of staff/personnel at facility:																							
Total licensed number of beds at facility:																							
Has the hospital? <table style="width: 100%; margin-left: 20px;"> <tr> <td>Activated their emergency response plan?</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Suspended elective surgeries?</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Activated IBA/CEDOCS?</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Step down patients where possible?</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Use unused space?</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Activated internal surge capacity?</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Other</td> <td></td> <td></td> </tr> </table>			Activated their emergency response plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Suspended elective surgeries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Activated IBA/CEDOCS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Step down patients where possible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Use unused space?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Activated internal surge capacity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other		
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Contacted local staffing agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when were they contacted? If yes, who was contacted?																							
What support is the facility requesting? <table style="width: 100%; margin-left: 20px;"> <tr> <td>Staffing Support:</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Patient Movement:</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Activation of Alternate Care Site:</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Activation of MI-TESA:</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Equipment/Supplies:</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Other:</td> <td></td> <td></td> </tr> </table>			Staffing Support:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Patient Movement:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Activation of Alternate Care Site:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Activation of MI-TESA:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Equipment/Supplies:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other:					
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What has the MCC done to meet the needs:																							
Additional Comments:																							

SUBMIT FORM TO: RMCC@MIREGION7.COM