



Job Aid: COVID-19 Resource Need Request

Instructions: The Resource Need Request form should be used when a Health Ministry has a staffing need they are unable to fill using local or regional resources. Resource requests should be submitted under the direction of your local Incident Command leaders.

COVID-19 Staffing Logistics Link: [COVID-19 Staffing Logistics - Need Request](#)

NOTE: If you are already logged into QuickBase you will need to log out to access the COVID-19 Resource Need Request form.

QuickBase Icons

Fields marked with a red * are required to be filled out before the page can be saved. It is highly encouraged to enter as much information in as many fields as possible. This will allow for the most accurate matching of available resources to areas of need.

Hovering over any field that has an information icon that looks like this, , will provide additional information regarding what is to be entered the field.

To begin requesting resource needs

Control click on this link: [COVID-19 Staffing Logistics - Need Request](#)

The COVID-19 Staffing Logistics QuickBase Application will open to the following form:

The screenshot shows a form with the following fields:

- Requester Full Name *
- Requester Email Address *
- Requester Phone Number
- Secondary Contact
- Secondary Follow-up Contact Email
- Secondary Follow-up Contact Phone Number
- Health Ministry of Need *
- RHM
- State
- Type of Resource Need (if adding new, keep to 1-4 words)
- Describe need in greater detail
- Primary Department of Need
- Department Number *
- Help me identify my cost center ID (button)
- SkillSet Needed
- Non-Clinical SkillSet
- Primary Clinical Specialty
- BLS Certification needed?
- ACLS Certification needed?
- Level of patient care required
- Additional skill set needed?

Enter the requester Full Name, email address and phone number.

Enter a secondary contact name, email address and phone number. Entering a secondary contact name will be helpful in cases where we are unable to contract the originally requester.

Select the Health Ministry by clicking the drop down and selecting ministry.

The dropdown menu shows the following information:

- Health Ministry of Need *: HCH Holy Cross Hospital, Inc. X
- RHM: HOLY CROSS HOSPITAL, INC.
- State: Florida

Type the Resource need by clicking on the drop-down and place a check in the box. If resource type is not in list, scroll down and select Add New Choice.

Type of Resource Need (if adding new, keep to 1-4 words)

Colleague Hotline

Describe need in greater detail - If additional description is need please add more details in the open text field.

Describe need in greater detail

Enter Primary Department description - the department number is a required field

Primary Department of Need: Pediatrics - General

Department Number: xxxxxx

Skillsets Needed

Under this section of the form enter the colleague skillsets which are required to fill the open shift(s).

Click on the Skillset drop down and choose clinical, nonclinical or both

SkillSet (drop down)

Clinical & Non-Clinical

Non-Clinical Skillset

Click on the Non-Clinical Skillset drop down and select the skill sets which apply by placing a check in the box. If a skillset is not in the list, scroll down to the end of the list and select Add New Choice.

Search choices

- Project Management
- QuickBase
- Risk Management
- Six Sigma
- Technical Operation
- Trainer

<Add New Choice...>

Non-Clinical SkillSet (multi select)

Help Desk Hospital Front Desk

Process Improvement

Project Management QuickBase

Risk Management Six Sigma Trainer

Select up to 20 choices

Primary Clinical Skillset

Enter the primary clinical skillset needed by clicking on the drop-down arrow. If your selection is not listed, scroll down and select Add New Category

Primary Clinical Specialty

Anesthesiology

Level of patient care required

Enter a Yes/No for BLS or ACLS Certification needed

BLS Certification needed? <input type="text"/>	ACLS Certification needed? <input type="text"/>
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Level of Patient Care select the level of patient care needed. If not listed, scroll down and select Add New Category. Place a check in the box.

Level of patient care required

RN

Search choices

RN

Additional Skillset add any additional skillsets which would be helpful in filling this shift

Click the box to attest for any resource needs that exceed available staffing within your region.

By checking this box I attest that this need exceeds available staffing in our region and we are therefore looking for resource assistance from other regions.

Unable to meet need locally

Enter the Redeployed Colleague Primary contact full name, phone number and email address.

Redeployed Colleague's Primary Contact Full Name <input type="text"/>	Redeployed Colleague's Primary Contact Phone Number (xxx-xxx-xxxx) <input type="text"/>	Redeployed Colleague's Primary Contact Email <input type="text"/>
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Shifts Needed

In this area, please indicate which shifts are open and cannot be filled by current resources.

New Shift More ▾ 0 Shifts

	Shift Date (mm-dd-yy)	Shift Time	Shift Start (drop down)	Shift End (drop down)	Manager Level?
					No

Enter the date of the shift that needs to be filled

Double click the Enter Shift time (day, afternoon, evening) and select the shift from the drop down

Double click the Enter Shift Start time and select the shift start time from the drop down

Double click the Enter Shift End time and select the shift end time from the drop down

Double click the Manager Level?, select Yes or No from the drop down to indicate whether this shift is a manager level shift

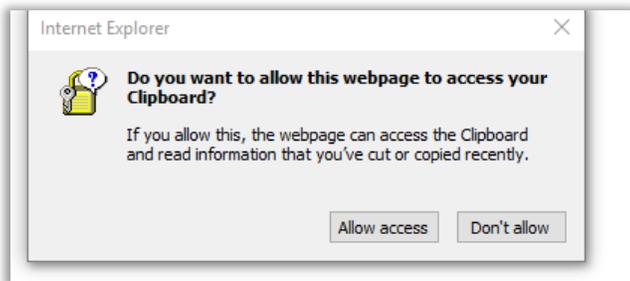
Note: The grid allows for the ability to copy data down if the shift is the same for multiple days in a row.

Highlight the row in which you would like to copy

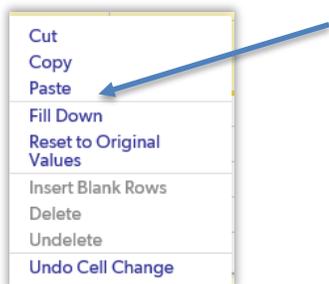
	Shift Date (mm-dd-yy)	Shift Time	Shift Start (drop down)	Shift End (drop down)	Manager Level?
	03-30-2020	Day	0630	1530	No
	03-31-2020	Evening	1800	0600	Yes
	04-01-2020				No
	04-02-2020				No
	04-03-2020				No
					No

Right click in the space

If the following message appears, please select allow access



The following functions will appear, **select Fill Down**, the data will populate down within the grid. If you get the same message above again, please select allow access.



The open shifts that need to be filled appear in the grid.

	Shift Date (mm-dd-yy)	Shift Time	Shift Start (drop down)	Shift End (drop down)	Manager Level?
	03-30-2020	Day	0630	1530	No
	03-31-2020	Evening	1800	0600	Yes
	04-01-2020	Evening	1800	0600	Yes
	04-02-2020	Evening	1800	0600	Yes
	04-03-2020	Evening	1800	0600	Yes
					No

Notes:

Add any additional notes you feel will be helpful for a resource manager to match the type of skill sets you need to fill the open shift.



Click Save and Close in the upper right-hand corner

A Staffing Logistics Team member will review your request and get back with you to fill it.

Please contact HQTHSHAREDMBCOVID19StaffingLogistics@trinity-health.org for assistance or questions.