NETCCN Support Request Survey

There are 54 questions in this questionnaire.
Click the Submit Form button on the last page to submit your request.

NSRS version 2.0
Updated: 12/29/2020 1400

Requesting Facility

* Facility Name

* Facility Address

* City   * State   * Zip Code

* Facility Contact Name/Title

* Contact Email

* Contact Office Phone   * POC Cell Phone

What type of ICU Equipment do you have?   Please fill in at least one answer:

<u>Quantity of Equipment</u>   <u>Make and Model of Equipment</u>

Ventilators * Mandatory

Bi-Pap/C-Pap Machines

Total ICU Capacity/% Filled   (# of ICU beds at your facility - including surge)

Total Telemetry Capacity   (# telemetry/monitoring/step-down beds available)

Dialysis/CRRT

ECMO Capacity

What is your facility's size/capacity (# of beds)?   (total beds, including surge)

At the time of the request, how many beds are filled?

At the time of the request, what is the number of available Intensivists?

At the time of the request, what is the number of available Critical Care Nurses?

At the time of the request, how many Respiratory Therapists do you have?

Did someone refer you?

Name/Title of Referral

Name of the Referral's Organization

Referral's Address

City   State   Zip Code

Referral's Email

Referral's Office Phone Number   Referral's Cell Phone Number

Facility Infrastructure - The next set of questions are about your facility's infrastructure.

* Is Cross State Licensure for Telemedicine Permissible in your State (by law or executive order)?

* Do you currently have Rapid Disaster Credentialing for Remote Providers available?

* Do you have available administrative support?

If yes, please provide point-of-contact name, email, and phone number:

* Do you have IT Support?

If yes, please provide point-of-contact name, email, and phone number:

* Do you have a Local Clinical Champion?

If yes, please provide point-of-contact name, email, and phone number:

* Will each local healthcare professional and/or patient that you want to have access to NETCCN services have access to a mobile device?

What services/support are currently being requested? Check all that apply:

24/7

Night Coverage Only

Weekend Coverage Only

Limited/Shift Coverage (not specially nights and/or Weekends)

eConsult only (i.e. on demand consultation for local caregivers)

Doctor Consult

Nurse Consult

RT Consult

Scheduled Multi-Disciplinary Rounds Support (Daily)

Scheduled Multi-Disciplinary Rounds Support (Twice Daily)

Remote Patient Monitoring (ICU setting)

Remote Patient Monitoring (Non-ICU setting)

Remote Patient Monitoring (Home setting)

Palliative Care (in Hospital)

Palliative Care (at Home)

EMS Support

Other (describe below):

Do you have any existing telemedicine hardware?

Do you have any existing telemedicine services at your facility?

Necessary Documentation

Please provide documentation for us to best review your facility. This can be provided through email (see below) and is not needed to receive support.

1. Drug Formulary
2. Proning Protocol (if available)
3. ICU protocols (any available)
4. ICU/Critical Care Patient Multi-disciplinary Rounds Schedule (if applicable)
5. Are you able to provide (at a later date) a copy of your ICU rounding Sheet/Survey/Checklist?

6. List of documents needed for disaster credentialing physicians, nurses, pharmacists, respiratory therapists, etc.
   Please provide the Name, Phone Number, and Email Address for the Credentialing point-of-contact

Please provide the Name, Phone number, and Email Address of the Head Nurse of the ICU:

Phone number to ICU Nursing Station:

Phone Number to COVID Ward nurses station:

Does the facility belong to a Health Information Exchange (HIE)?

If yes, please provide the name of the HIE as well as your HIE contat, Phone number and email address:

Please provide the the Name, Phone Number, and Email address of the contact who would be enrolling patients into the NETCCN application:

Technical Questions

Do you use an EMR? (If your medical record is paper based, skip the rest of the sub questions)

Who is your EMR vendor?

Does the site have the ability to send messages from EMR Securely

What type of clinical feeds are available? (ADT, orders, labs, MDM, etc.)

Which feeds are bi-directional?

What is the supported interoperability type and version? (HL7 v2.3, FHIR, 3rd party API, etc.)

What is the preferred end-user authentication/authorization method? (AD, Okta, Oath2, etc.)

What are your vital sign integration capabilities and methods? (Bluetooth, HL7, etc.)

Are there any specific technical limitations that we should be aware of?

Are there firewall restrictions for https traffic?

Does the site have an informatics/IT point-of-contact?

Does the site have Wi-Fi available throughout the facility?

Cellular Connectivity

Does the site have cellular connectivity throughout the facility?

Are there areas of concern for cellular coverage in the facility?

Total number of rooms/floors needing wireless backhaul capability:

Is there a Distributed Antenna System installed for cellular? If yes, please specify below.

Are there telemedicine carts (with cameras) available that we can leverage?

What are the site's VPN capabilities?

You may save the form, and return later to complete it (Save & Finish Later button, top right corner of the page).
When you have completed your entries, click the button below to email the form to the TATRC NETCCN Operations Officer. The button will forward the form via your email service to:
usarmy.detrick.medcom-usamrmc.mesg.netccn-operations-officer@mail.mil