

# PH DOC 05 - Assistance Capacity Report for Surgery Centers

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(REPORT AS OF) DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ FIRST REPORT  OR CHANGE IN STATUS

FACILITY NAME: \_\_\_\_\_

FACILITY STREET ADDRESS: \_\_\_\_\_

FACILITY CITY: \_\_\_\_\_ FACILITY ZIP CODE \_\_\_\_\_

Please list contact numbers for staff available to assist with the admission of patients or medical staff (e.g., Director of Surgical Services, Facilities Director, Scheduling direct line, Charge Nurse, Pre-op/PACU Charge Nurse, Administrator)

CONTACT PERSON: \_\_\_\_\_ TITLE \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

BACK UP CONTACT: \_\_\_\_\_ TITLE \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

FAX: (\_\_\_\_) \_\_\_\_\_

## ***Santa Cruz County is experiencing an emergency event. To relieve hospital surge:***

If needed, is your facility willing and able to receive patients? YES | NO

Are you willing and able to discharge patients (on a short-term basis) to make room to receive patients? YES | NO

Do you need assistance with transporting discharged patients? YES | NO

### **If willing to receive patients:**

Time (e.g., 0700- 1500)	# of ORs Available During This Time
Time (e.g., 0700- 1500)	# of Procedure Rooms Available During This Time
Time (e.g., 0700- 1500)	# of Recovery Beds Available During This Time

- OR Specialties**
- ENT
  - General Surgery
  - GYN
  - Plastics
  - Podiatry
  - Orthopedic
  - Urology
  - Other: \_\_\_\_\_
  - Other: \_\_\_\_\_

- Procedures**
- Colonoscopy
  - Upper Endoscopy
  - Other: \_\_\_\_\_
  - Other: \_\_\_\_\_

What are your admission criteria (e.g., ASA, etc.)? \_\_\_\_\_

IN ORDER TO PROVIDE ASSISTANCE FOR THIS EVENT, does your facility need resources from Santa Cruz County (e.g., personnel or supplies)? If yes, please complete and submit a Resource Request Form (PH DOC 02 or 03), which can be found on the Hospital Preparedness Program (HPP) webpage.

**Whenever your status changes, please send an update of this report to the Santa Cruz County DOC immediately.**

Instructions: During a DOC Activation, press the Email Now button or e-mail this form to [hsadoc@santacruzcounty.us](mailto:hsadoc@santacruzcounty.us), or fax to 831.454.4488. If you would like to contact someone by phone, dial 831.454.4444