

**Facility Name:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Total Number of Hospital Beds:** \_\_\_\_\_ **Average Daily Census:** \_\_\_\_\_

**Total Number of Adult ICU Beds:** \_\_\_\_\_ **Average Daily ICU Census:** \_\_\_\_\_

Types of Units/Beds: MICU \_\_\_\_\_ SICU \_\_\_\_\_ NeuroICU \_\_\_\_\_ CVICU \_\_\_\_\_ Other \_\_\_\_\_

**ICU Support Structure:**

**ICU Nursing:**

Patient/Nurse Ratio: \_\_\_\_\_ : \_\_\_\_\_ Average Turnover Rate: \_\_\_\_\_ %

Average Critical Care Experience: \_\_\_\_\_ Years

Total Number of Nurses: \_\_\_\_\_

**Advanced Practice Professional:**

Patient/APP Ratio: \_\_\_\_\_ : \_\_\_\_\_ Average Turnover Rate: \_\_\_\_\_

Average Critical Care Experience: \_\_\_\_\_ Years

Total Number of APPs: \_\_\_\_\_

APPs Employed by Hospital: \_\_\_\_\_ APPs Employed by Physician Groups: \_\_\_\_\_

Number of Each Credential Type: \_\_\_\_\_ NP \_\_\_\_\_ PA

**Respiratory Staff:**

Patient/RT Ratio: \_\_\_\_\_ : \_\_\_\_\_ Average Turnover Rate: \_\_\_\_\_

Average Critical Care Experience: \_\_\_\_\_ Years

Total Number of RTs: \_\_\_\_\_ Dedicated to ICU \_\_\_\_\_ Float between Units \_\_\_\_\_

**Pharmacy Staff:**

Patient/PharmD Ratio: \_\_\_\_\_ : \_\_\_\_\_ Average Turnover Rate: \_\_\_\_\_

Average Critical Care Experience: \_\_\_\_\_ Years

Total Number of PharmDs: \_\_\_\_\_ Dedicated to ICU \_\_\_\_\_ Float between Units \_\_\_\_\_

**PT/OT Staff:**

Patient/PT/OT Ratio: \_\_\_\_\_ : \_\_\_\_\_

Specialized Mobility Equipment: \_\_\_\_\_ Yes \_\_\_\_\_ No

Mobility Protocols: \_\_\_\_\_ Yes \_\_\_\_\_ No

**Physician Staffing:**

Composition: Number of Hospitalists: \_\_\_\_\_ Employed by Hospital: \_\_\_\_\_

Number Critical Care Boarded: \_\_\_\_\_ Privately Employed: \_\_\_\_\_

Daytime Coverage: \_\_\_\_\_

Nighttime Coverage: \_\_\_\_\_

Type of Unit: \_\_\_\_\_ Open \_\_\_\_\_ Closed

In House Response at Night: \_\_\_\_\_

**Other Comments on Staffing:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By Name Listing of Physicians/APPs (If preferred, attach a roster)

First Name	Last Name	Credentials	Specialty / Background
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ICU Support Equipment (List by number of items and type):	Consulting Services:
<b>Respiratory Equipment:</b> Ventilators: _____ Bipap: _____ High Flow _____  <b>Hemodynamic Monitors:</b> Flowtrac: _____ Arterial Lines: _____ Central Lines: _____  <b>Other Equipment:</b> Ultrasound: _____ ICP Monitors: _____ Other: _____	_____ Interventional Radiology _____ General Surgery _____ Thoracic _____ Cardiac _____ Orthopedic _____ Neuro Surgery _____ Nephrology _____ Vascular _____ Infectious Disease _____ _____ _____

Check All Items available at your Hospital

____ Swan Ganz Catheter	____ Hypothermia Catheter	____ ECHO
____ GI Endoscope	____ Bronchoscope	

What does your institution wish to gain from this relationship?

____ PRN Consults:	_____
____ Daily Rounds:	_____
____ Onsite Physicians:	_____
____ Night Coverage:	_____
____ Educational Offerings to ICU Staff:	_____
____ Onsite Vacation Coverage:	_____
____ Other:	_____
____ Other:	_____