

1. Go to the VHASS website: <u>http://vhass.org/</u> Login using your username and password.

Virginia Healthcare Emer Wanagement Program	rgency About Us Regional Contacts Resources ~ VHEMP Events State Contacts VHEMP Admins		
Member Login	VHASS – Virginia Healthcare		
Username: Password:	Alerting & Status System The Virginia Healthcare Alerting and Status System (VHASS) enhances the distribution of critical emergency management information needed by Virginia hospitals and healthcare providers. Because of the sensitive nature of		
Login to VHASS Trouble Logging In? New to VHASS? Register Now!	management information needed by Virginia hospitals and healthcare providers. Because of the sensitive nature of this information, access to this site is open to authorized users only.		

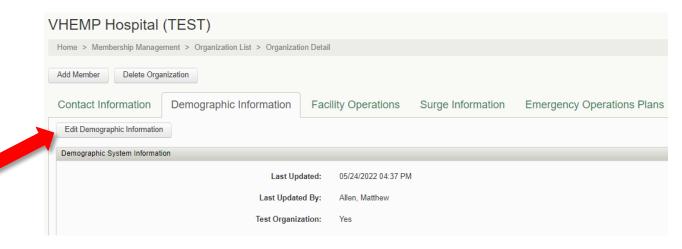
2. To update the organization information, you must be the Designated Organization Contact or Designated Organization Contact (ALT) for the account. Click "Organization Information".

vents & Notifications	Quick Links	Support & Organization Contacts
Events:     Please Choose     v      Event Notifications:	Dialysis Status Board Public Health ESF-8 Status Board Hospital Status Board Long Term Care Status Board	If you have questions about access to this section, please contact your organization's designated contact(s) or contact support with questions and comments. <u>Central Region Hospital (TEST):</u> (Primary) <u>Designated Organization Conta</u>
Please Choose •	<ul> <li>Statewide Alerting System</li> <li>Patient Tracking</li> <li>Recent Documents</li> <li>Membership Management</li> <li>Helicopter EMS</li> </ul>	(Secondary) Designated Organization Contact (AL Event Regional Contact Number: Regional Hospital Coordinator:
Event Log Master View Create Event		My Account Organization Information

\*\*If you are not the Designated Organization Contact or Designated Organization Contact (ALT) you will not see the "Organization Information" button. The Designated Organization Contact names are listed in the Support & Organization Contacts box.



3. Under the "Demographic Information" Tab, click "Edit Demographic Information".



4. Step 1 of 4: Update/Confirm the Organization Type – then click "Continue".

Step 1		
Organization Type		
Please choose organization type and click Continue	Need help selecting your organization type? Click here for definitions.	
* 🛛 Organization Type:	Hospital	~
Organization Sub-Type:	Acute Care	*
Test Organization:	● Yes ○ No	
		Continue



5. Step 2 of 4: Update/Confirm the General Information, Location Information and Hospital Transfer Center Information – then click "Continue" at the bottom of the screen.

Step 2 of 4				
General Information				
* O Organization Name:	VHEMP Hospital (TEST)			
	67 characters remain			
Corporate Name:	er: encodeForHTML(591789)			
Medicare Number:				
Location Information				
* Organization Address: Test 1234 St.				
address 1				
	address 2			
	Test	VA	12345	
	city	state	zip	
* Jurisdiction:	Richmond (City)			~
Evacuation Zones:	Evacuation Zones:			
Hospital Transfer Center Information				
Main Transfer Center Phone Number:		Extension		
Primary Contact	ct			
Name:				



6. Step 3 of 4: Update/Confirm Location Information – then click "Continue".

tion Information		
Previously Stored Organization Location		
	below have been previously stored for this organization.	
	ove the pushpin on the map to generate new values, or update the latitude, longitude, and elevation using the organization's address. Click to	the button below to update local
Update Location using Address		
Harrisonbo Massanutten		
tent purposes only Stauton	For development purposes only For development purposes only Fo	
Fishersvilles Waynesbol	Charlottesvile	
S R S		
exingtion (so)	e shiand Luin Alen	
	Richmond	
tford Appoma	Farmville	
nent purposes only	For development purpases only For development of the second secon	
Google	Keyboard shortouts   Map data @2022 Google   Terms of Use   Report a map error	
Latitude:	37.68653672933835	
Longitude:	-77.6250425828125	
Elevation (feet):	267	
	Continue	



 Step 4 of 4: Update/Confirm General Information, Staffed Beds Information, Licensed Beds Information, and Personnel Information – then click "Continue" at the bottom of the screen.

Step 4 of 4			
General Information			
Please note that all fields on this page are required in order to save your progress. If you currently do not have the correct information for a particular field, you may enter the number zero and then return at a later time to enter the correct information			
O Hospital is accredited by an accreditation agency with substantial compliance with the Environment of Care, Emergency Management and Infection Control sections of the standards:	○ No () Yes		
" If no, explain:			
• Hospital has a current MOU as a participating facility in the National Disaster Medical System (NDMS) program:			
If yes, name of Federal Coordinating Facility:	National Naval Medical Center		
O Hospital is a designated trauma center:	●No ○Yes		
If yes, Trauma Designation:	None 🗸		
O Hospital is a designated burn center:	● No ○ Yes		
	● No O Yes		
Staffed Beds Information (total # of beds)			
* O Adult Intensive Care Units (ICU) Beds:	10		
* • Medical/Surgical (Med/Surg) Beds:	10		
* <b>Q</b> Burn Beds:	10		
* • Pediatric ICU Beds:	10		
* <b>O</b> Pediatric Beds:	10		
* <b>O</b> Psychiatric (Psych) Beds:	10		

Please verify all members listed under your organization are accurate. Delete those members who no longer need an account under your organization.

Contact your healthcare coalition for assistance - https://vhass.org/regional/