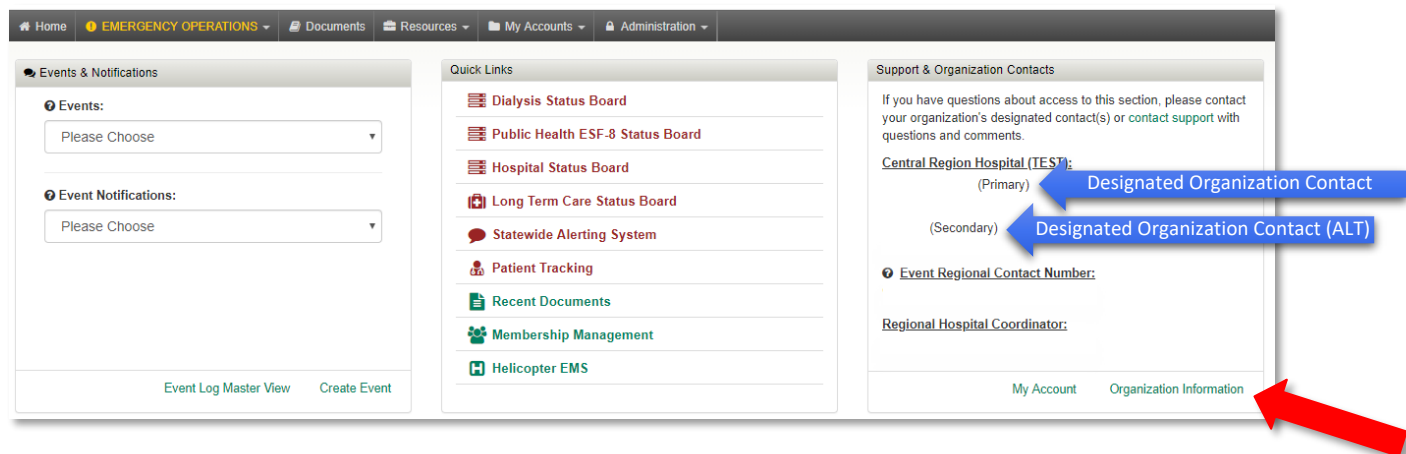




1. Go to the VHASS website: <http://vhass.org/> Login using your username and password.



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

VHEMP Hospital (TEST)

Home > Membership Management > Organization List > Organization Detail

Add Member

Delete Organization

Contact Information

Demographic Information

Facility Operations

Surge Information

Emergency Operations Plans

Edit Demographic Information

Demographic System Information

Last Updated: 05/24/2022 04:37 PM

Last Updated By: Allen, Matthew

Test Organization: Yes

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

* Organization Name: VHEMP Hospital (TEST)
67 characters remain

Corporate Name:

Medicare Number: encodeForHTML(591789)

AHA Membership Number:

Location Information

* Organization Address: Test 1234 St.
address 1

address 2

Test
city

VA
state

12345
zip

* Jurisdiction: Richmond (City)

Evacuation Zones:

Hospital Transfer Center Information

Main Transfer Center Phone Number: () -
Extension

Primary Contact
Name:



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

Step 3 of 4

Location Information

Previously Stored Organization Location

The latitude, longitude, and elevation values seen below have been previously stored for this organization.

You may either keep the same values as before, move the pushpin on the map to generate new values, or update the latitude, longitude, and elevation using the organization's address. Click the button below to update location.

Update Location using Address



Latitude: 37.68653672933835

Longitude: -77.6250425828125

Elevation (feet): 267

Continue



7. 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.

☐ 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: ☒ No ☐ Yes

If yes, name of Federal Coordinating Facility:

☒ Hospital is a designated trauma center: ☒ No ☐ Yes

If yes, Trauma Designation:

☒ Hospital is a designated burn center: ☒ No ☐ Yes

☒ Hospital has ECMO capability:: ☒ No ☐ Yes

Staffed Beds Information (total # of beds)

* <input checked="" type="radio"/> Adult Intensive Care Units (ICU) Beds:	<input type="text" value="10"/>
* <input checked="" type="radio"/> Medical/Surgical (Med/Surg) Beds:	<input type="text" value="10"/>
* <input checked="" type="radio"/> Burn Beds:	<input type="text" value="10"/>
* <input checked="" type="radio"/> Pediatric ICU Beds:	<input type="text" value="10"/>
* <input checked="" type="radio"/> Pediatric Beds:	<input type="text" value="10"/>
* <input checked="" type="radio"/> Psychiatric (Psych) Beds:	<input type="text" value="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/>