Supported Specialty WebEOC Boards

VMART (Volunteer Medically-related Access Requests)	*Incident Dependent*

Description: This board captures and tracks medically-related access requests and the volunteer response.

Views: There is one list view for this board that provides full access for the users.

List View – This list displays the date/time of the call, the facility needing to be reached, the appointment date/time and status information.

Date/Time of Call	Facility Name	Appointment Date/Time	Appointment Confirmed	Status	Last Updated	Action
03/09/2017 13:44:42	Dr. Joe's Office	03/14/2017 13:45:13		In Progress	03/20/2017 09:13:11	Edit Details Map
03/06/2017 11:27:53	CVS Pharmacy	03/06/2017 19:00:00	✓	New Request	03/13/2017 13:43:25	Edit Details
03/02/2017 10:59:33	Hospital	03/04/2017 10:59:44	✓	Completed-Returned Home	03/07/2017 10:15:25	Edit Details Map
03/05/2017 14:02:43	Doctor's Office	03/07/2017 14:06:01	✓	Destination Reached	03/07/2017 09:43:22	Edit Details Map

Default Features

- Search capability on the Caller Name, Call Reason, Facility Name and comments fields for specified text
- Data filtering by status and by flag status by using the dropdown list of options.
- Sort capability on the Facility Name by clicking on the corresponding column header/field title.
- *Details* button to view details for the request.
- *Edit* button to modify the corresponding call record.
- *Map* capability to view where the caller is generally located.
- *New Entry* button to create a new call record.

Variations: None

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Input View – This view has three parts—General call gathering information, Client information, and Emergency Contact information.

Date/Time Call Taken:	
AAA/EOC Staff Making Referral:	
Staff Phone:	
Staff Email:	
Reason for Call:	
Critical Transportation Needed:	☐
Date/Time of Appointment:	
Is appointment confirmed:	☐
Facility Name:	
Facility Address:	
Snow/Debris Removal Needed:	☐
Are there neighbors/family who could help:	☐
Does the client have resources to pay a contractor:	☐
Reason for Request:	
Time constraint:	
Status:	
Comments:	
Add Comments:	

Client Information Section

Caller/Client's Name:	
Home Phone:	
Cell Phone:	
Email:	
Address:	Get Address Map It
Type of Neighborhood:	
Length of driveway and geographic situation:	
Gender:	
Age:	
Ambulatory:	☐
Other Medical Condition/Concern:	
Does client have 72 hours supply of food and water:	☐
Does the client have 72 hours supply of medication:	☐
Does the client have power:	☐
Does the client have source of heat:	☐
Additional Information:	

Emergency Contact Section

Name:	
Phone:	
Relationship to Client:	

Default Features

- *Spell Check* button to ensure correct spelling
- Drop down lists to maintain data consistency
- Mapping Capability
- Check boxes for easy recording

Variations: None

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Display View – This view displays all the completed information for a call request.

Training - 2017	**Record Details**
Back	
Date/Time Call Taken:	03/06/2017 11:27:53
AAA/EOC Staff Making Referral:	Jane Doe
Staff Phone:	7030009999
Staff Email:	janedoe@someemail.com
Reason for Call:	Medical condition
Critical Transportation Needed:	✓
Date/Time of Appointment:	03/06/2017 19:00:00
Is appointment confirmed:	✓
Facility Name:	CVS Pharmacy
Facility Address:	4010 Lee Hwy, Herndon VA 22901
Snow/Debris Removal Needed:	✓
Are there neighbors/family who could help:	✓
Does the client have resources to pay a contractor:	
Reason for Request:	Pharmacy Need
Time constraint:	
Status:	**New Request**
Comments:	
	Client Information Section
Caller/Client's Name:	Aaron Smith
Home Phone:	5718009090
Cell Phone:	5718009777
Email:	
Address:	14708 Mount Olive Rd, Centreville, VA, 20121-2517
Type of Neighborhood:	Town Homes
Length of driveway and geographic situation:	
Gender:	Male
Age:	44
Ambulatory:	
Other Medical Condition/Concern:	Diabetic
Does client have 72 hours supply of food and water:	✓
Does the client have 72 hours supply of medication:	✓
Does the client have power:	✓
Does the client have source of heat:	✓
Additional Information:	Mr Aaron Smith is very upset.
	Emergency Contact Section
Name:	Ann Summers
Phone:	7034440000
Relationship to Client:	Care Giver

Default Features

- Color coded status fields for enhanced identification.
- Check marks to indicate the selected fields.
- *Back* button to easily return back to the call listing.

Variations: None

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