## **Ontario's Critical Care Surge Capacity Management Plan: Moderate Surge Response**

## **Index Hospital SBAR Form**

SBAR Report	Date:						
Time preamble call will start:	Call in Number at CritiCall: Participant code:						
Index Hospital & LHIN:							
Name of Index Hospital CEO/delegate:							
Title (of delegate): Pho	lelegate): Phone #:						
Situation: Please Provide Summary of the Situation in t	the section below						
What is your current status? Please insert # : critical care capacity at Moderate Surge level (≥ 115%) critical care bed capacity (insert bed occupancy rate from 0	CCIS)						
Confirm that CCIS is updated daily?	s 🗌 No						
Confirm that the hospital's senior management team has been informed?							
Background: What Factors Led to the Moderate Surge	Event?						
Assessment: What are the threats to patients/operation	ns (e.g. lack of vents/beds/staff)						
What is your current patient compliment? (Please insert the # of p	atients in each category)						
# patients are red (i.e. will remain in ICU)							
# patients are yellow (i.e. possibility of transfer within 3	36 hours)						
# patients are green (i.e. ready to leave ICU immediate	ely)						

What responses have been executed? (e.g. flexed up, activated fan-out/call-in, called other sites)

## List of patients requiring possible transfer? Fill out section below:

NOTE: For patient privacy this portion of the form will be for internal use only

Pt#	Patient Identifier	Age	M/F	Diagnosis	Vented Y/N	Location	MRP Service	Necessity of Isolation? Y/N
					17/1		Dervice	
1								
2								
2								
3								
4								
5								

## Recommendation

What are the recommended actions from the preamble call, proposed to sustain and provide safe patient care?

**End of Form** 

