



Critical Care
Services Ontario



PARTNER HOSPITAL REPORTING FORM

ONTARIO'S CRITICAL CARE MODERATE SURGE RESPONSE

Partner Hospital Reporting Form

Please complete prior to joining the Moderate Surge teleconference (organized by CitiCall)

Call-in Number at CitiCall:	
Time to call-in:	
Partner Hospital:	
Date:	
Name of participant on call:	
Title:	
Phone:	
Situation : Current Capacity	
Identify your current critical care capacity:	<input type="checkbox"/> Moderate Surge , critical care capacity is $\geq 115\%$ <input type="checkbox"/> Minor Surge , critical care capacity $>100-115\%$ <input type="checkbox"/> Critical Care Capacity is $\leq 100\%$
What is your current patient compliment? <i>(Please insert the number of patients in each category)</i>	___ # patients are red (i.e. will remain in ICU) ___ # patients are yellow (i.e. possibility of transfer within 36 hours) ___ # patients are green (i.e. ready to leave ICU immediately)
Bed Availability: <i>The number of beds available to provide care for a critically ill patient</i>	___ # Beds Available
Current Capability: <i>The resources available to you at the time of the event</i>	

End of Form