PARTNER HOSPITAL
REPORTING FORM

ONTARIO’S CRITICAL CARE MODERATE SURGE RESPONSE

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| **Partner Hospital Reporting Form** *Please complete prior to joining the Moderate Surge teleconference (organized by CritiCall)* |
| **Call-in Number at CritiCall:****Time to call-in:** |  |
| **Partner Hospital:**  |  |
| **Date:**  |  |
| **Name of participant on call:** **Title:**  **Phone:** |  |
| **Situation : Current Capacity**  |
| **Identify your current critical care capacity:** | □ **Moderate Surge**, critical care capacity is ≥ 115%□ **Minor Surge,** critical care capacity >100-115%□ Critical Care Capacity is ≤ 100% |
| **What is your current patient compliment?***(Please insert the number of patients in each category)* | 1. \_\_\_ # patients are red (i.e. will remain in ICU)
2. \_\_\_ # patients are yellow (i.e. possibility of transfer within36 hours)

\_\_\_ # patients are green (i.e. ready to leave ICU immediately) |
| **Bed Availability:** *The number of beds available to provide care for a critically ill patient* | . 1. \_\_\_ # Beds Available
 |
| **Current Capability:** *The resources available to you at the time of the event* |  |

**End of Form**