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| **Provincial Hospital Resource System Inventory Change Request Form** |

CritiCall Ontario’s Provincial Hospital Resource System (PHRS) contains an up-to-date inventory of specialty services and resources available at Ontario hospitals. This information supports CritiCall Ontario’s ability to facilitate urgent/emergent and life or limb cases through its 1-800-668-4357 Provincial Call Centre and to assist with coordinated responses during natural disasters, pandemics, and other major events that require large scale resource coordination to support patient care. PHRS bed and resource information is also automatically pushed to the provincial Emergency Management Communication Tool (EMCT).

**If there are long-term/permanent changes to the availability of specialties and/or resources at your hospital that will affect case facilitation requests from CritiCall Ontario, the process below must be followed.**

***Please Note:******This does not include temporary redirects for your hospital or services.*** *For more information on redirections, please review CritiCall Ontario Hospital Redirect Process at https://www.criticall.org/Section/Our-Resources.*

**IMPORTANT**

**Any request to make changes to a hospital’s specialties and resources requires an impact analysis and approval by Ontario Health.**

Prior to completing this change form, please ensure your hospital has completed the following:

* Determined the volume of consultations and acceptances your hospital receives through CritiCall for the impacted specialty/resource and has assessed the impact this change will have on the volume of cases that will be directed to partnering hospitals
* Communicated and collaborated with partnering hospitals to help mitigate the potential impacts of the change
* Discussed the change with both your Ontario Health Regional VP of Clinical Programs and VP of Capacity, Access and Flow and received authorization from OH to proceed with the change

Please contact [clientrelations@criticall.org](mailto:clientrelations@criticall.org) if you require more information about your hospital’s CritiCall Ontario case volumes prior to completion of this form.

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| **AVAILABILITY (Definitions)** | |
| **24/7** | Hospital strives to provide Specialty Service/Resource 24/7 |
| **Business**  **Hours** | Hospital strives to provide Specialty Service/Resource Monday to Friday between  the hours of 0900 and 1600 |
| **Not available** | Specialty Service /Resource is not available at this hospital |

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| **INSTRUCTIONS** |
| 1. Fill out every section 2. Obtain written approval from your Ontario Health, VP, Clinical Programs and VP of Capacity, Access and Flow documented in this form. 3. Email the completed form to [**clientrelations@criticall.org**](mailto:clientrelations@criticall.org) and copy the OH VP Leads.   Requests are acknowledged within three business days.  Once approved by OH and CritiCall Ontario, updates will be processed within 10 business days. |

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| **REQUESTOR INFORMATION (CEO or VP)** |
| Date: Click or tap to enter a date. |
| Hospital Corporation Name: Click or tap here to enter text. |
| Requestor Name:Click or tap here to enter text. |
| Requestor’s Title/Position:Click or tap here to enter text. |
| Requestor’s Email / Phone:Click or tap here to enter text. |
| **HOSPITAL INFORMATION FOR CHANGE REQUEST** |
| Region: Click or tap here to enter text. |
| Sub-region: Click or tap here to enter text. |
| Corporation/Hospital Name: Click or tap here to enter text. |
| Site: Click or tap here to enter text. |
| **SPECIALTY/RESOURCE CHANGE REQUEST** |
| **Specialty Service (select from drop down menu)** |
| *Not Applicable* |
| **Choose the change in Availability (select from drop down menu)** |
| *Not Applicable* |
| **Please provide a reason for the change (enter below)** |
| Click or tap here to enter text. |
| **Resource (select from drop down menu)** |
| *Not Applicable* |
| **Choose the change in Availability (select from drop down menu)** |
| *Not Applicable* |
| **Please provide a reason for the change (enter below)** |
| Click or tap here to enter text. |
| **OH REGIONAL APPROVER INFORMATION (both are required)** |
| Approval Date:Click or tap to enter a date. |
| OH Region: Click or tap here to enter text. |
| OH Region VP Clinical Programs |
| Name: Click or tap here to enter text. |
| Email / Phone: Click or tap here to enter text. |
| OH Region VP of Capacity Access and Flow |
| Name: Click or tap here to enter text. |
| Email / Phone: Click or tap here to enter text. |
| **CRITICALL ONTARIO APPROVAL AND CHANGE DATE** |
| Approval Date:Click or tap to enter a date. |
| Executive Approver: Click or tap here to enter text. |
| Change Date: Click or tap to enter a date. |
| PHRS Product Manager Name: Click or tap here to enter text. |
| Change Date:Click or tap to enter a date. |