

Surge SBAR Form

SBAR FORM	Date:
Situation Background Assessment Recommendation	Time of Surge Determination Conference:
PRC Manager (or designate) name:	Time of Surge Determination Conference:
no managor (or abolghato) namor	Call in Number at TGLN:
Administrator On Call name:	
	Participant code:
Section 1.	
Situation & Background: Summarize the situation and outline :	surge responses that have been executed (e.g.
attempting to call in additional staff).	
What is our current status?	
How many CSC staff currently in PRC-Organ?	
How many RTC staff currently in PRC-Organ?	
 How many total active* cases are staff managing? 	
 How many active* Ontario cases are there? 	
 How many active* OOP offers/cases are there? 	
Number of cases awaiting further information to start a	llocation?
Number of cases being actively allocated?	
	0
Number of cases in recovery coordination or in the OR	ſ
Number of referrals where approaches are imminent?	
Section 2.	
Assessment: Review of potential mediatory actions that can be	implemented until the Surge is resolved
assessment. Neview of potential methatory actions that can be	e implemented until the Surge is resolved
or discussion:	
Review of active* cases for medical suitability by Provi	ncial Medical Director – Transplant/designate.
Consider closing cases identified as marginal with limi	
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 Consider closing cases identified as marginal with limi Donor Case Closure Process Instruction). Which active* Ontario cases can be paused in the PRC 	ted donation potential (see CPI-9-104, Deceased until the Surge is resolved? If any, conference
 Consider closing cases identified as marginal with limi Donor Case Closure Process Instruction). Which active* Ontario cases can be paused in the PRC with affected donation hospital administrator. Note: Ca 	ted donation potential (see CPI-9-104, Deceased until the Surge is resolved? If any, conference
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 Consider closing cases identified as marginal with limit Donor Case Closure Process Instruction). Which active* Ontario cases can be paused in the PRC with affected donation hospital administrator. Note: Cathospital should continue Consider which active* OOP cases can be paused until 	ted donation potential (see CPI-9-104, Deceased until the Surge is resolved? If any, conference ses coordination by the SOTD at the donor the Surge is resolved.
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 Consider closing cases identified as marginal with limit Donor Case Closure Process Instruction). Which active* Ontario cases can be paused in the PRC with affected donation hospital administrator. Note: Cathospital should continue Consider which active* OOP cases can be paused until Review temporarily declining to work up US OOP lung Surge is resolved. Consider conference with Lung Transport 	ted donation potential (see CPI-9-104, Deceased until the Surge is resolved? If any, conference ses coordination by the SOTD at the donor the Surge is resolved. only offers with OR times < 12 hours until the usplant Program Medical Director or designate.
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Section 3. Recommendation & Next Steps: What are the recommended actions from the conference?	
Proceed to targeted communication with affected Donation Hospital Stakeholders? Yes No	
Proceed to targeted communication with affected Transplant Hospital Stakeholders? Yes No	
Time for next follow-up communication to internal stakeholders	
Time for next follow-up communication to external stakeholder. If applicable	
 * An active case for the PRC is a case that requires a CSC to work on it. This includes, but is not limited to: An out of province organ offer A consented Ontario donor that requires interest calls/suitability assessment, allocation or coordination of operating room (OR)/logistics. 	
A case is considered completed when all organs have been transported from the donor OR to the transplant programs/OPOs.	

