Ontario
Trillium Gift of Life Network

Clinical Process Instruction Manual

Provincial Resource Centre Surge Identification and Escalation Process Instruction

Purpose:

The Provincial Resource Centre (PRC) at Trillium Gift of Life Network (TGLN), a division of Ontario Health (OH-TGLN), is available 24 hours a day, 7 days a week for incoming organ and tissue donation referral calls.

The timing of and volume of referrals, donor cases and organ offers are unpredictable and this can have a negative affect on staffing workload and quality of care in the PRC. Due to the complex nature of organ donor case coordination, increasing the number of active cases assigned to a Clinical Services Coordinator (CSC) may lead to unexpected errors that could in turn lead to missed donation opportunities or compromised recipient safety.

The determination of a surge will consider the number of donor cases, both in Ontario and from out of province (OOP), as well as the number of CSCs on shift. A surge may be declared for the PRC when the number of active organ cases equals three times the number of CSCs. It is understood that all attempts to increase staffing to mitigate the potential surge will be made prior to considering declaration of a surge. When the number of active cases per CSC exceeds two (2) each, the PRC Manager or designate will assess staff workload and consider calling for additional staff to assist with case load and to help avoid triggering a surge response.

An active case for the PRC is a case that requires a CSC to be engaged in work on the case. This includes, but is not limited to:

- An out of province (OOP) 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/Organ Procurement Organization (OPO).

For the purpose of this process, the PRC Manager designate is the Manager on Call (MOC).

Process:

1. The CSC Team Lead (TL) in conjunction with the PRC Manager or designate, will monitor case activity and identify when the number of active Ontario and Out-of-Province donor cases equals three times the number of CSCs on a shift, indicating that the PRC may be in a surge. See Appendix 1: *Process for Declaring a Surge in the PRC-Organ*.

Ontario
Trillium Gift of Life Network

Clinical Process Instruction Manual

Provincial Resource Centre Surge Identification and Escalation Process Instruction

2. The CSC TL in conjunction with the PRC Manager or designate will complete Section 1 of the Surge SBAR form to send to the PRC Manager or designate for review. See *Exhibit 1: Surge SBAR Form*.

3. The PRC Manager or designate makes the decision to trigger a Surge response.

4. The PRC Manager or designate coordinates and leads a Surge Determination teleconference which includes, but is not limited to, the following attendees:

    - PRC Manager/designate (during business hours)
    - Director Transplant Services/designate (during business hours)
    - MOC
    - CSC TL
    - Specialist Organ and Tissue Donation (SOTDs), as required
    - Provincial Medical Director – Transplant/designate
    - Provincial Medical Director – Donation/designate
    - Administrator on Call (AOC)

5. The PRC Manager or designate provides the team with a concise summary of the surge situation, and moderates a discussion of potential remedial actions that can be implemented until the Surge is resolved, as outlined in the Section 2 of the Exhibit 1 *Surge SBAR form*. Discussion points include, but are not limited to:

    - Review of active cases for medical suitability by Provincial Medical Director – Transplant/designate. Consider closing cases identified as marginal with limited donation potential (see *CPI-9-104, Deceased Donor Case Closure Process Instruction*).
    - Identify which active Ontario cases can be paused in the PRC until the Surge is resolved. If any, consider conference with affected donation hospital administrator. Note: Case coordination by the SOTD at the donor hospital should continue.
    - Consider which active OOP cases can be paused until the Surge is resolved.
    - Review temporarily declining to work up US OOP lung only offers with OR times < 12 hours until the Surge is resolved. Consider conference with Lung Transplant Program Medical Director or designate.
    - Review temporarily declining to work up US OOP DCD organ offers with OR times < 12 hours until the Surge is resolved? Consider conference with Transplant Program Medical Leads.

6. If the decision to declare a surge is made after discussion, the Provincial Medical Directors – Transplant and Donation, or designate, will facilitate targeted communication with affected transplant/donation hospital stakeholders to discuss the mitigation strategies that are required to manage the Surge, as required.

Ontario
Trillium Gift of Life Network

Clinical Process Instruction Manual

Provincial Resource Centre Surge Identification and Escalation Process Instruction

7. The PRC Manager or designate, in collaboration with the Director Transplant Services/designate, will update relevant OH-TGLN clinical and leadership staff that a Surge Response has been declared, and will outline which mediatory actions will be put in place.

8. The PRC Manager or designate, in collaboration with the Director Transplant Services/designate, will establish a plan for follow-up communication with affected donation and/or transplant stakeholders, and OH-TGLN clinical and leadership staff until the surge event has concluded.

Records:

Record Name	Form No. (if applicable)	Record Holder	Record Location	Record Retention Time (as a minimum)

No records

References:

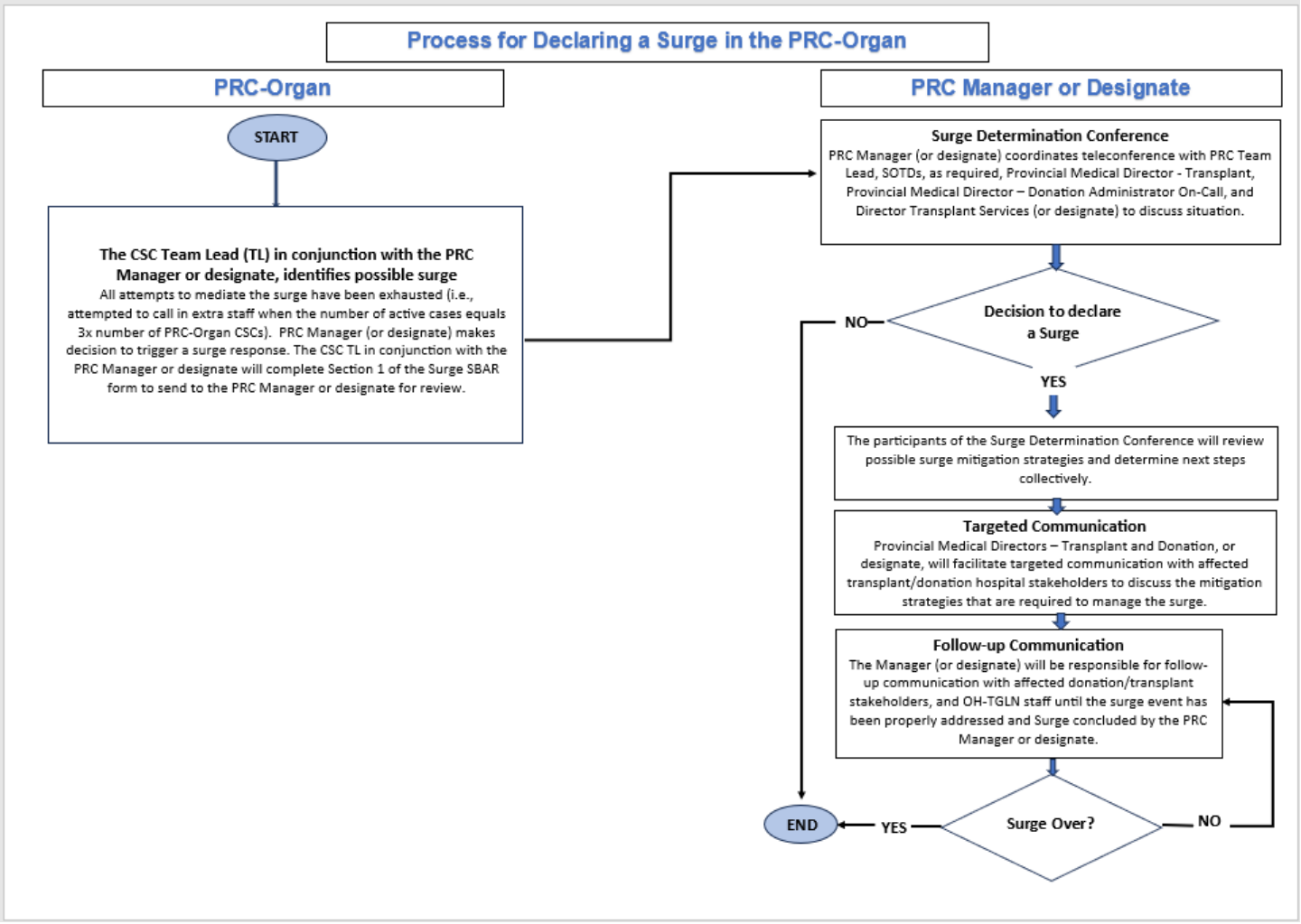
CPI-9-104, *Deceased Donor Case Closure Process Instruction*

Ontario
Trillium Gift of Life Network

Clinical Process Instruction Manual

Provincial Resource Centre Surge Identification and Escalation Process Instruction

Appendix 1: Process for Declaring a Surge in the PRC-Organ



Clinical Process Instruction Manual

Provincial Resource Centre Surge Identification and Escalation Process Instruction

Exhibit 1: Surge SBAR Form

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CSF-9-265

Surge SBAR Form

SBAR FORM Situation Background Assessment Recommendation	**Date:**
PRC Manager (or designate) name: Administrator On Call name:	Time of Surge Determination Conference: Call in Number at TGLN: 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 allocation? • Number of cases being actively allocated? • Number of cases in recovery coordination or in the OR? • Number of referrals where approaches are imminent?	
Section 2. **Assessment: Review of potential mediatory actions that can be implemented until the Surge is resolved**	
For discussion: • Review of active* cases for medical suitability by Provincial Medical Director – Transplant/designate. Consider closing cases identified as marginal with limited donation potential (see CPI-9-104, Deceased Donor Case Closure Process Instruction). • Which active* Ontario cases can be paused in the PRC until the Surge is resolved? If any, conference with affected donation hospital administrator. Note: Cases coordination by the SOTD at the donor hospital should continue • Consider which active* OOP cases can be paused until the Surge is resolved. • Review temporarily declining to work up US OOP lung only offers with OR times < 12 hours until the Surge is resolved. Consider conference with Lung Transplant Program Medical Director or designate. • Review temporarily decline to work up US OOP DCD organ offers with OR times < 12 hours until the Surge is resolved. Consider conference with Transplant Program Medical Leads.	

1

March 27, 2024

Clinical Process Instruction Manual

Provincial Resource Centre Surge Identification and Escalation Process Instruction

Appendix 2: Surge Quick Reference Card

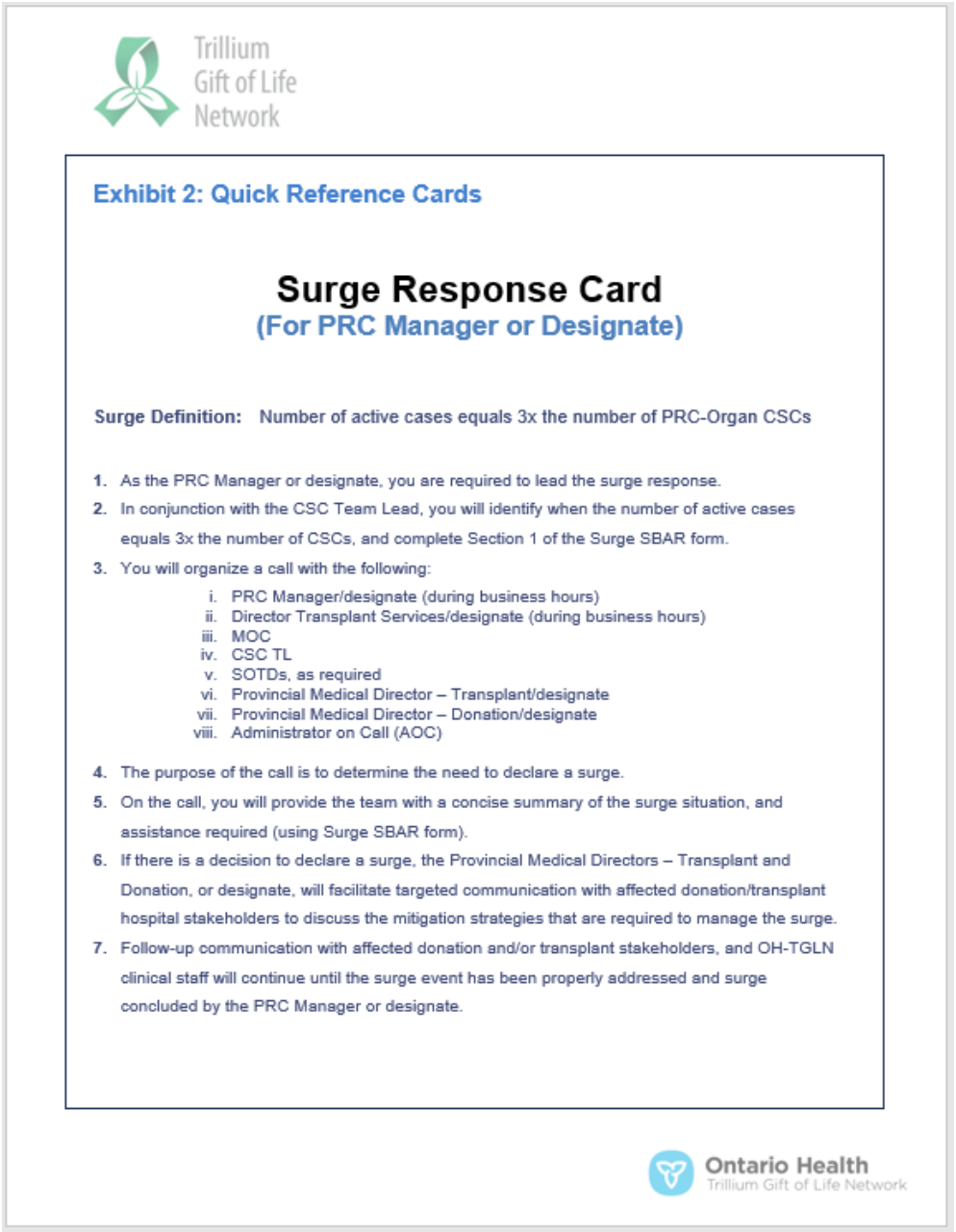

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Exhibit 2: Quick Reference Cards

Surge Response Card
(For PRC Manager or Designate)

Surge Definition: Number of active cases equals 3x the number of PRC-Organ CSCs

1. As the PRC Manager or designate, you are required to lead the surge response.
2. In conjunction with the CSC Team Lead, you will identify when the number of active cases equals 3x the number of CSCs, and complete Section 1 of the Surge SBAR form.
3. You will organize a call with the following:
    i. PRC Manager/designate (during business hours)
    ii. Director Transplant Services/designate (during business hours)
    iii. MOC
    iv. CSC TL
    v. SOTDs, as required
    vi. Provincial Medical Director – Transplant/designate
    vii. Provincial Medical Director – Donation/designate
    viii. Administrator on Call (AOC)
4. The purpose of the call is to determine the need to declare a surge.
5. On the call, you will provide the team with a concise summary of the surge situation, and assistance required (using Surge SBAR form).
6. If there is a decision to declare a surge, the Provincial Medical Directors – Transplant and Donation, or designate, will facilitate targeted communication with affected donation/transplant hospital stakeholders to discuss the mitigation strategies that are required to manage the surge.
7. Follow-up communication with affected donation and/or transplant stakeholders, and OH-TGLN clinical staff will continue until the surge event has been properly addressed and surge concluded by the PRC Manager or designate.

Ontario Health
Trillium Gift of Life Network

Clinical Process Instruction Manual

Provincial Resource Centre Surge Identification and Escalation Process Instruction

Exhibit 2: Surge Preparedness Checklist

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CSF-9-266

Exhibit 3: Surge Preparedness Checklist

SURGE CHECKLIST
Definition of Surge: **A surge may be declared for the Provincial Resource Centre (PRC) when the number of active organ cases equals three times the number of Clinical Services Coordinators (CSCs).**
❑ Have you reviewed the process for declaring a surge? Refer to *CPI 9-318 Provincial Resource Centre Surge Identification and Escalation* ❑ Have you reviewed the Surge Response Card? ❑ Have you completed the Surge SBAR Form? ❑ Have you notified the Director – Transplant Services, the Administrator-on-call, and the Provincial Medical Leads (Donation and Transplant) or their designates? ❑ Have you completed the Surge Determination Conference? ❑ Have you communicated the surge to relevant staff (MOC Group, PRC, OTDCs) ❑ Has this process been communicated to relevant staff (i.e. PRC, OTDCs)? ❑ Is targeted communication required for Donation Hospital stakeholders? Who is responsible for this? ❑ Is targeted communication required for Transplant Hospital stakeholders? Who is responsible for this? ❑ Have you made a plan for a follow up communication to update internal and external stakeholders, as required, on the status of the surge?