

ALD PILOT PROGRAM – PATIENT LISTING CHECKLIST

- This checklist is to be completed for every patient that is accepted into the ALD Pilot Program and will be placed on the Ontario liver wait list.
- The checklist must be signed and dated by your hospital’s lead physician, addiction psychiatrist and social worker for the ALD Pilot Program.
- The checklist must be submitted to TGLN prior to activating the patient on the wait list. Please submit the checklist to: OH-TGLN_transplant@ontariohealth.ca.
- Once submitted TGLN will verify receipt and completion of the checklist by 5:00 PM EST on the next business day. Upon TGLN verification, programs may proceed to activate the patient on the wait list.
- For urgent ALD patients that require immediate listing on weekends or holidays please submit the completed checklist to OH-TGLN_CSCS@ontariohealth.ca.

Patient Information			
TGLN ID:		Date of Listing Committee Meeting:	<input type="checkbox"/> ALD Chronic <input type="checkbox"/> ALD SAH

Description/Activity	Responsible	Completed
Review ALD program application to determine that patient fulfills the referral criteria for inclusion	Transplant Physician and Addiction Psychiatrist	<input type="checkbox"/>
<i>[SAH ONLY]</i> Ensure biopsy confirms patient has SAH diagnosis	Transplant Physician	<input type="checkbox"/>
Complete psychiatric and psychosocial patient assessments to confirm eligibility	Addiction Psychiatrist and Social Worker	<input type="checkbox"/>
Provide information to the patient and support person on the commitment and requirements of the ALD Pilot Program	Addiction Psychiatrist	<input type="checkbox"/>
Ensure patient (if capable to consent) and support person sign agreement for patient to commit to abstinence from alcohol use and to treatment for alcohol use disorder as recommended	Addiction Psychiatrist, Transplant Physician	<input type="checkbox"/>
Complete medical patient assessments to confirm eligibility	Transplant Physician and Nurse Coordinator	<input type="checkbox"/>

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Confirm patient has negative EtG test results based on samples taken in hospital at the time of initial consultation and medical assessment	Transplant Physician, Nurse Coordinator, and Addiction Psychiatrist	<input type="checkbox"/>
Ensure listing committee approves that patient should be listed for liver transplantation as part of the ALD Pilot Program	Transplant Physician	<input type="checkbox"/>
Confirm there is an established plan in place to provide ongoing medical assessments to continuously confirm wait list eligibility and monitor the patient post-transplant	Transplant Physician, Nurse Coordinator	<input type="checkbox"/>
Confirm there is an established plan in place to provide ongoing EtG testing to continuously confirm wait list eligibility and monitor post-transplant alcohol use	Transplant Physician, Nurse Coordinator, and Addiction Psychiatrist	<input type="checkbox"/>
Confirm there is an established plan in place to provide pre and post-transplant alcohol disorder/relapse prevention treatment	Addiction Specialist	<input type="checkbox"/>

Confirmation of ALD Protocol Adherence

I hereby confirm that all activities outlined above have been completed and that the ALD Protocol has been adhered to for the purpose of listing the above mentioned patient on the Ontario liver wait list as part of the ALD Pilot Program.

Lead Physician Name

Signature

Date

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Description/Activity	Responsible	Completed
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Addiction Psychiatrist Name **Signature** **Date**

Social Worker Name **Signature** **Date**