Ontario

Conversion Rate and Eligible Approach Rate Metrics

Conversion Rate measures the percentage of actualized organ donors; i.e. the number of donors from whom at least one organ was recovered and transplanted, out of all potential organ donors. Eligible Approach Rate measures the percentage of those deemed potential donors that have been approached for organ donation. Potential donors include those who are medically suitable, where next of kin is available to approach for consent, and who are not excluded by the Coroner due to their death investigation requirements. Conversion Rate may be affected by a variety of factors such as those listed below:

- Type of hospital; where neurosurgical and/or trauma centres (Class A Hospitals) are more likely to have a higher number of potential organ donors;
- Size of the population serviced by a hospital and a given hospital's referral pattern to larger regional centres;
- Frequency and presence of disease(s) and/or condition(s) which may contribute to the suitability of a person to be a donor;
- The timing of the notification of a potential donor to Trillium Gift of Life Network
- Skill and knowledge of TGLN and hospital physicians/staff in planning for a sensitive and compassionate discussion about donation; and
- Patients' and their families' personal beliefs and practices at end-of-life.

1. The purpose of this document is to provide a detailed list of transactions to create the Conversion Rate (CR) and Eligible Approach Rate (EAR) metrics. These transactions are listed in Appendix 1. Appendix 1 is organized into the four distinct phases of the metric generating process (data gathering, data reconciliation and correction, review and publishing).

2. For all hospitals, with the exception of those listed in Appendix 2, data gathering, reconciliation and correction occurs on a monthly basis. For hospitals listed in Appendix 2, these activities occur quarterly (subject to change).

3. Review and publishing of data only occurs on a quarterly basis.

Appendix 1: Public Reporting User Transactions for Conversion Rate and Eligible Approach Rate

* If date of transaction falls on the weekend the transaction should be completed by the previous business day (unless otherwise specified).

Stage	Step #	Roles Involved	Transaction	Date of Transaction	Outcome
Data Gathering	1	OTDC/Health Record Review (HRR) Reviewers	On a monthly basis, Organ and Tissue Donation Coordinators (OTDCs) or Health Information Reviewers (HIRs) perform the following: • Review Patient Charts at Hospitals for deaths that occurred in a vented unit (e.g., Intensive Care Unit (ICU) and Emergency Department (ED)) • Complete Health Record Review (HRR) Worksheets • OTDC's upload HRR worksheets to appropriate HIR on to the common drive at S:\Hospital & Professional Services\HRR Worksheets. • Enter collected information into ITRANSPLANT	HRR's by OTDCs: Between 11-24th day of the month HRR and Data Entry by HIRs and OTDCs: 11th-28th day	Health Record Review is completed and data entered into iTransplant
	2	Manager, Education and Professional Practice	Manager, Education and Professional Practice forwards the respective e-mail message found in Appendix 3 on the 13th day of the month to OTDC GO & GTA, and HRR's.	13th day of the month (or next business day)	Reminder of HRR deadlines and expectations

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	3	Public Reporting Lead (PRL)	PRL runs the P017B HRR Verification report found in the Data Portal http://prod-sp2013-sql/dataPortal/Pages/Home.aspx If a hospital does not have an OTDC, on a monthly or quarterly basis (see list of applicable hospitals in Appendix 2), the PRL follows up with the HRR Reviewers to ensure they have completed their data entry. If a designated OTDC reviewer is absent due to illness or vacancy, the HP manager identifies a contingency plan for data collection with the Director, HP and Professional Practice. If a designated HRR reviewer is absent due to illness or vacancy, the Manager, Education and Professional Practice identifies a contingency plan for data collection with the Director, HP, Education and Professional Practice Any identified outstanding HRR/Data Entry is sent to the Manager, Education and Professional Practice by the PRL. For OTDC's the Manager, Education and Professional Practice notifies the HP Manager of the outstanding tasks, and requirement of follow up and plan for completion. Any identified outstanding HRR/Data Entry	Between the 28th and 31st of the month	PRL determines outstanding HRR and Data Entry and informs Manager, Education and Professional Practice for follow up.

Stage	Step #	Roles Involved	Transaction	Duration of	Outcome
Data Reconciliation and Correction	4	PRL/HIR	PRL/HIR runs the HRR Verification – Completed Sign Off report (Pivot Table) found here: http://dev-sp:2387/Reports/Forms/AllItems.aspx Using the pivot table, PRL completes data quality checks for CR/EAR (ie. Organ Outcomes, Referral Type, elapsed time to extubation, brainstem reflexes, wdls documentation, vent status, etc.). If the data is incorrect or incomplete, PRL will make the appropriate changes if the correct information is available, i.e., HRR worksheet. If more information is required, the PRL will follow up with the health record reviewer.	N/A	Data set is corrected
	5	PRL	If the data is changed in step 4, the process restarts	N/A	PRL starts at beginning of step 4
	6	PRL	PRL reviews data for quality (to determine if changes made to the data were effective)	N/A	PRL determines next step
	7	PRL	If changes were not effective, the PRL makes the necessary changes and returns to step 6. If changes were effective, PRL continues the process	N/A	PRL reviews changes for data accuracy and quality
	8	PRL	PRL runs Conversion Rate (CR) and Eligible Approach Rate (EAR) Performance Report	N/A	PRL runs CR and EAR reports
	9	PRL	PRL runs External Validation report for each OTDC facility. The filename is given a specific naming convention: • File naming convention is PRELIM "Hosp name" Qx FY Y1_Y2.xls (e.g. Q1 FY 14_15.xls) • Saved individually to each hospital's External Validation Reports folder on S:\HRR	6th of the month	

Data Reconciliation and Correction		IA	PRL emails OTDCs that the file is available for review and has been placed in External Validation Reports folder for their hospital on S:\HRR. The due date for completion is included in the email.	8th of the month	
	11	OTDC	OTDCs have 3 business days to review and validate their data	12th of the month	
	12	PRL	PRL will evaluate all recommended changes submitted by OTDC. If these changes are not approved, the PRL explains to the OTDC the rationale for declining the change	13th of the month	
	13	PRL	PRL re-runs the External Validation report for each Hospital. The filename is given a specific name convention: • File naming convention is "Hospital Abbreviation" Qx FY Y1_Y2.xls (e.g. Q1 FY 14_15.xls) • Files are uploaded to each facility's download folder on the sFTP site	15th of the month	Each hospital's file is available on the sFTP site.
Data Reconciliation and Correction	14	PRL/Hospital Contact	PRL emails all users with sFTP access at each facility that the file has been placed in their download folder for review and the due date for completion. Note: Facilities with no file are also emailed to let them know that they have no file to review.	15th of the month	Each hospital receives an email with a due date to review the file supplied on the sFTP site.
	15	Hospital Contact	Hospitals with data to validate are given 10 business days to review and validate their data	Between 16th and 28th of the month	Reviewed file by Hospital
	16	PRL/Hospital Contact	PRL sends reminder emails to Hospitals, if necessary.	• 1 week before due date • Day before due date	Reminder emails send to outstanding hospitals

Stage	Step #	Roles Involved	Transaction	Duration of	Outcome
	17	Hospital Contact/PRL	Hospital uploads completed Validation Discrepancies Form for Conversion Rate and Eligible Approach Rate, outlining any recommended changes with explanation, to the sFTP site	N/A	PRL receives form from Hospitals with findings
	18	PRL/ HD Directors	If necessary, PRL will provide list of outstanding hospital validations to the Director, Hospital Programs and Director, Hospital Programs, Education and Professional Practice.	Between the 28th and 31st of the month	PRL informs HD Directors of late notices until findings are returned from the hospital
	19	PRL	PRL will evaluate all recommended changes submitted by hospitals. If these changes are not approved, the PRL explains to the hospital the rationale for declining the change If there are concerns for the request for change the PRL escalates to the Special Review Committee. For valid changes, the PRL corrects the data in iTransplant	Between the 28th and 31st of the month	PRL determines validity of hospital corrections, and contacts the hospital/ escalates, if necessary. Data set corrected as appropriate
Data Reconciliation and Correction			End of Quarter Activities for the Previous Quarter Commence the 1st day in the Second Month of the Following Quarter		
	20	PRL/IA	PRL emails IA to run CR, EAR reports for the website	N/A	IA receives email request to run CR, and EAR reports
	21	PRL	For the website, IA pulls the data and • converts spreadsheets to XML (by either saving the file as XML or transcribing the data into the previous XML template) • IA copies data from Report #12 into pre-defined templates to produce 4 YTD PDF reports (1 English & 1 French for both CR & EAR)	N/A	IA copies data from Report #12 into pre- defined templates

	Step #	Roles Involved	Transaction	Duration of	Outcome
	22	IA	YTD PDFs for the previous fiscal year are only required if changes were made to the previous fiscal year data which resulted in a change. For Hospitals, IA creates the following • CR & EAR YTD by Region (English & French) For LHINS, IA Creates the following: • CR & EAR YTD by LHIN (English & French)	N/A	XML versions of the templates
	23	IA/PRL	IA emails CR, and EAR Reports to PRL	N/A	PRL receives emailed reports
	24	PRL	PRL Reviews CR & EAR Reports PRL reviews reports and assess for data accuracy, reflective of previous changes, format and spelling.	N/A	PRL identifies if there are any issues with reports
	25	PRL/IA	If issues are identified in step 21, PRL works with IA to troubleshoot the report. Steps 18-21 are repeated until data is correct.	N/A	PRL/IA resolve issues with report (these are technical issues)
	26	PRL	PRL notifies IA to post to test website	N/A	Reports posted to test website

Stage	Step #	Roles Involved	Transaction	Duration of	Outcome
Data Reconciliation and Correction	27	IA	IA places the XML files and PDFs into a shared folder on the I: drive	N/A	Files for upload to Innovasium are in the appropriate location
	28	IA/ Innovasium	IA sends 4 YTD PDF files to Innovasium (1 English/1 French for each metric). By the end of fiscal year, IA provides an updated PDF files for the previous fiscal year if changes were made to the data resulting in an updated report being generated.	N/A	Innovasium receives 4 PDFs

	29	IA/ Innovasium	IA emails Innovasium to notify them that the XML files are ready for the test site	N/A	Innovasium receives notice that files are ready for uploading
	30	Network Services	TGLN has a scheduled job set up by IS at 7 am to upload the files from the I: drive to the FTP site	N/A	File gets transferred automatically to the FTP site
	31	Innovasium	Innovasium has a scheduled job at 8am to download the file from the FTP site	N/A	Innovasium receives file from FTP site and updates test website

Stage	Step #	Roles Involved	Transaction	Duration of	Outcome
Review	32	IA/PRL	Both IA and PRL check the test site	N/A	Determines if any corrections need to be made to the website
	33	IA/PRL	If the site needs correction, PRL determines the nature of the mistake and act accordingly: • If there is a typo, the PRL notifies IA of correction to be made then IA makes the correction to the XML or PDF(s). • If there are corrections to be made, IA corrects the information and goes back to step 23.	N/A	Necessary data corrections are made and corrected information is posted to the test website.
	34	PRL/VP, CDS	Once the website is verified and sign off is completed, IA/PRL sends the VP, Clinical Donation Services the following: • A hardcopy printout of the test website, PDF's and XML files (1 English, 1 French for each CR and EAR) • A copy of the sign off sheet	N/A	Information for posting is approved by VP, CDS
	35	PRL/VP, CDS	If the VP, CDS requests changes to the information, PRL identifies changes for IA and sends only changed files to the VP, Clinical Donation Services to review	N/A	VP, CDS approves amended changes
Review	36	PRL	PRL confirms Go Live Date for website with IA	N/A	PRL informed of Go Live Date

	37	PRL/IA	PRL asks IA to run CR, EAR and RNR reports by Region for CPI-9-1403	N/A	CR, EAR, RNR reports by LHIN and Region are generated
	38	PRL	PRL sends the following reports to Administrative Assistant, Clinical Donation Services and Administrative Assistant, Chief Executive Officer: • CR by region (French and English) • EAR by region (French and English) • RNR by region (French and English) For use in Hospital Notification Letters & confirms the week of go-live	N/A	CR, EAR, RNR reports by LHIN and Region are received by Senior Leadership for Hospital Communication
	39	PRL/IA	Repeat steps 27-32 for the live website	N/A	Repeat steps 27-32
Publishing	40	IA/PRL/ Hospital Program Authority	Prior to Go Live Date for the website CPI-9-1403 is followed	N/A	Donation performance metrics are updated each quarter and shared publicly on TGLN's website

Appendix 2: Hospitals reviewed on a quarterly basis by HRR reviewer

- Collingwood General and Marine Hospital
- Chatham-Kent Health Alliance
- Huron Perth Health Alliance
- St. Thomas-Elgin General Hospital
- Woodstock Hospital
- North Bay Regional Health Centre
- Pembroke Regional Hospital

Appendix 3: E-Mail Template to be sent the 13th day of the month or the following business day

Manager, Education and Professional Practice forward the following message to OTDC's and HIR's:

Hello colleagues:

You should now have access to your hospitals mortality list in order to complete your Health Record Reviews (HRRs).

HRRs for monthly unvalidated data, will be due for completion by the **24th for those that only complete the HRR and not data entry.** Reminder: Please upload your completed HRR worksheets on to the common drive at S:\Hospital & Professional Services\HRR Worksheets.

For those of you who complete the HRR and data entry these are due by months end. Reminder: Please upload your completed HRR worksheets into iTransplant.

If you have concerns, about meeting this time line, please identify to [INSERT NAME OF HEALTH INFORMATION MANAGEMENT SPECIALIST] and myself.

If you will be on vacation please identify a back-up person as someone who will be completing your reviews by month end.

When you believe you are complete, please run a verification report and review to ensure you are actually complete.

If we do not hear from you we expect that you are expecting to be on schedule to completing your chart reviews.

[INSERT NAME OF HEALTH INFORMATION MANAGEMENT SPECIALIST], [INSERT NAME HD MANAGER], and I will be closely monitoring the reviews to ensure that we stay on schedule and don't fall behind due to clinical activity.

Thank you in advance for your work.

Kind Regards,

[INSERT SIGNATURE]