



## Clinical Process Instruction

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### Independent Double Check and Electronic Sign-off

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#### Purpose:

Double checks are performed to ensure data entry accuracy and/or completeness. This ensures integrity in TGLN's processes to ensure patient safety. Checks will be independently performed by either two (2) Clinical Services Coordinators (CSCs) and/or Referral Triage Coordinators (RTCs). Independent double checks include ABO results (including Rh and subtype if applicable) and serology and are documented via electronic signature when entered in the donor management system.

#### Process:

##### General

1. Donor results that require independent double-checks are electronically signed-off by two (2) CSCs/RTCs in the donor management system prior to releasing organs for transplantation.
2. The first CSC/RTC reviews the results that are entered into the TGLN donor management system.
  - 2.1. Once confirmed that all required results are entered into the system correctly and completely, the first CSC/RTC electronically signs the results in the donor management system.
  - 2.2. Without communicating the expected results, the first CSC/RTC requests verification of the entered results from the second CSC/RTC.
3. The second CSC/RTC independently reviews that all required results are entered into the donor management system.
  - 3.1. Once confirmed that all required results are entered correctly and completely, the second CSC/RTC electronically signs the results in the donor management system and notifies the first CSC/RTC.
4. If a discrepancy has been identified through the independent double-check process, both CSCs/RTCs must work together to resolve the discrepancy and repeat steps 2 and 3.
5. Once the independent double check process is completed results will be transmitted from the donor management system to the organ allocation and transplant system following the completed and electronically signed independent review of two (2) CSCs/RTCS.

##### ABO Independent double check

6. For Ontario donor cases, the Specialist – Organ and Tissue Donation (S-OTD) uploads the hardcopy donor ABO (including Rh and subtype if available) into the donor management system, as per CPI-9-300 ABO Compatibility.



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7. For Out-of-Province (OOP) Cases, ABO may be automatically transmitted into the donor management system by the other Organ Procurement Organization (OPO) or transcribed by the RTC/CSC into the donor management system and verified as per CPI-9-300 ABO Compatibility.
  - 7.1. The first CSC/RTC reviews the following in the TGLN donor management system:
    - 7.1.1. The ABO (including Rh and subtype if available) hardcopy that has been uploaded
    - 7.1.2. The ABO (including Rh and subtype if available) that has been entered correctly and completely
8. The two (2) CSCs/RTCs perform the independent double check process described in the General section above.

#### Serology Independent double check

9. For Ontario Donor Cases, the Ontario serology lab(s) will enter donor serology results into the donor management system and notify the PRC that the results are available.
  - 9.1.1. The first CSC/RTC reviews the following in the presence of all required serology being entered by the serology lab as per *CPI-9-211 Infectious Disease Testing – STAT (Serology)*
10. For OOP Cases the serology results are transcribed by the first RTC/CSC into the donor management system as per *CPI-9-211 Infectious Disease Testing – STAT (Serology)*
11. The two (2) CSCs/RTCs perform the independent double check process described in the General section above. In addition to serology results the CSC/RTCs will also independently perform the check on the OPO ID at a minimum.

#### Records:

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

#### References:



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*CPI-9-211 Infectious Disease Testing – STAT (Serology)*

*CPI-9-300 ABO Compatibility*