Clinical Process Instruction Manual

Documentation and Transcription of Donor Evaluation Data Process Instruction

Policy:

Accuracy and consistency in transcribing reported laboratory and donor evaluation results is essential in ensuring appropriate evaluation of a potential donor. Health Canada regulations suggest that consistent practices in transcription and reporting of results obtained in donor evaluation ensure reliability of evaluated results, directly impacting the safety of recipient outcomes.

Trillium Gift of Life Network (TGLN) recognizes that deviations in reporting practice exist across various hospitals and hospital sites, based on individual hospital policies and resource platforms. A standardized internal definition of acceptable ranges and milestones against which laboratory and donor evaluation results are reported by coordinators will ensure the most consistent practice possible considering the variance of practice across hospitals and establishes a level of consistency across all donor records collected by TGLN.

The TGLN Coordinator responsible for obtaining laboratory and donor evaluation results may include the Organ and Tissue Donor Coordinator (OTDC), Clinical Responder (CR), Tissue Coordinator (TC), Referral Triage Coordinator (RTC), Clinical Services Coordinator (CSC), or Tissue Recovery Coordinator (TRC).

Process:

General

This process instruction is organized into two sections. The section titled “Donor Chart Documentation” provides requirements for donor evaluation information that is attached to the donor chart. The section titled “Transcription of Donor Evaluation Information” applies to information provided exclusively via phone through a third-party health care professional (HCP).

Donor Chart Documentation

1. The on-site TGLN Coordinator will obtain results from laboratory and other diagnostic testing required to complete general donor assessment, as well as organ/tissue-specific testing for each organ or tissue being considered (see *Donor Assessment, CPI-9-208*, for general donor and organ/tissue-specific assessment requirements).

2. Donor assessment and laboratory test result data will be verified and transcribed by the TGLN Coordinator into the donor chart.

3. The TGLN Coordinator will use the sample draw time or test conducted time as their default milestone for documenting. An alternate milestone may be selected as long as it is within a clinically reasonable timeframe (+/- 30 minutes) compared against the sample draw time or test conducted time. These alternate milestones may include but are not limited to the following:
   3.1. Date and time at which requisition was printed
   3.2. Date and time at which sample was sent to laboratory
   3.3. Date and time at which sample was received at laboratory

4. If an alternate milestone is selected, the TGLN Coordinator will note the alternate milestone selected in the clinical notes.

5. Diagnostic Tests: Angio, Echo, Ultrasound and Biopsy
   5.1 The TGLN coordinator will document the date and time the TGLN coordinator requested the hospital staff/physician to order the test.
   5.2 The TGLN coordinator will document the date and time the test was performed.
   5.3 The TGLN coordinator will document the date and time the test result/report was available to upload into iTransplant.

6. Timing associated with data entry of laboratory results must reflect acceptable variation to record all laboratory test results associated with each unique laboratory sample draw, including multiple or derivative samples from the same draw/requisition. Acceptable variation may be described as follows:
   6.1. Timing of results reported into the hospital record by the laboratory may vary when multiple laboratory test requests, originating from one sample, vary in duration required for each individual test. Under the aforementioned circumstances, reported results may be transcribed within one timestamp entry on the donor chart, as long as they originate from the same unique sample draw. Results reported at the hospital at differing times may acceptably be transcribed to the same time stamped entry within the donor chart, as long as they can be traced back to a common unique sample ID.

7. Every attachment is required to have a TGLN number on every page. The TGLN number may be stamped, hand-written, or included as part of the report.

8. Every diagnostic report (e.g. culture results, imaging reports, etc.) attached to the donor chart requires the name of the performing lab or hospital to be printed on the report. In addition to this if the date and time performed do not appear on the report, it must be added. This is a Health Canada requirement.

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Transcription of Donor Evaluation Information

9. Situations exist when potential donor evaluation information is gathered via phone through a third-party health care professional. Phone information can be collected by TGLN Coordinators when triaging referrals, managing donor cases where no OTDC/CR can be present on-site or managing out-of-province donor cases.

10. TGLN Coordinators may receive exclusively phone reports in their donor evaluation result collection, and are not required to identify a milestone for data collection. The responsibility to ensure integrity of reported results lies with the individual providing verbal results to the TGLN Coordinator.

11. TGLN Coordinators may document a timestamp on a verbal report either verbatim or approximated within a +/- 30-minute tolerance window against the time received in verbal report.

Records:

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

- No records.

References:

- No references.