

Clinical Process Instruction Manual

Listing Patients on the TGLN Waiting List Process Instruction

Policy:

Ontario Health (Trillium Gift of Life Network (TGLN)) supports the listing of recipients on the TGLN deceased organ waiting lists. The relevant Transplant Recipient Coordinator or designate normally enters all new listings and status changes during regular business hours.

The Provincial Resource Centre (PRC) is available to complete urgent listings or status changes required outside of business hours for transplant programs, if required.

TGLN provides this service to the transplant programs; however, the transplant program is responsible for verification of the patient information during the following business day.

A Special Case Committee for Liver and Kidney may be required to review cases for which listing criteria fall outside of the standard criteria.

A completed Patient Listing Checklist, including the signatures of the lead physician, addiction psychiatrist and social worker is required prior to placing Alcohol-associated Liver Disease (ALD) patients on the liver wait list as part of the ALD Pilot Program.

Process:

During Regular Business Hours

1. The Transplant Program ensures the most current and correct clinical information is entered into the patient registration screen in the TGLN organ allocation and transplant system.
2. The Transplant Program is responsible for verifying the information in the patient's registration in TGLN organ allocation and transplant system.
3. If the Transplant Programs have a patient that needs to be considered for exception points or listing outside of the standard history criteria the case will be reviewed by the Special Case Committee. Transplant Programs will be required to complete a Special Case Committee request form and email oh-tgln_specialcasecommittee@ontariohealth.ca.

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4. If the Transplant Program would like to list an ALD patient as part of the ALD Pilot Program, they must complete the Patient Listing Checklist and submit to TGLN via email at 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, Transplant Programs may proceed to activate the patient on the liver wait list.

Outside of Regular Business Hours

All Patient Listings

5. A representative from the transplant program may request that TGLN change the status or register a new high-status/urgent listing patient to the waiting list(s).
6. The Transplant Program can submit the completed *Status Changes/Urgent Listings After Hours Form* to TGLN by email at OH-TGLN_CSC@ontariohealth.ca. See Exhibit 1.
 - 6.1. TGLN may also accept this information verbally on a recorded line. The Clinical Services Coordinator (CSC) will complete the *Status Changes/Urgent Listings After Hours Form* and enter the information into the TGLN organ allocation and transplant system on behalf of the Transplant Program.
 - 6.1.1. For patients requiring a new urgent listing, the CSC will select the urgent listing checkbox in both the recipient profile and the recipient's organ journey. Selection of the urgent listing checkboxes will update the recipient profile and journey by making many of the mandatory data fields optional.
 - 6.2. If the recipient is a new listing, the transplant program is also required to fax/email a hard copy of the patient's ABO type to the PRC prior to registration by TGLN.
7. The CSC receives the information above and completes the *Status Changes/Urgent Listings After Hours Form*, if required.
8. The CSC enters the information into the TGLN organ allocation and transplant system.
9. If the new/updated listing is a high-status listing, two (2) CSC's must verify the new/updated information in the TGLN database and initial on the *Status Changes/Urgent Listings After Hours Form*.

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10. Upon completion of the new/updated listing, the CSC notifies the relevant Recipient Coordinator, providing the patient's name, TGLN # and status change or new listing information. The CSC may also send the completed Status Changes/Urgent Listings After Hours Form to the Recipient Coordinator.
11. The Recipient Coordinator is responsible for verifying new and revised patient information on the TGLN organ allocation and transplant system.
12. Once the updated or new listing information is verified by the Transplant Programs, the recipient coordinator will complete the verification section on the form and send it back to TGLN at OH-TGLN_CSC@ontariohealth.ca on the next business day.
13. The CSC saves a copy of the form for future upload to the TGLN organ allocation and transplant system.
14. The Team Lead on each shift is accountable for ensuring all staff are aware of any new high-status recipients listed.

ALD Patient Listings

15. If the urgent listing of an ALD patient is required as part of the ALD Pilot Program, Transplant Programs must first complete and submit the Patient Listing Checklist to TGLN via email at OH-TGLN_CSC@ontariohealth.ca. See Exhibit 2.
16. The CSC receives the Patient Listing Checklist and reviews it to confirm the completion of following:
 - 16.1. All patient information has been provided
 - 16.2. All checkboxes are checked
 - 16.3. All parties (lead physician, addiction psychiatrist and social worker) have signed and dated the checklist



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17. If the Patient Listing Checklist is confirmed by the CSC to be completed, the CSC will respond to the Transplant Program via email and verify receipt and completion of the checklist. Once this is completed, the Transplant Program may proceed to submit the Status Changes/Listings After Hours Form to TGLN.
18. If the Patient Listing Checklist is not confirmed by the CSC (e.g., all checkboxes are not checked), the CSC will follow up with the Transplant Program to request that it will be completed. If the Patient Listing Checklist cannot be completed by the Transplant Program after CSC follow-up, then CSC is to notify the Clinical Transplant Systems Program Manager (Liver) and it will be addressed by them on the next business day.

Records:

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

References:

- No References

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Exhibit 1: Status Changes / Listings After Hours Form



CSF-9-32

Tel (24/7): 1-888-803-1399
Fax: 1-866-557-8100

Status Changes / Urgent Listings After Hours Form

Instructions for listing and wait list status changes outside of regular business hours:

- The Transplant Program submits the completed "Status Changes/Urgent Listing After Hours Form" to TGLN via fax at 1-866-557-8100 or email at OH-TGLN_oso@ontariohealth.ca. TGLN may also accept this information verbally (on a recorded line).
 - For all new listings, transplant programs are required to fax/email a hard copy of the patients ABO type to the PRC.
- The person requesting the change must call the Provincial Resource Centre at 1-888-603-1399 to confirm request has been received.
- The relevant Recipient Coordinator is responsible for verifying new and revised patient information in TGLN's Organ Allocation and Transplant System information system on the next business day.
- After hours urgent listings can only be completed by the PRC for the following organ statuses:

Liver	Heart	Kidney / Pancreas (Whole)	Lung	Small Bowel	Pancreas (Islets) / VCA
3F, 4F	4	H – High Priority	3	3	Not Applicable
- For urgent listings of new recipients select "urgent listing" in the recipient profile and organ journey of Organ Allocation Transplant System

Date of Submission: _____		Phone Number: _____		Total # of pages: _____	
Submitted by: _____		Transplant Program: _____			
ORGAN: _____					
<input type="checkbox"/> New Listing: Status: _____ OR <input type="checkbox"/> Status change from: _____ Status change to: _____ <input type="checkbox"/> On Hold Reason (if applicable): _____					
RECIPIENT INFORMATION					
Recipient TGLN #:		Recipient ABO:			
Recipient Name:		Donor Acceptability Criteria:			
Date of Birth (DD-MM-YYYY): Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Accept A2 or A2B Donor <input type="checkbox"/> Accept ABO incompatible Donor <input type="checkbox"/> Accept HCV Ab+ Donor <input type="checkbox"/> Accept HCV NAT+ Donor <input type="checkbox"/> Accept Hep B Core Ab+ (kidney and pancreas only)			
Diagnosis:		Measurements Date: (DD-MM-YYYY): Height(cm): _____ Weight(kg): _____			
ADDITIONAL DATA FOR LIVER LISTINGS / CHANGES (Not Required for "URGENT LISTINGS" 4F & 3F)					
Na MELD: Patients ≥ 12 years			PELD: Patients < 12 years		
Date: _____			Date: _____		
Total Bilirubin (umol/L): _____			Total Bilirubin (umol/L): _____		
INR: _____			INR: _____		
Serum Creatinine (umol/L): _____			Serum Albumin (g/L): _____		
Serum Sodium (mmol/L): _____			Growth Failure: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Serum Albumin (g/L): _____			Age at Listing: _____		
Recent Dialysis & Serum Creatinine Test: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Select Yes if: Candidate received two or more dialysis treatments within 7 days prior to serum creatinine test OR candidate received 24 hours of continuous veno-venous hemodialysis within the 7 days prior to the serum creatinine test					
Request submitted by (Transplant):		Date:		Time:	
Data entered by (CSC/RTC):		Date:		Time:	
Data verified by (2 nd CSC/RTC):		Date:		Time:	
Program verification (Transplant):		Date:		Time:	
Disclosure: Transplant programs are responsible for maintaining their own lists.					
This communication is intended for the use of the individual or institution to which it is addressed and may not be distributed, forwarded, or disclosed to other unauthorized persons. The material may contain confidential or personal information which may be subjected to the provisions of the Freedom of Information and Protection of Privacy Act. If you receive this communication in error, please notify the sender immediately and delete or destroy the communication. Thank you for your cooperation and assistance.					

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Exhibit 2: ALD Pilot Program – Patient Listing Checklist



Trillium
Gift of Life
Network

CSF-9-225

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"/>	
[SAH ONLY] 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"/>	