

SECTION: Clinical ID NO.: CPI-9-432

PAGE: 1 of 6

ISSUE DATE: February 05, 2016

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## Clinical Process Instruction Manual

## **Recovery Staff Credentials Process Instruction**

### Policy:

Trillium Gift of Life Network has the mandate in Ontario to manage and coordinate the recovery of organs and tissues, under the Gift of Life Act. Any physician performing or assisting in an organ and/or tissue recovery must be granted temporary privileges under the Public Hospitals Act (Ontario) in order to use the resources of the hospital where the recovery takes place.

TGLN hosts a web-based credentialing database. The website is made accessible to users that have a requirement to verify recovery team personnel possess the necessary credentials to recover organs and/or tissues within a donor hospital. Recovery personnel include: physicians, tissue recovery technicians, and surgical recovery technicians.

Transplant Programs and other organizations are responsible for confirming the credentials of physicians and other staff performing recoveries.

Transplant program medical directors will ensure recovery team members have the necessary credentials and licensing, ensure that the recovery team members are appropriately directed; and ensure that all recovery team members travel with photo identification and are prepared to produce evidence of their licensure and Canadian Medical Protective Association (CMPA) insurance (if applicable) at a recovery hospital.

#### Procedure:

The credentialing of recovery staff to recover both organs and tissues is a mandatory prerequisite under the Public Hospitals Act. Two scenarios exist which will be fully described.

- Ontario Donor and Ontario Recovery teams
- Ontario Donor and Out of Province Recovery teams

#### **Ontario Donor and Ontario Recovery teams:**

1. Transplant Centre Medical Directors complete and sign an Organ Recovery Personnel Certification Form (Exhibit 1) for all Physicians, Fellows, and Residents participating in organ



SECTION: Clinical
ID NO.: CPI-9-432
PAGE: 2 of 6

ISSUE DATE: February 05, 2016

ISSUE.REVISION: 1.2

REVISION DATE: July 24, 2024 APPROVED BY: Organ Authority

## **Clinical Process Instruction Manual**

## **Recovery Staff Credentials Process Instruction**

recoveries on behalf of their program. The form is submitted to TGLN via a dedicated TGLN email address for recovery credentials (<u>credentials@ontariohealth.ca</u>)

- 2. The signed *Organ Recovery Personnel Certification Forms and Recovery Personnel Certification Forms* must include the following information. See Exhibits 1 and 2.
  - First name
  - Last name
  - Title/role (i.e. Fellow, Surgical Recovery Coordinator, etc.)
  - Credentialing organization
  - Type of organ/tissue specialty (i.e. Lungs, Heart, etc.)
  - Start date
  - Expiry date
  - College of Physicians and Surgeons Ontario (CPSO) number (if applicable)
  - CMPA (Y/N) (if applicable)
  - Name of the responsible medical director or designate
  - Notification email address
- 3. The PRC Coordinator and/or designate update the credentials website: <a href="https://medcred.giftoflife.on.ca">https://medcred.giftoflife.on.ca</a>, with any new or updated credentialing information received.
- 4. The PRC-Organ Coordinator or designate will send e-mail reminders annually to Transplant Centres and other organizations' medical directors, or designates, to request credentialing information and signed certification forms for any new recovery team members.
- 5. All records expire 2 years from the date of last update if no expiration date for team participation has been specified on the recovery personnel certification form.
- 6. Records that have expired will automatically be flagged by the database and displayed in red on the credential website. An automatic email alert will be sent to the notification e-mail address on record 30 days prior to the expiry date warning of an impending record expiration.
- 7. Transplant Centre other organizations medical directors or designates are required to review and provide an update to TGLN when they receive an expiration alert.



SECTION: Clinical
ID NO.: CPI-9-432
PAGE: 3 of 6

ISSUE DATE: February 05, 2016

ISSUE.REVISION: 1.2

REVISION DATE: July 24, 2024

APPROVED BY: Organ Authority

## **Clinical Process Instruction Manual**

### **Recovery Staff Credentials Process Instruction**

- 8. Transplant Centres and other organizations are required to provide the names of recovery personnel attending each recovery to the applicable PRC coordinator. The Clinical Services Coordinator (CSC) and/or designate will provide the names of recovery personnel to the Specialist, Organ and Tissue Donation (S-OTD) or recovery hospital as requested.
- 9. The recovery hospital confirms the identity of each recovery team member and accesses the credential website to verify credentialing details.
  - 9.1. All recovery personnel are required to carry photo identification from their practicing hospital or organization where applicable.
  - 9.2. Recovery team surgeons should also be prepared to provide a copy of their CPSO licence and CMPA insurance to the recovery hospital.
  - 9.3. Recovery team personnel may be required to sign-in and/or sign a form indicating they will abide by hospital policies and procedures on arrival at the donor hospital.
  - 9.4. If information for recovery team members is missing from the credential website, the CSC or TC will advise the affected recovery team member(s) that they may be denied access to the donor operating room by the recovery hospital.
- 10. Deviation from this process that leads to loss of an organ for transplantation will be forwarded by the Manager Surgical Recovery Services, Organ to the TGLN Quality department for follow up as a critical incident.

#### Ontario Donor and Out of Province Recovery teams:

- 11. TGLN is responsible for obtaining the same or equivalent credential information from Out of Province (OOP) Organ Procurement Organizations (OPO) regarding OOP recovery team members. The CSC and/or designate will be responsible for obtaining and forwarding this information to the S-OTD or recovery hospital if requested.
- 12. The recovery hospital confirms the identity of each recovery team member who attends to perform the recovery.
  - 12.1. All recovery personnel are required to carry photo identification from their practicing hospital or organization.



SECTION: Clinical
ID NO.: CPI-9-432

PAGE: 4 of 6

ISSUE DATE: February 05, 2016

ISSUE.REVISION: 1.2

REVISION DATE: July 24, 2024 APPROVED BY: Organ Authority

## **Clinical Process Instruction Manual**

### **Recovery Staff Credentials Process Instruction**

- 12.2. Recovery team surgeons should also be prepared to provide copies of their medical licence and malpractice insurance to the recovery hospital.
- 12.3. Recovery team personnel may be required to sign-in and/or sign a form indicating they will abide by hospital policies and procedures on arrival at the donor hospital.
- 12.4. If credentialing information is not available, or not provided to TGLN, the CSC and/or designate will advise the OOP OPO that recovery team members may be denied access to donor operating rooms by the recovery hospital.
- 13. Deviation from this process that leads to loss of an organ for transplantation will be forwarded by the Manager Surgical Recovery Services, Organ to the TGLN Quality department for follow up as a critical incident.

#### Records:

Record Name	Form No. (if applicable)	Record Holder	Record Location	Record Retention Time (as a minimum)
Organ Recovery Personnel Certification Form	CSF-9-117	PRC	PRC	16 years
Recovery Personnel Certification Form	CSF-9-116	PRC	PRC	16 years

#### References:

No references



SECTION: Clinical
ID NO.: CPI-9-432
PAGE: 5 of 6

ISSUE DATE: February 05, 2016

ISSUE.REVISION: 1.2

REVISION DATE: July 24, 2024
APPROVED BY: Organ Authority

# **Clinical Process Instruction Manual**

# **Recovery Staff Credentials Process Instruction**

# **Exhibit 1: Organ Recovery Personnel Certification Form**

## Page 1

	489 Day Chr Co C
Trillium Cift of Life	483 Bay Street South Tower, 4th Floor Toronto, Ontain McC9 Total 415 855 4004 in McC9
Gift of Life Network	Tel: 416-363-4001(in Toronto) or 1-800-263-2833 Fax: 416-358-4002
▼ → MCTMOLV	raX 416-363-4002
ORGAN REC	COVERY PERSONNEL CERTIFICATION FORM
TO: Trillium Gift of Life Netw	ork
FROM: [Name of Hospital]	
RE: Quality Assurance for Mer	mbers of the Organ Recovery Team
Attached is the transplant program recovery of organs on behalf of the	's updated list of staff physicians and fellows participating in the Hospital from time to time.
As the Medical Director of the Tra	nsplant Program, I certify that each of these physicians:
	s at the Hospital in accordance with the Hospital's process under its by-
<ul> <li>laws; and</li> <li>has privileges at the Hospi</li> </ul>	ital on this date that are in good standing (i.e., no restrictions).
	with any additions to or deletions from this list in a timely manner. It ician who ceases to meet these qualifications or those established by otify $TGLN$ in a timely manner.
will remove from the list any physi	ician who ceases to meet these qualifications or those established by
will remove from the list any phys Accreditation Canada, and I will n	ician who ceases to meet these qualifications or those established by otify TGLN in a timely manner.
will remove from the list any phys. Accreditation Canada, and I will n  Signed:  Name:	ician who ceases to meet these qualifications or those established by otify TGLN in a timely manner.  Date:
will remove from the list any phys.  Accreditation Canada, and I will n  Signed:  Name: Title:  Note: Attached list must contain the First and last name	ician who ceases to meet these qualifications or those established by otify TGLN in a timely manner.  Date:
will remove from the list any phys: Accreditation Canada, and I will n  Signed: Name: Title:  Note: Attached list must contain the First and last name Title/role	ician who ceases to meet these qualifications or those established by otify TGLN in a timely manner.  Date:
will remove from the list any phys. Accreditation Canada, and I will n  Signed:  Name: Title:  Note: Attached list must contain the First and last name  Title/role  Hospital base  CPSO mumber (if applicable)	ician who ceases to meet these qualifications or those established by otify TGLN in a timely manner.  Date:  the following information:
will remove from the list any phys. Accreditation Canada, and I will n  Signed:  Name: Title:  Note: Attached list must contain the First and last name Title/role Hospital base CPSO number (if applicable CMPA membership	ician who ceases to meet these qualifications or those established by otify TGLN in a timely manner.  Date:  be following information:
will remove from the list any phys. Accreditation Canada, and I will n  Signed:  Name: Title:  Note: Attached list must contain the First and last name  Title/role  Hospital base  CPSO mumber (if applicable)	ician who ceases to meet these qualifications or those established by otify TGLN in a timely manner.  Date:  Define following information:
will remove from the list any phys. Accreditation Canada, and I will n  Signed:  Name: Title:  Note: Attached list must contain the First and last name Title/role Hospital base CPSO number (if applicab CMPA membership Expiry date of team partici	ician who ceases to meet these qualifications or those established by otify TGLN in a timely manner.  Date:  Define following information:
will remove from the list any phys. Accreditation Canada, and I will n  Signed:  Name:  Title:  Note: Attached list must contain the strength of the strength	ician who ceases to meet these qualifications or those established by otify TGLN in a timely manner.  Date:  Define following information:
will remove from the list any phys. Accreditation Canada, and I will n  Signed:  Name:  Title:  Note: Attached list must contain the strength of the strength	ician who ceases to meet these qualifications or those established by otify TGLN in a timely manner.  Date:  Determine following information:



SECTION: Clinical
ID NO.: CPI-9-432

PAGE: 6 of 6

ISSUE DATE: February 05, 2016

ISSUE.REVISION: 1.2

REVISION DATE: July 24, 2024 APPROVED BY: Organ Authority

# **Clinical Process Instruction Manual**

## **Recovery Staff Credentials Process Instruction**

## **Exhibit 2: Recovery Personnel Certification Form**

## Page 1

	Trillium 483 Bay Street South Town
	Giff of Life Tel: 416-363-4001 (in Toronto) o
40	Network 1-900-263-283: Fax: 416-363-400:
	RECOVERY PERSONNEL CERTIFICATION FORM
TO: T	Frillium Gift of Life Network
FROM: [	Recovery Agency/Hospital]
	Quality Assurance for Members of Recovery Teams
Attached from time	is an updated list of personnel participating on the recovery teams on behalf of our organization e to time.
As the M	ledical Director / Designate of this program, I certify the following:
	Recovery personnel have been granted privileges (if required) at the Hospital in accordance with the Hospital's process under its by-laws; and / or
	staff members that are listed have the appropriate training and credentials to perform recovery of all of the tissues/organs indicated.
TGLN in	a timely manner.
TGLN in Signature	a timely manner.  Date:
TGLN in Signature	a timely manner.
TGLN in Signature Name: _	a timely manner.  Date:
TGLN in Signature Name: Title:	a timely manner.  Date:
TGLN in Signature Name: _ Title: _ The list n	Date: must contain the information below:
TGLN in Signature Name: _ Title: _ The list n  F T	nust contain the information below:  First and last name  Citle/role
TGLN in Signature Name: _ Title: _ The list n	Date: must contain the information below:
TGLN in Signature Name: _ Title: _ The list n      F     T     G     F	nust contain the information below:  First and last name  Fitle/role  Iospital/Organization/tissue bank  Detertification/Registration # (if applicable)  Expiry date of team participation, if any
TGLN in Signature Name: _ Title: _ The list n	nust contain the information below:  First and last name  Citle/role Hospital/Organization/tissue bank  Pertification/Registration # (if applicable) Expiry date of team participation, if any  Vame of physician / designate certifying credentials
TGLN in Signature Name: _ Title: _ The list n	must contain the information below:  First and last name  Fittle/role  Cospital/Organization/tissue bank  Certification/Registration # (if applicable)  Expiry date of team participation, if any
TGLN in Signature Name: _ Title: _ The list n	nust contain the information below:  First and last name  Citle/role Hospital/Organization/tissue bank  Pertification/Registration # (if applicable) Expiry date of team participation, if any  Vame of physician / designate certifying credentials
TGLN in Signature Name: _ Title: _ The list n     F     T     E     C     F	nust contain the information below:  First and last name  Citle/role Hospital/Organization/tissue bank Pertification/Registration # (if applicable) Expiry date of team participation, if any Name of physician / designate certifying credentials

August 23, 2017 Page 1 of 2