

Clinical Process Instruction Manual

Error and Information Corrections – Electronic Donor Management System Process Instruction

Policy:

According to good documentation practices, Trillium Gift of Life Network (TGLN) recognizes and corrects chart errors and omissions appropriately. There is a documented process for correcting both errors and gaps on hardcopy charts. Likewise, there is an automated form correction process within TGLN's donor management system. All electronic clinical forms in TGLN's donor management system, enable the history of electronic data corrections and information additions to be automatically documented within the system by the TGLN Coordinators. Coordinators may include any of the following: Organ and Tissue Donation Coordinator (OTDC), Tissue Coordinator (TC), Tissue Recovery Coordinator (TRC), or Multi Tissue Recovery Coordinator (MTRC).

Process:

General

1. The coordinator reviews all chart documentation for completeness and accuracy. Two main components of clinical documentation requiring correction include the Medical and Social History Questionnaire and the Donor Assessment.

Medical and Social History (MSHx) Questionnaire Responses

2. In the event that either an error or a gap is recognized on an electronic clinical form, the coordinator performs the following steps:
 - 2.1. For missing data before the electronic form page has been saved, the required information is added by the coordinator. No other chart documentation is required.
 - 2.2. For missing data, after the electronic form page has been saved, the coordinator will add the required information. In addition, the coordinator will also need to add a comment in the "Additional Comments" field at the end of the MSHx Questionnaire to acknowledge why the information was added (and its source, if required). This includes changes made to the MSHx Questionnaire after it has been completed with the family. The donor management system automatically keeps track of the date and time of the correction. Types of missing information include:
 - fields left blank
 - MSHx sub-questions left unanswered

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2.3. For inaccurate MSHx Questionnaire information, the coordinator changes the Yes/No response to the correct response. However, any comments previously documented are not revised. Rather new comments are added to the MSHx question response or the “Additional Comments” field at the end of the MSHx Questionnaire. This will ensure that an audit trail displaying the history of the answer is recorded. These comments need to demonstrate a rationale as to why the revision was needed (and its source, if required). The donor management system automatically keeps track of the date and time of the correction. Types of inaccurate MSHx Questionnaire responses include:

- simple data errors
- contradictions of donor information or previously answered questions
- donor chart information doesn’t agree with recorded tape version

Donor Assessment Information

3. For all other donor assessment information that is either incomplete or inaccurate, the coordinator performs the same process steps, as per 2.1 to 2.3 above. The rationale as to why the field was changed (and its source, if required) is documented in the clinical notes, under a subject titled, “Donor Assessment & MSHx Amendments”.

Sending Updated Charts to Tissue Banks and Transplant Programs

4. All tissue chart amendments need to be sent to the respective Tissue Bank(s) for their review. In addition to a copy of the chart, the TC needs to send a copy of the audit trail, of just the change made, to show its history.
5. In the event that the change to the MSHx would change the exceptional distribution status or any information stated in Appendix 1 of *Organ and Tissue Chart Closure and Chart Locking Process Instruction, CPI-9-808*, an updated chart must be sent to Transplant Programs which received an organ from the donor. Consultation with the Manager or Clinical Specialist prior to sending the updated information may be required. The Manager or Clinical Specialist will also determine if the changes constitute a reportable error/accident in accordance with *Error/Accident Process Instruction, CPI-9-804*.

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Records:

- No Records

References:

- *Making Error and Information Corrections – Hardcopy Forms, CPI-9-806*
- *Organ and Tissue Case Closure and Chart Locking, CPI-9-808*
- *Error/Accident, CPI-9-804*