



## Transplant Process Instruction Manual

### High Status Heart Candidate Recusal and Restrictions Process Instruction

#### Policy:

Ontario Health (Trillium Gift of Life Network [TGLN]) has aligned its processes with the Canadian Blood Services (CBS) Interprovincial Organ Sharing (IPOS) for High Status Hearts (HSH) program (IPOS Hearts). The purpose of this initiative is to give priority, across Canada, to listed heart patients defined as high status heart (HSH) candidates:

1. Highly sensitized to Human Lymphocyte Antigens (HLA) with a cPRA  $\geq 80\%$  and/or
2. Designated as medically urgent (medical status 4)

The first step in the Ontario adult and paediatric donor allocations will be completed by CBS using the Canadian Transplant Registry (CTR) to rank HSH candidates across Canada in accordance with CBS policies.

As per CBS policy, a highly sensitized heart recipient may be recused from participating in the IPOS Hearts program or have their recusal reversed at the discretion of the listing Transplant Program. A status 4 heart recipient may not be recused from the IPOS Hearts program.

#### Process:

#### Recusal and Restriction Comments by IPOS Heart Candidates:

##### 1. Highly Sensitized Heart Recipients:

Transplant Programs must submit a completed *Highly Sensitized Heart Candidate Recusal and Restrictions Form* (TSF-9-4) to OH-TGLN to process such requests. Once reviewed and approved, OH-TGLN will communicate the request to CBS for implementation in the CTR. Note that recused candidates will still remain displayed on the National Organ Waitlist but will not be pulled into the HSH candidate step in Ontario provincial allocations; candidates will be pulled into the local allocation steps as applicable (see *TP-9-100: Wait List, Organ Offers and Allocation*).

In addition, Transplant Programs may request the inclusion of Additional Wait List comments for highly sensitized heart recipients (ex, no offers west of Alberta). *TSF-9-4* should be submitted to process such a request.

##### 2. Status 4 Recipients:

A physician may indicate other criteria (Additional Wait List comments) that may result in a status 4 heart recipient not receiving an offer. *TSF-9-4* should be submitted to process such a request.



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#### Recusal Process:

#### 3. Transplant Program Steps

3.1. Complete OH-TGLN's 'High Status Heart Candidate Recusal and Restrictions Form' (*Exhibit 1: TSF-9-4*)

3.2. Submit the completed TSF-9-4 to OH-TGLN via email at: [oh-tgln\\_transplant@ontariohealth.ca](mailto:oh-tgln_transplant@ontariohealth.ca) and copy [mithila.ruthran@ontariohealth.ca](mailto:mithila.ruthran@ontariohealth.ca)

#### OH-TGLN Steps:

4. The Manager, Transplant Programs (Heart) or designate will:

4.1. Review the submitted *TSF-9-4* for completion and communicate any revision requirements to the Transplant Program

4.2. Complete the applicable approval section on *TSF-9-4*

5. Complete the applicable CBS form:

5.1. CBS High Status Patient Recusal Form (*See Exhibit 2*)

5.2. CBS High-Status Heart Patient Reinstatement Form (*See Exhibit 3*)

5.3. CTR Customer Support – Local Business Continuity Request Form: Data Sheet for Manually Recording a New HSP Kidney or HS Heart Recipient (*See Exhibit 4*)

6. Email the completed CBS form(s) to CTR Customer Support at [transplantregistry@blood.ca](mailto:transplantregistry@blood.ca) and/or telephone CTR Customer Support at 1-855-274-2889 prior to submission if indicated on form

7. File the completed form as appropriate



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#### Records:

Record Name	Form No. (if applicable)	Record Holder	Record Location	Record Retention Time (as a minimum)
High Status Heart Recipient Recusal and Restrictions Form	TSF-9-4	Transplant	Transplant	16 years
CBS High Status Patient Recusal Form	-----	Transplant	Transplant	16 years
CBS High Status Patient Reinstatement Form	-----	Transplant	Transplant	16 years
CTR Customer Support – Local Business Continuity Request Form: Data Sheet for Manually Recording a New HSP Kidney or HS Heart Recipient	-----	Transplant	Transplant	16 years

#### References:

- *Wait List, Organ Offers and Allocation, TP-9-100*



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#### Exhibit 1: High Status Heart Recipient Recusal and Restrictions Form



TSF-9-4

#### High Status Heart Recipient Recusal and Restrictions Form

Instructions on submitting a request to recuse, reverse a recusal or submit Additional Wait List comments for a High Status Heart (HSH) recipient participating in the Interprovincial Organ Sharing High Status Hearts (IPOS Hearts) Program.

- The Transplant Program submits a 'High Status Heart Candidate Recusal Form' to OH-TGLN via email at: [oh-tgln\\_transplant@ontariohealth.ca](mailto:oh-tgln_transplant@ontariohealth.ca) and copy [trillia\\_ruftran@ontariohealth.ca](mailto:trillia_ruftran@ontariohealth.ca)


Recipient Information			
<b>Recipient TGLN #:</b>		Click or tap here to enter text.	
<b>Recipient Name:</b>		Click or tap here to enter text.	
<b>Recipient Date of Birth:</b>		Click or tap here to enter text.	
<b>Recipient Status:</b>	Click or tap here to enter text.	<b>Recipient is highly sensitized (cPRA ≥ 80%):</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Request Type:			
Highly Sensitized Heart Recipient			
<p>Note: As per CBS policy, a highly sensitized heart recipient may be recused from the IPOS Hearts program. The recused recipient's ID will no longer be displayed on the allocation list however they will remain displayed on the National Organ Waitlist.</p>			
<input type="checkbox"/> Recuse from IPOS Hearts Program. Reason: Click or tap here to enter text.		<input type="checkbox"/> Cancel Recusal from IPOS Hearts Program. Amend Additional Wait List comments. Revised statement: Click or tap here to enter text.	
<input type="checkbox"/> Additional Wait List comments: Click or tap here to enter text.		<input type="checkbox"/> Delete Additional Wait List comments. Specify statement to be deleted: Click or tap here to enter text.	
Status 4 Heart Recipient			
<p>Note: As per CBS policy, a status 4 heart recipient may not be recused from the IPOS Hearts program. A physician may indicate other criteria (Additional Wait List comments) that may result in a status 4 heart recipient not receiving an offer.</p>			
<input type="checkbox"/> Additional Wait List comments: Click or tap here to enter text.		<input type="checkbox"/> Amend Additional Wait List comments. Revised statement: Click or tap here to enter text.	
		<input type="checkbox"/> Delete Additional Wait List comments. Specify statement to be deleted: Click or tap here to enter text.	
Transplant Medical Director or Designate Requesting Recusal			
<b>Clinician Name:</b>		Click or tap here to enter text.	
<b>Clinician Title:</b>		Click or tap here to enter text.	
<b>Contact Information (email and phone number):</b> Click or tap here to enter text.			
<b>Signature:</b>		<b>Date and Time:</b>	
		Click or tap to enter a date.	
Request Submitted By			
<input type="checkbox"/> Check box if person submitting the request is the same as above			
<b>Name:</b>		Click or tap here to enter text.	
<b>Title:</b>		Click or tap here to enter text.	
<b>Contact Information (email and phone number):</b> Click or tap here to enter text.			
<b>Signature:</b>		<b>Date and Time:</b>	
		Click or tap to enter a date.	
OH-TGLN Review			
The Manager, Transplant Programs (Heart) or designate will complete the section below			
<input type="checkbox"/> The above request to recuse, reverse a recusal or submit Additional Wait List comments for an HSH recipient has been reviewed and accepted by OH-TGLN. OH-TGLN will inform Canadian Blood Services (CBS) of the change requests.			
<b>Name</b>	<b>Title</b>	<b>Signature</b>	<b>Date and Time:</b>
Click or tap here to enter text.	Click or tap here to enter text.		Click or tap to enter a date.



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#### Exhibit 2: Sample - CBS High Status Patient Recusal Form



**High-Status Heart Patient Recusal Form**

I wish to recuse the patient listed below from participation in the High-Status Heart Allocation listing in the Canadian Transplant Registry.

**Patient Identification and Approval**

National patient ID: \_\_\_\_\_

Provincial/Local ID: \_\_\_\_\_

Last Name *(please print)*: \_\_\_\_\_

First Name *(please print)*: \_\_\_\_\_

Organ Donation Organization: \_\_\_\_\_

Medical Status: \_\_\_\_\_

Transplant Program: \_\_\_\_\_

Authorizer Name: \_\_\_\_\_

Authorizer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*\* Please note it may take up to 2 business days in processing the request.*

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*CBS internal use only.*

**CBS Recusal Completion**

ITSM Service Request #: \_\_\_\_\_ Completion Date (YYYY/MM/DD): \_\_\_\_\_

Configuration Completed By (Name/Title): \_\_\_\_\_

Configuration Completed By (Signature): \_\_\_\_\_

Configuration Approved By (Name/Title): \_\_\_\_\_

Configuration Approved By (Signature): \_\_\_\_\_

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#### Exhibit 3: Sample - CBS High Status Patient Reinstatement Form



**High-Status Heart  
Patient Reinstatement Form**

I wish to reinstate the patient listed below for participation in the High-Status Heart Allocation listing in the Canadian Transplant Registry.

**Patient Identification and Approval**

National patient ID: \_\_\_\_\_

Provincial/Local ID: \_\_\_\_\_

Last Name *(please print)*: \_\_\_\_\_

First Name *(please print)*: \_\_\_\_\_

Organ Donation Organization: \_\_\_\_\_

Medical Status: \_\_\_\_\_

Transplant Program: \_\_\_\_\_

Authorizer Name: \_\_\_\_\_

Authorizer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*\* Please note it may take up to 2 business days in processing the request.*

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*CBS internal use only.*

**CBS Recusal Completion**

ITSM Service Request #: \_\_\_\_\_ Completion Date (YYYY/MM/DD): \_\_\_\_\_

Configuration Completed By (Name/Title): \_\_\_\_\_

Configuration Completed By (Signature): \_\_\_\_\_

Configuration Approved By (Name/Title): \_\_\_\_\_

Configuration Approved By (Signature): \_\_\_\_\_

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#### Exhibit 4: Sample - CTR Customer Support – Local Business Continuity Request Form: Data Sheet for Manually Recording a New HSP Kidney or HS Heart Recipient

CTR Customer Support – Local Business Continuity Request Form	
Data Sheet for Manually Recording a New HSP Kidney or HS Heart Recipient	
Complete each section below then telephone CTR Customer Support at <a href="tel:1-855-274-2889">1-855-274-2889</a> , before you email this form to <a href="mailto:transplantregistry@blood.ca">transplantregistry@blood.ca</a> .	
This form should be used to create a new recipient in CTR during a local business continuity event.	
1. Create Recipient Record	
PATIENT TYPE	
Patient Type	Recipient
Date of Birth	YYYY-MM-DD
In-Utero	<input type="checkbox"/> No <input type="checkbox"/> Yes
Biological Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown
PROGRAM REGISTRATION	
Organ	<input type="checkbox"/> Kidney <input type="checkbox"/> Heart
Organ Type (Kidney only)	<input type="checkbox"/> Right <input type="checkbox"/> Left
Program	Deceased Waitlist
Medical Status	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 3.5 <input type="checkbox"/> 4 <input type="checkbox"/> 2MU (Kidney only)
Medical Status Change Date/Time	Date: YYYY-MM-DD Time: HH:MM
List Date/Time (required to set organ request state to Active)	Date: YYYY-MM-DD List Time: HH:MM
PATIENT ATTRIBUTES	
Last Name	
First Name	
Does Patient have PHN?	<input type="checkbox"/> Yes <input type="checkbox"/> No
PHN/Home Province	
PHN	
Other Government Identifier	<input type="checkbox"/> First Nations <input type="checkbox"/> Military <input type="checkbox"/> Not Available <input type="checkbox"/> Out of Country ID Number: _____
ABO	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> AB <input type="checkbox"/> O
RH	<input type="checkbox"/> + <input type="checkbox"/> -
Height (cm)	
Weight (kg)	
CONTACT	
Organ Donation Organization	
Transplant Centre	
HLA Laboratory	
Patient Address	Mailing address <input type="checkbox"/> yes <input type="checkbox"/> no
Address	
City	
Country	
Province/State	
<i>Please note:</i> You must telephone CTR Customer Support at <a href="tel:1-855-274-2889">1-855-274-2889</a> before e-mailing this request.	
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