

## PURPOSE

To describe the process for activation, listing, and monitoring of pediatric patients on the transplant waitlist at BCCH.

## SCOPE

This procedure applies to the BCCH Multi-Organ Transplant (MOT) Program clinic personnel responsible for reviewing referrals and for assessment of pediatric patients requiring a solid organ transplant. It covers process and procedures from the referral of a potential transplant recipient to deferral/approval for transplantation.

## RESPONSIBILITIES

### Organ Transplant Service Directors

- For their respective transplant services: Chair review committee deliberations, approval of listing priority and donor selection criteria,
- Sign-off on activation for transplantation or changes in deceased donor listing status.

### Pre-transplant coordinator

- Coordinates activation and donor selection process, communication about status with patient/families, and related documentation.
- Maintains a list of activated patients which is accessible to the on-call teams, including their status, listing priority and donor selection criteria, and coordinates changes to the list.
- Coordinates wait-list monitoring and review process.

### Nursing Unit Clerk, Pre-transplant

- Maintaining a dedicated pre-transplant assessment chart, filing of reports and documentation, and verifying sign-off of documents before filing.
- Tracking correspondence, obtaining relevant records, booking appointments relevant to the wait-list monitoring assessments, receipt and compilation of results/reports.
- Filing of all primary documents and chart notes in the primary medical record, and maintaining a copy for the MOT chart (for ready access and reference).

## OTHER

- The MOT Program supervises activation and wait-list management for transplants to be performed at BCCH. For patients referred for transplant assessment external to BCCH, the external program will be responsible for their own activation and wait-list management.
- All chart notes are kept in the primary hospital record, and copies are maintained in the MOT chart for ready access and reference.

## DEFINITIONS

**Organ transplant service director:** Refers to the specific director for each of the respective organ transplant services, i.e. heart, liver, lung and kidney.

**Pre-transplant coordinator:** Depending on the particular organ transplant service, the coordinator is either the nurse or nurse practitioner who is responsible for coordinating the pre-transplant assessment.

**Activation:** When a patient is activated on the deceased donor wait list or registered for a living donor transplant.

**PROMIS:** The Patient-Reported Outcomes Measurement Information System, which is used by the BC Renal Agency and BC Transplant to collect patient specific data, medication history, labs and clinical outcomes.

## **EQUIPMENT**

N/A

## **PROCEDURE**

### **Determination of Donor Options**

1. Upon approval for transplantation by the review committee (assessment complete and patient ready), the pre-transplant coordinator will initiate the process to identify a suitable donor.
  - 1.1 If applicable (kidney), the pre-transplant coordinator will determine whether there is an available living donor for the recipient.
2. The transplant service director will confirm listing status
  - 2.1 High status listing criteria are discussed by the review committee, based on transplant service-specific and national guidelines.
3. The transplant service director will confirm donor-selection criteria for the intended recipient with the transplant service director.
  - 3.1 Donor selection criteria are reviewed by the review committee, based on transplant service-specific guidelines.
4. The transplant service director may await consultation with the transplant service, the referring physician/team or the primary physician in order to finalize listing status and donor-selection criteria.
5. The transplant service director will review final listing status and donor-selection criteria decisions with the pre-transplant coordinator.
  - 5.1 Listing status and donor selection criteria are documented for the record and kept with the pre-transplant assessment summary.

### **Deceased Donor Activation**

6. For patients recommended by the transplant service to proceed with deceased donor listing, the pre-transplant coordinator will prepare the Activation Form for deceased donor listing.
  - 6.1 Provide the Activation Form for sign-off by the transplant service director.
  - 6.2 The Activation Form is submitted electronically to the VGH Immunology laboratory, who notifies BC Transplant to activate patient in PROMIS.
  - 6.3 The Activation Form is provided to the nursing unit clerk, for filing in the patient medical record (copy to the MOT chart).
7. The patient/family are notified verbally by the pre-transplant coordinator of the activation status and provided with HLA antibody test requisition to complete the activation process.
  - 7.1 Completion of baseline HLA antibody testing is required before activation can be completed by the VGH Immunology laboratory.
  - 7.2 The updated status is recorded in the patient chart by the pre-transplant coordinator, along with communications with patient/family.
8. The pre-transplant coordinator updates the Transplant Active Wait List for the respective organ transplant service with:
  - Activation status

- Listing status
  - Donor-selection criteria.
9. The pre-transplant coordinator circulates the Transplant Active Wait List updated list electronically to the transplant service on-call teams.

### **Living Donor Activation**

*Note: Living donation at BCCH is only applicable to the kidney transplant service.*

10. The living kidney donor assessment program will notify the BCCH kidney transplant service if/when a potential donor directed has completed assessment and has been cleared for kidney donation.
- 10.1 Notification about potential donor is provided in writing, accompanied by donor information for review.
- 10.2 The pre-transplant coordinator receives and reviews the donor package.
11. Only approved transplant patients will proceed with initial donor suitability assessment.
- 11.1 If the patient is not yet approved for transplantation, the donor program will be notified that the donor offer is on hold until the recipient evaluation has been completed and the patient approved.
12. The pre-transplant coordinator will start a Living Donor Transplant Program Checklist for the donor/activated recipient pair, to be used in the adjudication process
- 12.1 The pre-transplant coordinator provides the transplant service director with the donor information and the completed checklist.
13. The transplant service director conducts an initial review of donor suitability
- 13.1 The transplant service director may await consultation with the transplant service, the referring physician/team or the primary physician in order to determine readiness for activation.
14. The transplant service director updates the checklist with the decision on whether the donor is acceptable for the recipient.
- 14.1 The checklist is returned to the pre-transplant coordinator
15. If an identified living donor is acceptable to proceed with transplantation, then the final approval process is initiated (see Donor Acceptance and Transplant Process).
- 15.1 Recipient Activation Form is completed (as per deceased donation) and HLA antibody test sample is obtained from the intended recipient.
16. Once final approval for living donor transplant is initiated, if the patient was previously activated/listed for deceased organ donation then the patient is put on HOLD.
- 16.1 The Transplant Active Wait List is updated accordingly.
- 16.2 The recipient remains on HOLD for deceased donation until either the transplant is completed or the donor is declined in the final approval phase of the donor acceptance process.

### **Wait List Monitoring**

17. The referring physician/team continues to provide end-stage organ failure care for patients who are activated (either for living or deceased donation).
- 17.1 The referring physician (or team) must notify the transplant service of any changes in the patient health status that may impact on readiness or transplantation status.
18. Activation status for deceased donor listing is maintained with monthly HLA antibody sampling for the recipient

- 18.1 HLA antibody requisition is provided by the pre-transplant coordinator to patient/family, who must submit a monthly sample to the VGH Immunology lab for testing in the event of a donor offer.
19. The transplant service continues to monitor ongoing transplant readiness with periodic assessment.
  - 19.1 Each transplant service utilizes service-specific clinical guidelines to direct ongoing monitoring.
  - 19.2 Updates to the pre-transplant assessment are scheduled at a minimum annually from the date of approval for transplantation, or as needed related to changes in health status.
20. The transplant physician writes orders for each recipient with the plan for periodic monitoring of the recipient.
21. The pre-transplant coordinator reviews the orders with the transplant physician and clarifies as needed.
  - 21.1 The pre-transplant coordinator then reviews the orders with the MOT clerk
22. The nursing unit clerk schedules investigations and consultations as requested.
  - 22.1 The nursing unit clerk tracks the progress of investigations and referrals.
  - 22.2 Pre-formatted requisitions are available for use with the order set.
23. The nursing unit clerk collects and compiles the reports as they are completed.
  - 23.1 Upon receipt of patient documents/reports, the nursing unit clerk registers receipt by stamping each face sheet with a review stamp that tracks the document review and sign-off.
  - 23.2 Result tracking is updated as each report is received.
24. The nursing unit clerk forwards these documents for initial review by the pre-transplant coordinator.
25. The pre-transplant coordinator reviews the document to determine whether immediate review is required by the transplant physician (i.e. action required). The pre-transplant coordinator "signs off" on the document.
  - 25.1 If immediate review is required, it is forwarded and discussed with the transplant physician. Otherwise, the document is filed for later review in the MOT chart.
26. The transplant physician will make recommendations to the referring physician for medical issues that may require immediate attention.
27. The transplant physician reviews all documents and reports from the wait-list monitoring assessment and signs off.
  - 27.1 This usually is done once all assessments are completed, unless there is need for more immediate review.
  - 27.2 The transplant physician returns signed-off documents to the nursing unit clerk.
28. The transplant physician updates the pre-transplant summary to include all relevant new information.
29. Formal approval for wait-list continuation is adjudicated at the organ-specific review committee. The summary of the pre-transplant assessment is presented and reviewed by the committee according to their terms of reference.
  - 29.1 The decision of the committee is recorded in the minutes.
  - 29.2 The pre-transplant coordinator will chart the decision of the committee on the patient medical record, and inform the referring physician/team of the decision.

### **Hold, Listing Status Change, or De-Listing Procedure**

30. The pre-transplant coordinator will review any reported changes in health status with the transplant service director.
31. The organ transplant service director will determine whether a change in the deceased donor listing status (e.g. HOLD) or priority is indicated for patients on the Wait List.
  - 31.1 The transplant service director may await consultation with the transplant service, the referring physician/team or the primary physician in order to determine readiness for activation.
  - 31.2 The transplant service director will confirm in writing changes to patient listing status or priority.
32. The pre-transplant coordinator will update the transplant listing status or priority
  - 32.1 Notify the VGH Immunology lab and chart in the patient record.
  - 32.2 Update the Transplant Active Wait List
  - 32.3 Circulate updated Transplant Active Wait List electronically to the transplant service on-call teams.
33. The pre-transplant coordinator will notify the patient/family of changes in listing status or priority.
  - 33.1 Correspondence is charted on the patient record.
34. If the recommendation is made to “de-list” a patient, the case will be referred to the review committee prior to final decision.
  - 34.1 The case is adjudicated according to the terms of reference for the review committee.
35. A patient who is de-listed will be removed from the Transplant Active Wait List and the VGH Immunology lab will be notified.
  - 35.1 Consideration for re-listing requires re-referral and assessment according to the process for Referral and Pre-Transplant Assessment.

### **DOCUMENTATION**

BCCH SOP, Referral and Pre Transplant Assessment [MOT-GEN-002]  
Clinical Guidelines for Kidney Transplantation [AMB.03.001]  
Clinical Guidelines for Living Donor Kidney Transplantation [AMB.03.006]

### **REFERENCES**

N/A

<b>Doc No.: CC.14.04</b>	<b>Revision #: 01</b>
<b>Latest Revision Date: 29-Jan-2018</b>	<b>Effective Date: 7-Feb-2018</b>

Approved by: BC Children's Hospital Best Practice Committee	Approval Date: 07-Feb-2018
Approved by:	Approval Date:

## REVISION HISTORY

Revision	Description of Changes	CO Ref.	Effective Date
00	Initial release	N/A	Feb 20, 2017
01	Update post-implementation for Best Practice & Policy Committee	Doc No MOT- GEN-003	Feb 7, 2018