

PRE-TRANSPLANT CLERICAL SOP
(medical review of results/reports)

Tracking tools:

- Checklist for ordering tests
- Spreadsheet to track completion of assessment
- Activation checklist

Upon receipt of the referral

Prepare the transplant chart – this is needed in order to summarize the current status and present a summary for review at KTAAC.

1. Immediately advise all transplant team members of the referral (email) so that they can obtain preliminary information about the referral before the KTAAC meeting
2. Identify which fellow will be assigned to the assessment.
3. Schedule the patient for KTAAC review on the agenda (d/w transplant coordinator)
4. Create a new transplant chart
5. Register patient with BCTS
6. Obtain paper printouts of relevant previous assessments for the chart
 - a. Initial renal consult for the patient
 - b. All discharge summaries
 - c. All operative reports
 - d. Copies of all prior diagnostic imaging studies, kidney biopsies and HLA lab reports.
 - e. These documents are compiled for review.
7. Start a new electronic pre-transplant assessment summary & tracking sheet
 - a. Create a new word document (using standard template) for the electronic file.
 - b. Input all lab results (tables) available in the summary, using ***the most recent lab test*** available for each. Note: some of these may not have been done previously, so these will be blank.
 - c. Indicate the dates of hospital admissions (from discharge summaries) and surgical procedures (from operative reports).
 - d. Indicate the date of prior diagnostic imaging studies, biopsies and HLA reports (do not input the reports)
8. Notify the assigned fellow by email (copy TBH) once the chart and summary are ready for review. Put the compiled package of documents in the fellow's mailbox.

These documents do not need to be reviewed first by the coordinator. The fellow must initial all documents on top to sign off. Report information will be updated by the fellow on the electronic transplant summary. Once signed off, the fellow will forward the documents to the nephrologist to sign off after which the same will be returned to the Pre-Transplant Inbox for the clerk to file.

Upon receipt of orders

The transplant work-up officially starts once the orders are written – as per the SOP: “BCCH Referral and Pre Transplant Assessment Process V0”. The target is to complete the initial assessment (all consults, tests, etc.) within the first 4 months.

Phase 1 assessment – booking

1. Prepare the “worksheet for initial testing”, based on the initial orders
2. Book all diagnostic tests and consults (including with the MOT team members)
3. Obtain copy of vaccination records
4. Use the worksheet to indicate the date scheduled.

Phase 1 assessment – tracking test completion

1. Verify test completion after the scheduled test date
2. Incomplete tests: Reschedule immediately any tests not completed as scheduled – check with the transplant coordinator to determine if urgent. These may require the fellow/nephrologist to call for priority.
3. Completed tests: Record as completed on worksheet
4. Print out the test report and stamp for tracking as they become available.
5. Provide the report to the transplant coordinator for review.

The coordinator will review each Laboratory and diagnostic paper report and sign-off by affixing initials on the “transplant coordinator aware” section. If medical review is urgently needed, then the coordinator will do so with the fellow/nephrologist. Otherwise, the report is **returned to the clerk**.

6. For lab tests, update the result directly onto the electronic summary. If a lab result is missing (i.e. ordered but not done), notify the transplant coordinator.
7. For diagnostic tests, update the date on the summary and highlight yellow
8. The signed-off result by the coordinator is then consolidated by the clerk and forwarded to the Fellow and then to the Transplant MD for signing off after which the same is returned to the clerk via the Pre-Transplant inbox.
9. The properly signed off reports are then filed in the chart.

The fellow will review and sign-off by initialling each report at the top. The fellow will verify that the lab reports input into the transplant summary are accurate, and then sign-off “pre-tx summary updated’ on each report. For diagnostic tests, the fellow will input a summary of the report into the transplant assessment. The fellow will then provide the reports to the nephrologist, who will initial sign off each report “transplant physician aware”. The updated reports are then **returned to the clerk**.

10. Once all laboratory and diagnostic imaging tests are completed, verify that all reports have been signed off

11. Verify that all laboratory data fields in the transplant summary are complete with the requested test results.
12. Then update the tracking spreadsheet with the date of completion

Phase 1 assessment – tracking consult completion and medical review

1. Verify consult completed and reported after the scheduled consult date
2. Missed consults: Reschedule immediately any consults not completed as scheduled – check with the transplant coordinator to determine if urgent. These may require the fellow/nephrologist to call for priority.
3. Record as completed on worksheet upon availability of reports.
4. Update the date and name of the consultant on the electronic summary (and highlight yellow to let the MD know of the updates).
5. Print out the test report and stamp for tracking as they become available.
6. Provide the report to the fellow/ nephrologist for review, ***as they arrive***.

The fellow will review and sign-off by initialling each consult report at the top. The fellow will update the electronic summary, and then sign-off “pre-tx summary updated” on each report. If the summary does not require update, the fellow will leave “updated” box unchecked. The fellow will then provide the consult to the nephrologist, who will initial and sign off “transplant physician aware”. The consult report is then ***provided to the transplant coordinator*** to review.

The coordinator will review and sign-off by initialling “transplant coordinator aware”. Then the report is ***returned to the clerk***.

7. The signed-off consult report (by the coordinator & physician) is then filed ***in the appropriate section in the chart***.
8. Once the last of the initial consults is completed, update the tracking spreadsheet with the date of completion.

Phase 2 assessment – secondary testing

Additional testing may be required based on phase 1 test results or recommendations from consultants. These will be coordinated by the MOT clerk.

1. Any/all changes or additional orders made after the initial order set is signed must be ordered on a standard order sheet.
2. The “worksheet” will be used to track additional tests/consults under “Additional testing/consults ” respectively
3. Verify test/consult completed and reported after the schedule has passed.
4. Print out the report and stamp for tracking as they become available.
5. Record as completed on worksheet upon availability of reports
6. Missed tests/consults: Reschedule immediately – check with the transplant coordinator to determine if urgent. These may require the fellow/nephrologist to call for priority.

7. Update the on the electronic summary with the date, consultant name, or result (for Lab tests) depending on the report and highlight yellow to alert MD.

8. Provide the report to the transplant fellow/nephrologist for review, ***as they arrive***.

The fellow will review and sign-off by initialling at the top. The fellow will update the electronic summary, and then sign-off “Pre-Tx summary updated”. If the summary does not require update, the fellow will leave “updated” box unchecked. The fellow will then provide the consult to the nephrologist, who will initial and sign off “transplant physician aware”. The consult report is then ***provided to the transplant coordinator*** to review.

The coordinator will review and sign-off by initialling “Transplant Coordinator aware”. Then the report is ***returned to the clerk.***

9. The signed-off report (by the coordinator & physician) is then filed ***in the appropriate section in the chart.***

10. Once the last of the secondary consults or tests is completed, update the tracking spreadsheet with the date of completion.

Upon completion of the assessment

The assessment is deemed complete once all of the phase 1 and phase 2 assessments are completed. The chart is then prepared for review at the next KTAAC meeting. All documents in the chart should already have been reviewed and signed-off.

1. Final chart check: the chart will have a final check to ensure all documents have been signed off.
2. Final lab result update: the clerk will update the transplant summary with the most recent lab results available.
3. Check for any hospitalizations or procedures since the chart was created; print out copies of discharge summaries and operative reports to be filed under the “other consults” divider upon completion of review.
4. The most recent clinic letter from dialysis/CKD clinic should be printed and filed as above.
5. Check for the most recent HLA testing report for review
6. All new documents for review at this stage should be placed ***in the front sleeve of the chart.***
7. The Clerk will notify the fellow/nephrologist by email that the chart is ready for final review.

The fellow will sign off on all new documents as above and update the electronic summary. The fellow will also update the problem list, medication list, hospitalization/procedure history in the assessment section of the electronic summary. Finally, the recommendations for peri- and post-transplant care will be updated and the fellow will notify the Nephrologist for final review of the chart.

8. The signed-off reports are filed in their appropriate sections.
9. The electronic transplant summary is printed off and a copy placed in the front sleeve of the chart – accessible for review at the KTAAC meeting.

After review at KTAAC

The patient file is presented at KTAAC. If the patient is determined to be “ready”, then a determination will be made to list for transplantation. If the patient is “not ready”, additional testing or preparation may be required.

1. For patients who are deemed “ready”, the chart will be provided to the nephrologist for final review of the transplant summary.

The nephrologist will update the summary and convert the summary to a PDF. A copy is placed in the front sleeve of the chart, where it will remain until transplant.

2. If the patient is “approved” for LD scheduling or DD listing, then draft transplant orders will be clipped to the summary.
3. Re-register the patient with BCTS as activated/listed and file the registration form in the chart. If a patient is listed for DD, then a set of annual review orders will be provided. These will be used to schedule re-testing annually, for patients who remain on the waiting list.

4. A new "Activation Checklist" will be used to monitor the progress of the patient's additional tests/consults while on the waitlist.
5. Once the Checklist is completed, the following documents will be clipped together and kept on the front sleeve of the chart:
 - a. ID Labels Sheet
 - b. Contact Information Sheet
 - c. Activation Notice
 - d. For patients getting a living donor, the Final Approval Checklist (Physician and Nursing)
6. The Chart will then be moved to the "Activated for Transplant" section of the Chart Rack.
7. An Admission Package shall likewise be assembled and placed on the front sleeve of the chart which will be brought to the Ward for the hospital chart and shall consist of the following:
 - a. On-Call Procedure for Kidney Offer and Checklist
 - b. Transplant Summary
 - c. ABO-DQA-DQB-DR Calculation Sheet
 - d. Dose Calculation Sheet
 - e. Latest HLA Report
 - f. Order sets (admission: Pre, PICU, and ward Post-Transplant) – each stapled together and labelled
 - g. Study Orders and instructions (stapled together)
 - h. MAG 3 Scan requisition
 - i. Peri-operative clinical guidelines