

IPOS High Status Heart (HSH) Pre “Go-Live” Preparation Checklist for Transplant Centres

FAMILIARIZE YOURSELF AND TEAM MEMBERS WITH:

- The IPOS High Status Heart (HSH) Project website for the most updated and approved policies, FAQs, updates and more. The website can be found [here](#).
- IPOS HSH Allocations, HSH Notifications, Offer Management, and Recipient Recusals [here](#).
 - Important Topics:
 - HSH Allocation Matching & Ranking, Offers, Phone Calls, & Deferrals,
 - “Frozen” allocation list, Previewing & Re-running the Allocation for newly listed Status 4,
 - When each type of CTR Notifications is sent.
 - Days at Current Medical Status (DCMS) guidelines [here](#).
 - DCMS is **only for IPOS HSH**. The number of days at a particular medical status is used by the CTR HSH matching algorithm as an important tie-breaking criterion that helps determine the rank of the matched recipients.
 - The DCMS guidelines lay out which ‘Medical Status Change Date’ should accompany a change to a recipient’s medical status when it’s being upgraded, downgraded, or when coming off a period of being “On Hold”. The CTR will calculate the DCMS for a recipient based upon the “Medical Status Change Date’ that has been inputted by users.

Please note is the responsibility of the Transplant Centre to determine the correct medical status change date per the DCMS guidelines that is inputted into the CTR. The CTR will determine the DCMS by subtracting the inputted Medical Status Change Date from the current date of entry. The CBS Customer Support Team is available 24 hours 7 days a week at 1-855-274-2889 or via email at transplantregistry@blood.ca to support transplant centers in determining the correct Medical Status Change Date.

For those provinces using web service feeds, DCMS functionality may have been developed in your local system – please liaise with your ODO and/or IT department to confirm.

- Provided that all programs follow these guidelines, recipients will be ranked equitably and fairly for the inter-provincial HSH sharing program.

- Local heart listings and allocation **are not affected** by these guidelines.

- Training provided will be IPOS HSH focused with the assumption that attendees have received and are competent with CTR 101 basic training. If any staff need CTR 101 training, please email transplantregistry@blood.ca to arrange for a session prior to attending IPOS HSH focused sessions.

PRIOR TO GO-LIVE, IT IS IMPORTANT THE FOLLOWING BE COMPLETED TO ENSURE FAIR AND EQUITABLE ACCESS TO THE IPOS HSH PROGRAM:

- **Provide any information/updates needed by your local IT department to ensure lock step coordination leading to go-live**
- **Liase with your Organ Donor Organization to ensure any required coordination needed upon launch of the IPOS HSH program has been discussed.**
- Update any listed recipients prior to the day of go-live (October 12) who are currently set to a medical status of ‘4S’ to their true hemodynamic status (3.5, 3, 2, or 1) as defined by the Canadian Cardiac Transplant Network (CCTN). Once the CTR and provincial systems have been updated and the program is live (an announcement confirming this will be sent out) enter the updated recipients’ medical statuses either in the CTR or through local systems.
- Once medical status’ of ‘4S’ patients have been updated, as above, the ‘Medical Status Change Date’ field may also need to be updated based on the DCMS Guidelines found [here](#).
 - Once HSH is live the ‘4S’ status will be retired as an option to choose and will no longer be an option to choose from in the future.
 - Until such time that the true medical status of listed recipients is updated, the CTR will be incapable of applying the new ranking rules to them in a donor’s IPOS HSH allocation. Any recipient still listed as ‘4S’ at the time of an IPOS HSH Allocation will still be considered as IPOS HSH eligible and can still match with a donor, however, they will be ranked below any other non- 4S highly sensitized recipients with whom they are considered tied at cPRA.
 - Medically urgent patients, regardless of the cPRA sensitization, should be listed as a medical status 4.
 - All HSH recipients will be identified as eligible by the CTR based on their criteria. You can view their status by going to the ‘HSH Eligible’ field found on the recipient’s registration tab in the CTR (for those with direct CTR access)
 - The HSH Eligible field will equal ‘Yes’ when a recipient’s active organ request has either of the following being true:

- Recipient has Medical Status of 4 (urgent listing), regardless of their cPRA %.
 - Non-urgent Recipient cPRA % is $\geq 80\%$.
 - The HSH Eligible field will = ‘No’ when one or more criteria are not met. On the recipient’s Registration/Activation tab click on the ‘More Information’ link to be informed of what is still required for the record to gain HSH program eligibility.
- Review / Update the Recipient’s Donor Acceptance Criteria (DAC)
 - **Accept Incompatible ABO** is set by default to ‘No’. When ‘Yes’ is chosen the recipient will be designated as eligible for ABO incompatible transplants and will be flagged as blood group compatible by the matching algorithm.
 - **Min. and Max. Donor Weight** are considered hard stop criteria in that these fields will be used by the matching algorithm to prevent the recipient from matching with a donor whose weight falls beyond the upper or lower limits specified. This will aid in avoiding unnecessary offers where weight is a known contraindication to transplant.
 - **Accept DCD** is set by default to ‘Yes’. Update this field if that is not the case for the recipient. This field serves as **informational and not considered a hard stop criteria** for the offering province. Choosing ‘No’ **will not** exclude your recipient from matching with a DCD donor in an HSH allocation. If matched to a donor, they may still receive an offer.
 - All other DAC default to ‘No’ and are **informational (not hard stop criteria)** only, they are not used by the matching algorithm.
 - Update HSH Recipients with added Data Fields in Social Details, Medical History, Infections, Malignancy, Previous Transplants, Tests & Diagnostics, and Medications.
 - These additional fields **are not mandatory for a recipient’s HSH Eligibility**. They are informational only, providing easier access to offer assessment data on Side-by-Side reports. Whenever possible we **strongly recommend** these fields be completed to allow for a more fully informed offer assessment.
 - Personal Tab:
 - **Social Details:** Marital Status, Citizenship, Cognitive Development, Tobacco use, Cannabis use, & more.
 - Health Tab:
 - **Medical History:** Diabetes, CRT, ICD, History of Cardiac Surgery, Valvular Heart Disease, Cardiac Interventions, Hypertension & more
 - **Diagnosis – Infections:** Infection Type, date, ESBL, MDRA, & more

- **Diagnosis – Malignancy:** Current or Past Malignancies Pre-Transplant, De Novo Tumor, & more
- **Diagnosis – Previous Transplants:** Any previous transplants (any organ) recorded on Peri/Post-Transplant tab will appear here.
- **Tests & Diagnostics – Vital Signs:** Cardiac Output, Index, PAP Systolic, Diastolic & Mean, & more
- **Tests & Diagnostics – Hematology:** WBC, Hgb (g/L), Platelets, & more
- **Tests & Diagnostics – Electrolytes:** Na, K, Serum Creatinine, Lactate
- **Tests & Diagnostics – Chemistry:** Albumin, Total Cholesterol, Triglycerides, LDL, HDL, & more
- **Tests & Diagnostics – Cardiothoracic Profile:** Ejection Fraction, LVED dimension, FVC, & more
- **Tests & Diagnostics – Renal Profile:** Serum Creatinine, eGFR, Cockcroft-Gault CrCl & more.
- **Medications:** Ace Inhibitors, Azathioprine, Diuretics, Nitric Oxide, IVIG, Rituximab, Prednisone & more

Glossary

High Status Heart Recipients	A recipient with a calculated panel reactive antibody (cPRA) value of greater than or equal to 80% OR be designated as medically urgent (Status 4)
Highly Sensitized Heart Recipient	A recipient with a calculated panel reactive antibody (cPRA) value of greater than or equal to 80%
Medically Urgent Heart Recipient	A recipient that is designated as status 4