

Communique: Update on Implementation of Inter-Provincial Organ Sharing of Hearts for High Status Recipients

for information for discussion and response for approval

Background

Building on foundational policy work by the Canadian Cardiac Transplant Network (CCTN), the Heart Transplant Advisory Committee (HTAC) led by Canadian Blood Services, developed policies outlining a consistent national approach that defines eligibility and prioritization requirements for listing and inter-provincial sharing of high status hearts. At present, heart transplant programs in Canada are listing all transplant candidates in the Canadian Transplant Registry (CTR) but would also like to use the CTR to allocate hearts inter-provincially to sensitized (80% cPRA) and/or medically urgent (status 4) patients and improve the tracking of the outcomes of organ sharing in this patient population. Currently, highly sensitized patients are designated as “4S”, however with implementation through the CTR a highly sensitized patient may have a designation as 1S, 2S, 3S, or 4S depending on their medical status.

An overview of this policy development and implementation timeline so far is summarized below:

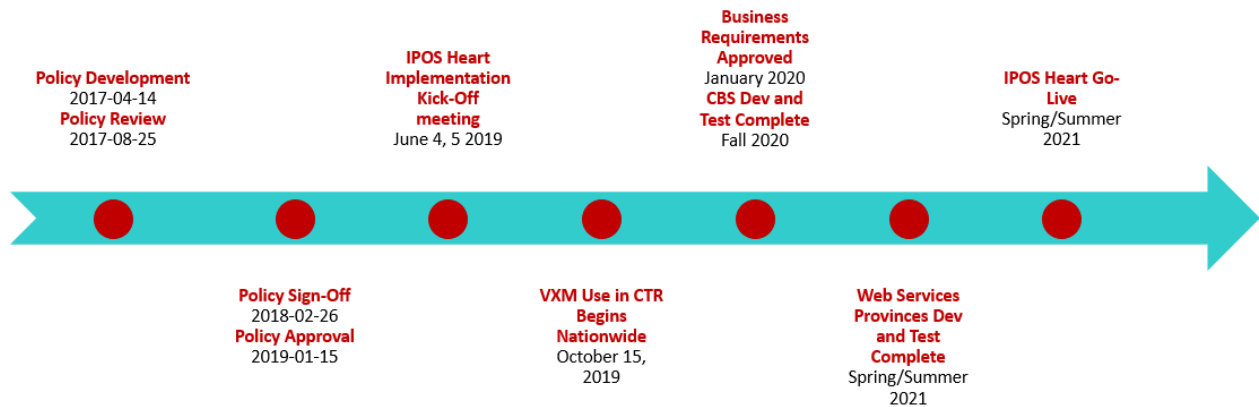
Current Status

Canadian Blood Services has entered the implementation phase of the Inter-Provincial Organ Sharing of Hearts for High-Status Recipients project (referred to hereafter in this document as the “IPOS Heart project”). Heart transplant candidates of all statuses will continue to be listed through the National Organ Waitlist (NOW), however allocation and offers for medically urgent and highly sensitized patients will be conducted through the CTR once the implementation is complete.

Currently, these policies are being referenced to finalize the requirements needed within the CTR to implement sharing via this electronic platform. The requirements were finalized in November 2019 and have been sent to all provinces to inform impact analyses. The aim of this impact analysis is for each province to determine the impact this implementation would have on their local processes, budget, and resources that would inform the overall timeline for implementation. Identifying impacts will provide insight into potential remediation of additional costs related to design, development, testing, training, and other areas required to ease the path to successful implementation.

National policies were approved by Provincial funders for implementation within the CTR in January 2019. Organ Donor Organizations (ODOs) and Transplant Centres should continue to operate under their current institutional allocation processes, and are encouraged in the interim

to review the national policies to inform and prepare for potential impact on local processes. As implementation in the CTR progresses, CBS will be reaching out to centres to provide training and support as needed to ensure a smooth transition to allocating hearts within the CTR to high status patients. An overview of the project timeline is included below:



Virtual Crossmatch Functionality in the CTR

On June 4 and 5, 2019 a national consultation workshop was held to discuss current state, opportunities and challenges, and developing an implementation plan. The June meeting resulted in a request to start using functionality currently available in the CTR that allows for virtual cross-match (vXM) of donor hearts with recipients on the NOW. This is currently the only part of this project that has been implemented.

This functionality was activated in the CTR for use on October 15 to help centers allocate hearts more efficiently using current allocation processes and algorithms. This immediate, interim function has helped reduce the allocation time of highly sensitized hearts, resulting in a more efficient process for donor coordinators and reduced wait times for donor families.

At present, the vXM functionality can only be used to produce a list of recipients that can be filtered to display those that are known to be vXM negative to the donor heart being allocated. Use of the CTR to make an offer to identified recipients is not functional at this time. This feature will be fully active for use when the full implementation is complete within the CTR. As indicated above we will be sending out more specific information about timelines for local centers to review and plan accordingly.

Next Steps

The next steps toward the implementation of the IPOS Heart project include the development and testing of the requirements into a solution that will be delivered to our provincial partners for a subsequent round of user testing and impact analysis.

In parallel to the development of the above mentioned solution, training materials in support of our provincial partners will be developed. Training will be delivered to our users across Canada in advance of the final implementation of the project.

Also in support of our provincial partners' efforts, we will continue to work toward an assessment of the overall impact of the project, maintaining multiple lines of communication with each of our stakeholders through direct communication and various committees.

This information is being provided for consideration of any impacts to local functionality. Ultimately, we are looking to finalize implementation of the IPOS Heart project in Spring/Summer of 2021. The project team will continue to keep you updated through monthly newsletters.

For any questions or concerns, please contact the CBS team at [listing.allocation @blood.ca](mailto:listing.allocation@blood.ca).