| Title | **iTransplant Record Field Reference Guide – Tracking Tab** | |
|---|---|---|
| Document Number:<br>**TX-J-101.~~34~~35** | Page Number:<br>**1 of 110** | Effective Date:<br>**12/07/21**~~09/14/21~~ |

**1.0   PURPOSE:**

Defines the requirements for documentation of referral and donor information when using the iTransplant Electronic Donor Management system.

**2.0   SCOPE:**

This job aid applies to all donor documentation.

**3.0   RESPONSIBILITIES:**

All Operations staff are responsible for documenting donor information accurately and completely.

**4.0   REFERENCES:**

**4.1**   UNOS Policy:

    **4.1.1**   Policy 2

**4.2**   AOPO Standards:

    **4.2.1**   CL9.0 Donor File

    **4.2.2**   CL10.0 Documentation of Donor History

    **4.2.3**   CL12.0 Documentation of Recipient Information

    **4.2.4**   IT 1.0 Data and Information Management

**4.3**   CMS 42 CFR Parts 413, 441, 486 and 498: Medicare and Medicaid Programs; Conditions for Coverage for Organ Procurement Organizations (OPOs):

    **4.3.1**   § 486.330 - Standard: Information Management (Z159)

    **4.3.2**   § 486.330 - Standard: Data Retention (Z162)

    **4.3.3**   § 486.330 - Standard: Format of Records (Z163)

**4.4**   Donor Network West Policies and Procedures:

    **4.4.1**   QS-P-031 OCCURRENCE HANDLING

    **4.4.2**   QS-P-002 STANDARD DOCUMENTATION PRACTICES

    **4.4.3**   QS-P-003 RECORDS MANAGEMENT

    **4.4.4**   TX-F-002 ORGAN DONOR RECORD - iTRANSPLANT CONTINGENCY PLAN WITH DCD FLOWSHEET ADDENDUM

    **4.4.5**   TX-J-102 iTRANSPLANT RECORD FIELD REFERENCE GUIDE – ORGAN TAB

    **4.4.6**   TX-J-103 iTRANSPLANT RECORD FIELD REFERENCE GUIDE – PLACEMENT TAB

    **4.4.7**   TX-J-104 iTRANSPLANT RECORD FIELD REFERENCE GUIDE – UNET TAB

**5.0   DEFINITIONS:**

**5.1**   *iTransplant* - The computerized documentation system (electronic health records system, EHR) used by Donor Network West to document organ donor clinical information. Abbreviated as iTX.

    **5.1.1**   *Production Site* – The iTransplant site where electronic donor information is stored. http://dnwest.itransplant.net.

    **5.1.2**   *Training Site* – The iTransplant site used to train staff members and to test and verify releases. The training site is copied from the production site when a release is ready for testing. The production site is typically updated approximately six weeks later. Users know they are on the Training Site by the bright red words "TRAINING SITE" in the upper right corner of the browser window. http://dnwest.training.itransplant.net.

**5.2**   *Donor Record* - Donor Medical Record; the documentation of an individual donor case retained in a permanent file at Donor Network West.

*Job Aid*

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** | | |
|---|---|---|---|
| Document Number:<br>**TX-J-101.~~34~~35** | Page Number:<br>**2 of 110** | | Effective Date:<br>**12/07/21**~~09/14/21~~ |

**PAGE INDEX**

*Job Aid*

| Title | iTransplant Record Field Reference Guide – Tracking Tab | | |
|---|---|---|---|
| Document Number: **TX-J-101.~~34~~35** | Page Number: **3 of 110** | Effective Date: **12/07/21~~09/14/21~~** | |

**DONOR NETWORK** WEST

*Job Aid*

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** | | |
| --- | --- | --- | --- |
| Document Number: **TX-J-101.~~34~~35** | Page Number: **4 of 110** | Effective Date: **12/07/21~~09/14/21~~** | |

**6.0 PROCEDURE:**

**6.1** Except where noted, donor documentation shall be completed using the iTransplant system. Required data will be entered into the appropriate fields in the iTransplant system.

**6.2** Some information will be captured on temporary paper documentation. Entries on temporary paper documentation do not need to be dated and initialed as they are not retained as a permanent part of the donor record.

**6.2.1** Once this information is entered into iTransplant, the temporary paper documentation may be discarded. This includes:

**6.2.1.1** Intra-operative Management

**6.2.1.2** OR Teams

**6.3** Other copies of the donor documentation shall be attached in DonorNet as they become available, with paper copies retained as a permanent part of the donor record, including copies of:

**6.3.1** Hospital Brain Death Declarations

**6.3.2** Authorization documentation

**6.3.3** Anesthesia Report

**6.3.4** Hospital History and Physical (H&P)

**6.3.5** Any Consultation Reports (e.g. cardiology, pulmonary, including the donor EKG

**6.3.6** All ABO typing reports

**6.3.7** Infectious Disease results as they become available. While preliminary results should be scanned and uploaded as they are received, they should be deleted and replaced by subsequent results, and only the final result remains as a permanent part of the donor record.

**6.3.8** Verification for Accuracy of Documentation and Packaging of Transplantable Organs

**6.3.9** Medical Social History Questionnaire & Addendum

**6.4** In the event that the iTransplant system is unavailable, the donor documentation shall be completed on paper using TX-F-002 ORGAN DONOR RECORD - iTRANSPLANT CONTINGENCY PLAN WITH DCD FLOWSHEET ADDENDUM.

**6.4.1** The Operations staff member shall write a narrative note documenting the reason that the iTransplant system was not used.

**6.4.2** All written documentation shall be completed according to QS-P-002 STANDARD DOCUMENTATION PRACTICES.

**6.4.2.1** Blank spaces on the iTransplant screens are lined out automatically by the system when the pages are entered. Use of "NA" entries are not required and should be avoided unless the question requires an "NA" answer.

**6.5** Computerized documentation

**6.5.1** The Coordinator will sign into the system using his/her assigned user ID and password. Sharing user ID and password with others is not permitted.

**6.5.2** The Coordinator will access the existing donor record and enter information appropriately.

**6.5.3** Hospital personnel

**6.5.3.1** Enter the first and last names of all hospital personnel involved in the case to facilitate post-case follow-up notes.

*Job Aid*

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** | |
|---|---|---|
| Document Number:<br>**TX-J-101.~~34~~35** | Page Number:<br>**5 of 110** | Effective Date:<br>**12/07/21**~~09/14/21~~ |

**6.6** Progress notes

**6.6.1** Throughout the case, the Coordinator may enter progress notes regarding case progress, events, etc. Notes are date/time stamped and cannot be changed or deleted once saved.

**6.6.2** Notes should be categorized using the categories available in the drop-down menu. Specify other types of notes.

**6.6.3** Variance incident notes should be used to document variances or incidents which require follow-up. The Coordinator should specify if immediate follow-up is required, if routine follow-up will suffice, or if no further follow-up is indicated.

**6.6.4** Notes should not be used to replace information that should be documented elsewhere in the iTransplant system. Notes should be used to supplement existing data, to document where no other location is available, and/or to provide context.

| DonorNet Legend – Required Fields | |
|---|---|
| ▲ | Fields required to add a donor. |
| ● | Fields required to run a match. |
| ■ | Fields required prior to sending out an electronic offer notification. |
| **X** | Fields found in DonorNet |

| DDR Legend | |
|---|---|
| * | Field is automatically loaded to the DDR upon upload from iTransplant. |
| ** | Field is manually added to the DDR. |

| Title | iTransplant Record Field Reference Guide – Tracking Tab | | |
|---|---|---|---|
| Document Number: **TX-J-101.3435** | Page Number: **6 of 110** | | Effective Date: **12/07/21**09/14/21 |

## TRACKING > REFERRAL SUMMARY

| Purpose |
|---|
| **Responsibilities** |
| **Timing** |

| TRACKING > REFERRAL SUMMARY | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| | Referral Date-Time | *Shared from Initial Referral/Referral Worksheet.* *Read Only* | 02/25/2015 - 16:40 Pacific |
| | Admitted On | | 02/20/2015 - 13:44 Pacific |
| | Clinical Triggers Met | *Shared from Brain Stem Reflexes page.* *Read Only* | -- |
| | Caller Phone | *Shared from Initial Referral/Referral Worksheet.* *Read Only* | 510-555-5735 |
| | Hospital | | Stanford Hospital |
| | Code | | CA-CASU |
| | Unit | | Intensive Care Unit 4 [CCU] |
| | Unit Detail | | Bed #4 |
| | MRN | | Q0060472300 |
| | DOB | | 01/02/1957 |
| | Age | | 58 Years |
| | Gender | | Female |
| | Race | | Asian: Chinese |
| | Secondary Race | | Hispanic/Latino: Mexican |
| | Referral Type | | Organ and Tissue |
| | Hospital Services on Site? | | Yes |
| | Hours on site | | 4 |
| **Outcomes/Status** | | | |
| | Outcome | Capturing the correct outcome for organ, tissue, and research ~~potentials~~ is crucial. Outcomes ~~generate data dashboards~~are used in reports provided internally and externally to partners and are utilized for process improvement and performance evaluation. Select the appropriate case outcome from drop down menu.  See job aids for detailed information on each outcome option. *Shared with the following pages: Outcomes & Classifications, Tissue Donor Screening, Tissue Outcomes, and Organ Allocation.* | Organ: Criteria Rule Out Organ: Medical Rule Out Tissue: Screening Rule Out Research: Rule Out |
| | Detail | The [outcome] detail provides additional information about the outcome of the case. | Organ: NBD Not DCD Age |

**Job Aid**

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** | | |
|---|---|---|---|
| Document Number: **TX-J-101.~~34~~35** | Page Number: **7 of 110** | | Effective Date: **12/07/21**~~09/14/21~~ |

| | | Select the appropriate outcome detail from drop down menu.  See job aids for detailed information on each outcome option.  *Shared with the following pages: Outcomes & Classifications, Tissue Donor Screening, Tissue Outcomes, and Organ Allocation.* | Tissue: Cause of Death Research: Active Infection |
|---|---|---|---|
| | Status | The status identifies that active/inactive case status on iTransplant dashboard widgets. The status is updated by the last person to update case outcome from either organ or tissue. The status should be the furthest the case progressed in either organ or tissue.  Select the appropriate case status from the drop down menu. | Rule-Out |
| | Family Services Follow Up? | This field will flow all case-related information to Family Service Module for Family Services Aftercare follow-up. Make the selection based on whether or not the family has requested bereavement or other follow-up from our family services aftercare team. *This is a shared field with the Family Follow-up page.* | Yes/No |
| | Referral Status | Select the current case acuity from the drop down menu. | High Acuity |
| | Family Status | Select the current family status from the drop down menu. | Pending Approach |
| | Organ Status | Select the current organ status from the drop down menu. | Allocating |
| | Tissue Status | The tissue status is the field that determines on which area of the Tissue Activity Board the case populates.  Select the current tissue case status from the drop down menu. | Pending Secondary |
| | QA Status | Not currently used at Donor Network West | |
| **Assignments** | | | |
| *In order to reassign a case, you must enter a note in the textbox. Ideally pass along some information to explain why the case is being assigned/re-assigned. NEVER include protected health information (PHI) in the note as it will be included in unencrypted email from iTransplant.* | | | |
| | Clinical Coordinator Reassign To | Indicate the Clinical Coordinator who is working on case | Collette C Grube Patient is at CRMC. Please check with charge nurse before proceeding. |
| | Placement Coordinator | Indicate the Organ Allocation Coordinator | |

*Job Aid*

| Title | iTransplant Record Field Reference Guide – Tracking Tab | |
|---|---|---|
| Document Number: **TX-J-101.~~34~~35** | Page Number: **8 of 110** | Effective Date: **12/07/21~~09/14/21~~** |

| | Reassign To | who is working on case. | |
|---|---|---|---|
| | HD Coordinator Reassign To | Indicate the Hospital Development Coordinator who is working on case. | |
| | Family Resource Coordinator Reassign To | Indicate the Family Resource Coordinator who is working on case. | |
| | Referral Coordinator Reassign To | Indicate the Referral Coordinator who is working on case. | |
| | Tissue Donation Coordinator Reassign To | Indicate the Tissue Donation Coordinator who is working on case. | |

## TRACKING > ASSIGNMENT SUMMARY

| Purpose |
|---|
| **Responsibilities** |
| **Timing** |

| TRACKING > ASSIGNMENT SUMMARY | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| | Assignment Summary | This link provides an overview of all Donor Network West staff who have been assigned to the case. | |
| | Include Assignments | If there is a need to identify who from a specific role was involved in the case, this drop down menu allows the comprehensive list to be filtered as desired. | Clinical Procurement Coordinator |
| | Chronological Order | The assignment list can also be ordered by chronological order of the most recent or the oldest assignements first. | ● Most Recent First ○ Older First |
| **Assignments** | | | |
| | Type | The type of assignment made. *Read Only* | Clinical Procurement Coordinator |
| | Name | The name of the person (or group) assigned. *Read Only* | Rebecca Jones |
| | Status | If the type has been reassigned or closed, the status will be documented as "completed Along with date/time and user. Otherwise, the status will show the amount of time elapsed since the case was was assigned to the person. *Read Only* | 12 days, 22 hours (or) completed 03/14/2017 18:35 by abonser |
| | Assigned On | The date and time the case was assigned to the individual staff member. *Read Only* | 02/28/2015  20:10 |
| | Acknowledgement | If the assignment has been acknowledged, the acknowledgement field will show the date and time the assignment was acknowledged. Otherwise, the field will show "Required" to indicate it has not yet | 02/28/2015  23:56 (or) Required |

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** | | |
|---|---|---|---|
| Document Number: **TX-J-101.~~34~~35** | Page Number: **9 of 110** | Effective Date: **12/07/21**~~09/14/21~~ | |

| TRACKING > ASSIGNMENT SUMMARY | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| | | been acknowledged. *Read Only* | |
| | Edit | In an edit mode, this allows users to edit the time a case was assigned. Donor Network West management has determined that the assignment time should never be changed. As a result, this page is read only for all Donor Network West staff. | |

## TRACKING > REFERRAL WORKSHEET

| **Purpose** The Initial Referral page is used to generate new referrals from the "New Referral" link in the upper menu at the top of the iTransplant page. Once the user clicks save, all data entered may be reviewed on the Referral Worksheet, which is primarily the same page but with a few minor exceptions (noted below). |
|---|
| **Responsibilities** |
| **Timing** |

| TRACKING > INITIAL REFERRAL/REFERRAL WORSHEET | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| **Referral Facility Information** | | | |
| | How did you learn of this case? | This field indicates whether this case was a referral from a facility or if the patient was identified as a potential donor on death record review. This field defaults to Facility Notification when creating a new referral. Only Hospital Development should use the Death Record Review option. *This field is shared with the initial referral page and is completed at initial referral intake when a new referral is generated.* | Facilitation Notification |
| | Referral taken By | The person who generated the initial referral. *Read Only* | Jane Doe |
| X | Referral Date-Time | Automatically populated with the date and time the user generates a new referral by clicking the New Referral link. This should almost never be updated from this default time (except in the case of duplicates or other case error close outs). *This field is shared with the initial referral page and is completed at initial referral intake when a new referral is generated.* | 05/01/2012  17:59 |
| X | Referral Number | This field is shared with the initial referral page and is completed at initial referral intake when a new referral is generated. | 12-10005 13-00123 |
| | Create Referral ID# | There is a function added to generate the Referral Number. Check the box to generate a referral number when the page is saved. Once a number is generated, the field becomes uneditable, and the number becomes permanent. | |

*Job Aid*

| | |
|---|---|
| Title | **iTransplant Record Field Reference Guide – Tracking Tab** |

| Document Number: **TX-J-101.~~34~~35** | Page Number: **10 of 110** | Effective Date: **12/07/21~~09/14/21~~** |
|---|---|---|

DONOR
NETWORK WEST

| | | | | |
|---|---|---|---|---|
| | | ***Duplicate patient information found when the referral matches an existing case with the following criteria:<br><br>- MRN (if not null), OR- First Name, Last Name, Referring Org, and was referred in the last 30 days, OR<br><br>- First Name, Last Name, DOB, and was referring in the last 30 days.<br><br>- DOB<br><br>- Race<br><br>- Sex<br><br>If any of these appear slightly different, e.g.. MRN 123456 versus MRN #123456, this will result in a duplicate referral. | |

| | | | | |
|---|---|---|---|---|
| **X** | Caller First [Name] [Caller] Last [Name] Title | Enter the name of the person referring the patient.<br><br>***Caller first name and last name is required to generate an initial referral.***<br><br>*This field is shared with the initial referral page and is completed at initial referral intake when a new referral is generated.* | Mary<br>Drew<br>RN |
| **X** | Phone Ext | Enter the Phone number of the person making the referral.<br><br>Provide an extension if available.<br><br>***Phone number is required to generate an initial referral.***<br><br>*This field is shared with the initial referral page and is completed at initial referral intake when a new referral is generated.* | 559-268-0109 |
| **X** | Facility | Choose from the drop down menu, the facility that is making the referral.<br><br>If a facility name is not listed, select the General location for the state in which the referral occurs "General: California" or "General: Nevada" and contact your manager or supervisor.<br><br>***A facility name is required to generate an initial referral.***<br><br>*This field is shared with the initial referral page and is completed at initial referral intake when a new referral is generated. Once entered, this information should not be updated unless the original information was in error. For transfers or patient moves, update the Current Donor Location instead.* | San Joaquin General Hospital<br>General: California |
| | Unit | Choose from the drop down menu, the unit the patient is in. Note that units are specific to a particular hospital or facility.<br><br>*This field is shared with the initial referral page and is completed at initial referral intake when a new referral is generated.* | Emergency Department 1 [EDX] |

*Job Aid*

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** | | |
|---|---|---|---|
| Document Number: **TX-J-101.~~34~~35** | | Page Number: **11 of 110** | Effective Date: **12/07/21**~~09/14/21~~ |

| | | | |
|---|---|---|---|
| | | *Once entered, this information should not be updated unless the original information was in error. For transfers or patient moves, update the Current Donor Location instead.* | |
| | Unit Detail | Enter the description of the unit or the specific location of the patient. *This field is shared with the initial referral page and is completed at initial referral intake when a new referral is generated. Once entered, this information should not be updated unless the original information was in error. For transfers or patient moves, update the Current Donor Location instead.* | Bed #5 |
| | Special Instructions | This field comes from the special instructions on the Referral Facility's contact profile in iTransplant. It identifies important information for the person who is taking the referral. This field should not be completed with information that is critical for onsite staff. Information for onsite staff should be contained in the facility's profile or as a Special Attribute warning. *Read Only* | |
| | Hospital Development Module | Select this link to navigate to the Hospital Development Module Page | |
| | Hospital Services on Site | Not currently used at Donor Network West | |
| | Hours on Site | Not currently used at Donor Network West | |
| **Current Donor Location** | | | |
| | Current Donor Location *(Referral Worksheet only)* | This field defaults to the referring Facility name. Once selected, the hospital address will be displayed (read-only). *This field is shared with the Organ Donor Information page. It is automatically populated with the referral information but should be updated when the patient is transferred to a new unit or another facility.* | Santa Clara Valley Medical Center |
| | Unit *(Referral Worksheet only)* | Choose from the drop down menu, the unit the patient is in. Note that units may be specific to a particular hospital or facility. *This field is shared with the Organ Donor Information page. It is automatically populated with the referral information but should be updated when the patient is transferred to a new unit or another facility.* | Intensive Care Unit 2 [CCU] |
| | Unit Detail *(Referral Worksheet only)* | The specific patient location within the unit or the name of the unit if the unit is not listed in the drop-down. *This field is shared with the Organ Donor Information page. It is automatically* | Room 25 |

*Job Aid*

| | |
|---|---|
| Title | **iTransplant Record Field Reference Guide – Tracking Tab** |

| Document Number: **TX-J-101.~~34~~35** | Page Number: **12 of 110** | Effective Date: **12/07/21**~~09/14/21~~ |
|---|---|---|

| | | | |
|---|---|---|---|
| | | *populated with the referral information but should be updated when the patient is transferred to a new unit or another facility.* | |
| | Telephone# *(Referral Worksheet only)* | The telephone number of the unit of the current patient/donor location or where a nurse may be reached. *This field is shared with the Organ Donor Information page. It is automatically populated with the referral information but should be updated when the patient is transferred to a new unit or another facility.* | |
| | Fax# *(Referral Worksheet only)* | The fax number at the current patient/donor location. Rarely used at Donor Network West. *This field is shared with the Organ Donor Information page. It is automatically populated with the referral information but should be updated when the patient is transferred to a new unit or another facility.* | |
| | Transferred Reason | Complete page if the patient is transferred. Select the appropriate response from the drop down menu. *This field is shared with the Organ Donor Information page. It is automatically populated with the referral information but should be updated when the patient is transferred to a new unit or another facility.* | Transfer to DNW recovery facility. |
| **Preliminary Patient Triage Information** | | | |
| **X** | Last Name | The referred patient's last name. *This field is shared with the Donor Information page (among others) and is completed at initial referral intake when a new referral is generated.* *If a trauma name was initially entered and the patient's real name is determined, the trauma name should <u>follow</u> the real name in parentheses.* **A last name is required to generate an initial referral.** | Doe Johnson (Orange) |
| **X** | First [Name] | The referred patient's first name. *This field is shared with the Donor Information page (among others) and is completed at initial referral intake when a new referral is generated.* *If a trauma name was initially entered and the patient's real name is determined, the trauma name should <u>follow</u> the real name in parentheses.* **A first name is required to generate an initial referral.** | Jane James (Tango) |
| | Middle [Name] | The referred patient's middle name. *This field is shared with the Donor* | Carol |

*Job Aid*

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** | | |
|---|---|---|---|
| Document Number: **TX-J-101.~~34~~35** | Page Number: **13 of 110** | Effective Date: **12/07/21**~~09/14/21~~ | |

| | N/A | *Information page (among others).* Check the N/A box if the patient does not have a middle name or if the hospital is unable to provide one. This is used to indicate that we have attempted to identify a middle name but were unsuccessful in doing so. | |
|---|---|---|---|
| | DOB | The referred patient's date of birth. *This field is shared with the initial referral page and may be completed at initial referral intake when a new referral is generated.* | 09/11/1976 |
| | Age [and Age Units] | The patient's age. If a date of birth is entered, these fields are calculated by iTransplant and become read only. The system displays the patient's age at the date/time of the referral unless and until a death date/time is entered, at which time the age is calculated as the duration from DOB to DOD. *This field is shared with the initial referral page and may be completed at initial referral intake when a new referral is generated.* | 36 Years |
| | Sex | The referred patient's birth sex. *This field is shared with the initial referral page and may be completed at initial referral intake when a new referral is generated.* | Female |
| | Identifying gender, if different. | Check Box and select from drop down the donor's identifying gender if different from birth sex. | Male |
| **X** | MRN | The medical record number (MRN) assigned to the referred patient by the referring facility. Note that some hospitals have standard MRN instructions in the Special Instructions field. If the standard MRN format is listed, but the MRN received does not match the hospital, confirm the information. For example: "According to our records, the standard MRN format at ABC Hospital is an M followed by 3 zeroes and then 6 numbers. Should there be an M and three zeroes in front of this number?" *This field is shared with the initial referral page and may be completed at initial referral intake when a new referral is generated.* ***An MRN is required to generate an initial referral.*** | 123456 |

*Job Aid*

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** | | |
|---|---|---|---|
| Document Number: **TX-J-101.~~34~~35** | Page Number: **14 of 110** | Effective Date: **12/07/21~~09/14/21~~** | |

| | N/A [MRN] | If the referred individual does not have a MRN, as is the case for referrals from coroner/medical examiner facilities, check N/A.  Checking N/A will override the requirement to enter a MRN during the initial referra. | |
|---|---|---|---|
| | MOC [MRN] | If the patient is an infant, and the MRN that was provided by the hospital is for the Mother of the Child, check the box. | ☑ MOC |
| | Race | The referred patient's race, if known. *This field is shared with the Organ Donor Information page and is completed at initial referral intake when a new referral is generated.* | White: Not Specified or Unknown |
| | Additional  Race (s) | A second race for mixed race patients, if known. *NOTE: The term "Secondary Race" simply refers to the fact that it is a <u>second</u> field to capture race and ethnicity and not whether the patient is primarily one race or another.* | Black or African American: Not Specified/Unknown |
| | Callback First [Name] Callback Last [Name] Title | Enter the name and title  of the person who called back with the circulatory/cardiac time of death. | John Thomas MD |
| | CTOD Callback Time 🕐 | The date and time the hospital (or referral facility) called back with the circulatory/ cardiac time of death. *Click the clock (NOW) button to enter the current date/time.* | 06/10/2014 12:14 |
| | Death Date-Time Time Zone Type of Death | This field identifies the date/time of death if the patient had expired at the time of referral or if the hospital calls back with a cardiac time of death (CTOD/Asystole). Select from the drop down menu for the appropriate time zone. Specify the type of death date/time listed.  If an LTKA/LTSA is entered, a pronouncement date/time is required. *This field is shared with the Donor Information Page* | 09/11/2012  12:00 Pacific Asystole or LTKA (Last Time Known Alive, also known as LTSA or Last Time Seen Alive) *UPDATE TOD for Non-Organ donors only. |
| | Whole Body referral? | Not currently used at Donor Network West. | *Leave Unchecked* |
| | Pronouncement Date-Time  Time Zone | The date/time that death was pronounced, if pronounced prior to the referral. Not required for Asystolic referrals unless the estimated death time is LTKA/LTSA. *This field is shared with the initial referral page and is completed at initial referral intake when a new referral is generated.* | 09/11/2012  12:00  Pacific |
| | Was Referral Timely for Organ Donation? | *This field is shared with initial referral and Outcomes ~~and~~ & Classifications pages. Although it is available on these pages*, it is often completed by the RTC on the | *Should <u>not</u> be completed on this page.* *The field should not be completed by anyone* |

*Job Aid*

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** |
|---|---|
| Document Number:<br>**TX-J-101.~~34~~35** | Page Number:<br>**15 of 110** | Effective Date:<br>**12/07/21**~~09/14/21~~ |

| | | Outcomes ~~and~~ & Classifications page after the case is complete.<br><br>Health Care Providers (HCPs) are instructed to call Donor Network West within 1 hour for any vented patient with a non-recoverable illness/injury and any of the following cues:<br><br>• At the first indication that the patient has suffered a non-recoverable illness/injury.<br><br>• Prior to plans for family discussions regarding comfort care or withdrawal of life-sustaining measures.<br><br>• Prior to plans for formal brain death evaluation.<br><br>Due to the variability of documentation practices by HCPs, examples of non-timely referrals are indicated here:<br><br>• A plan for brain death exams has already been mentioned (or is in motion)<br><br>• Donation has already be mentioned to the family<br><br>• No time to make a plan for the donation conversation<br><br>• End of Life decision was already made (if family walks in and asks to withdraw without any prior discussions, then mark timely)<br><br>• The hospital no longer is making attempts to maintain as normal clinical parameters as possible (i.e. hospital has made a decision that further treatment is futile and has already limited treatment) | *other than an RTC.* |
|---|---|---|---|
| | Was Referral Timely for Tissue Donation? | This field is calculated by iTransplant. If the patient was not referred on vent and there is an LTKA or Asystolic death time. A referral is timely for tissue in these circumstances if the referral time is less than or equal to one hour after the time of death (asystolic/LTKA).<br><br>Note, however, that DN West policy is to count timely for LTKA patients based on the pronouncement time to referral time, not the LTKA time to referral time.<br><br>*Read Only* | |
| | UNOS Cause of Death | *This field is shared with the initial referral page and Organ Donor Information page and may be completed at initial referral intake when a new referral is generated or after a cause of death has been* | Drowning |
| | If other, Specify | | Cardiac |
| | If other, Specify | | Provide clarification for answering "Other" |
| | UNOS Mechanism of | | Drowning |

*Job Aid*

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** | | |
|---|---|---|---|
| Document Number: **TX-J-101.~~34~~35** | Page Number: **16 of 110** | Effective Date: **12/07/21~~09/14/21~~** | |

| | Death | *determined.* | |
|---|---|---|---|
| | UNOS Circumstances of Death | | Suicide |
| | Admission Date-Time | The date and time the patient was admitted to the hospital.<br><br>Note: if the patient is in long-term care, this could potentially be several weeks, months, years, or even decades prior.<br><br>*This field is shared with the initial referral page and may be completed at initial referral intake when a new referral is generated.* | 09/11/2012  12:00 |
| X | Referred on vent? | Whether or not a ventilator was providing breathing and circulation for the patient at the time of the referral. If the patient is attached to a ventilator, but the ventilator is not providing breathing and circulation at the time of referral, select "No."<br><br>**This field is required in order to generate an initial referral.**<br><br>*This field is shared with the initial referral page and must be completed at initial referral intake when a new referral is generated.* | ---/Yes/No |
| X | Referral type? | If the patient has not yet expired and is on a ventilator, ~~-~~select "Organ and Tissue".<br><br>If the patient has expired select "Tissue Only".<br><br>*This field is shared with the initial referral page and should be completed at initial referral intake when a new referral is generated.* | Organ and Tissue |
| | ~~Removed from vent?~~ | ~~Was the patient removed from the vent with the expectation that death would occur? Did the patient die on the vent?  If yes to either question, select Yes.  If no to both questions, select No.  If the caller does not know, leave this field blank.~~<br><br>*~~This is a shared field with the DCD Flowsheet page.~~* | ~~---/Yes/No~~ |
| | Extubated Date Time | The time the patient was removed from the ventilator with the expectation of death to occur.~~-~~<br><br>~~If there is an extubation time listed, but Removed from Vent is blank ("--") or "No", it may be assumed that the patient was extubated after the referral was made.~~This is only to be used for extubation date/time during a terminal extubation.<br><br>Do not populate this field if:<br><br>If the patient died on a vent; or<br><br>The patient was extubated without the | 09/11/2012  14:56 |

*Job Aid*

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** | | |
|---|---|---|---|
| Document Number: **TX-J-101.~~34~~35** | Page Number: **17 of 110** | Effective Date: **12/07/21~~09/14/21~~** | |

| | | expectation of death to occur.~~, do not populate this field.~~ | |
|---|---|---|---|
| | Was the patient vented this admit? | Whether or not the patient was on a ventilator at any time during the admission. | --/Yes/No/Unknown |
| | Was the patient extubated with the expectation of death to occur? | Whether or not the patient was extubated ~~with the extubated~~ with the expectation of death to occur.<br><br>Do not populate this field if the patient was never vented (answer to "Was the patient vented this admit?" is no). | --/Yes/No/Unknown |
| | Did the patient die on a vent? | Whether or not the patient died while on a ventilator that was actively providing oxygenation.<br><br>Do not populate this field if the patient was never vented (answer to "Was the patient vented this admit?" is no). | --/Yes/No |
| **Preliminary Patient Screening Information** | | | |
| | Admission Diagnosis | The patient's immediate diagnosis upon admission.<br>*This field is shared with the initial referral page and may be completed at initial referral intake when a new referral is generated.* | Drowning |
| | Clinical Course/ Circumstances Surrounding Death | *This field is shared with the initial referral page and may be completed at initial referral intake when a new referral is generated.* | Limited info given |
| | Select a Template | When you select a template from the drop down menu, the template will populate into the Clinical Course/Circumstances Surrounding Death field.<br>Note that if there is data existing in the Clinilcal Course/Circumstances Surrounding Death field, selecting a template will overwrite existing data. | Organ Referral |
| | *History of:*<br>HIV<br>HBV<br>HCV<br>Cancer | Choose from the drop down menu whether the patent has a known history of the following list of illnesses. If the history is unknown, select No.<br>HIV: The patient has previously tested positive for the Human Immunodeficiency Virus, the virus that causes AIDS.<br>HBV: The patient has previously tested positive for Hepatitis B.<br>HCV: The patient has previously tested positive for Hepatitis C<br>Cancer: *Any* history of cancer<br>*This field is shared with the initial referral page and may be completed at initial* | ---/Yes/No |

*Job Aid*

| Title | iTransplant Record Field Reference Guide – Tracking Tab | | |
|---|---|---|---|
| Document Number:<br>**TX-J-101.~~34~~35** | Page Number:<br>**18 of 110** | Effective Date:<br>**12/07/21**~~09/14/21~~ | |

| | | *referral intake when a new referral is generated.* | |
|---|---|---|---|
| | Signs/Symptoms of systemic infection?<br><br>If Yes, | Choose from drop down menu whether the patient has experienced any signs and/or symptoms of systemic infection.<br><br>If yes, please comment in the space provided.<br><br>*This field is shared with the initial referral page and may be completed at initial referral intake when a new referral is generated.* | Yes/No |
| **X** | Donor Registry | Enter whether or not the patient was found on a state donor registry.<br><br>*This field is shared with the Organ Donor Information page.* | Yes/No |
| | State | If the patient was found on a state's donor registry, identify which state's donor registry.<br><br>*This field is shared with the Organ Donor Information page.* | CA, NV |
| **\*\*\* IMPORTANT! \*\*\* Height and weight should never be updated on vented patients without consultation with the Organ Allocation department.** | | | |
| | Height \*\*\*<br><br>[Units] | The height should ideally be entered in centimeters (cm), if known.<br><br>*This field is shared with the initial referral page and may be completed at initial referral intake when a new referral is generated.* | 173 cm |
| | Weight \*\*\*<br><br>[Units] | The weight should ideally be entered in kilograms (kg), if known.<br><br>*This field is shared with the initial referral page and may be completed at initial referral intake when a new referral is generated.* | 89.9 kilograms |
| | BMI | Auto calculated.<br>*Read Only* | 30.2 |
| | IV fluids given in the last hour? | Tissue cases only: Whether or not IV fluids were administered in the hour prior to death.<br><br>*This field is shared with the initial referral page and may be completed at initial referral intake when a new referral is generated.* | ---/Yes/No |
| | Amount | Tissue cases only: The amount of units of IV fluids given in the hour prior to death.<br><br>*This field is shared with the initial referral page and may be completed at initial referral intake when a new referral is generated.* | 100 |
| | Units | Tissue cases only: The measurement of the IV fluids administered in the hour prior to | Units/mls |

*Job Aid*

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** | |
|---|---|---|
| Document Number: **TX-J-101.~~34~~35** | Page Number: **19 of 110** | Effective Date: **12/07/21~~09/14/21~~** |

| | | | |
|---|---|---|---|
| | | death. *This field is shared with the initial referral page and may be completed at initial referral intake when a new referral is generated.* | |
| | Blood given in the last 48 hours? | Tissue only cases: Whether or not blood products were administered in the 48 hours prior to death. *This field is shared with the initial referral page and may be completed at initial referral intake when a new referral is generated.* | ---/Yes/No |
| | Amount | Tissue only cases: The amount of blood products administered in the 48 hours prior to death. *This field is shared with the initial referral page and is completed at initial referral intake when a new referral is generated.* | 200 |
| | Units | Tissue only cases: The measurement of the blood products administered in the 48 hours prior to death. *This field is shared with the initial referral page and may be completed at initial referral intake when a new referral is generated.* | Units or mls |
| | Downtime Information | Identify if there was any downtime associated with the patient prior to referral. *This field is shared with the initial referral page and may be completed at initial referral intake when a new referral is generated.* | No down time/Witnessed Arrest/Unwitnessed Arrest/Pronounced post arrest |
| | Duration | Document the amount of time the donor was at downtime. *This field is shared with the initial referral page and may be completed at initial referral intake when a new referral is generated.* | 15 minutes |
| | Person contacted NOT to release the body | Not currently used at Donor Network West | |
| | [Person contacted] Name | Not currently used at Donor Network West | |
| | Approach prior to Referral | If an approach for donation was made by the hospital or other persons prior to the referral. *This field is shared with the initial referral page and may be completed at initial referral intake when a new referral is generated.* | ☑ |
| | Approached By | If an approach for donation was made by the hospital or other persons prior to the referral, enter the name of the person who | Jane Smith |

| | | | |
|---|---|---|---|
| | | executed the approach.<br>*This field is shared with the initial referral page and may be completed at initial referral intake when a new referral is generated.* | |
| | Title | If an approach for donation was made by the hospital or other persons prior to the referral, the title of the person who executed the approach.<br>*This field is shared with the initial referral page and may be completed at initial referral intake when a new referral is generated.* | MSW |
| | Att. [Attending] MD | Enter the name of the attending physician.<br>*This field is shared with the initial referral page and may be completed at initial referral intake when a new referral is generated.* | John Bob, MD |
| | Contacted Date-Time | When the Attending physician was contacted.<br>*This field is shared with the initial referral page and may be completed at initial referral intake when a new referral is generated.* | 09/11/2012 08:00 |
| **NOK Information** | | | |
| | NOK Notified of Death | Check whether or not the patient's next of kin (NOK)/Authorized Party (AP) have been notified of the death.<br>*This field is shared with the initial referral page and may be completed at initial referral intake when a new referral is generated.* | ---/Yes/No |
| | First Name | The NOK/AP's first name.<br>*This field is shared with the Initial Referral page, the Family Follow-up Page, the Authorization/ Disclosure page, and the Tissue Donor Screening page and may be completed at initial referral intake when a new referral is generated.* | John |
| | Last [Name] | The NOK/AP's last name.<br>*This field is shared with the Initial Referral page, the Family Follow-up Page, the Authorization/ Disclosure page, and the Tissue Donor Screening page and may be completed at initial referral intake when a new referral is generated.* | Ash |
| | Relationship | The relationship of the NOK/AP to the referred patient.<br>*This field is shared with the Initial Referral page, the Family Follow-up Page, the Authorization/ Disclosure page, and the Tissue Donor Screening page and may be* | Spouse |

*Job Aid*

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** | | |
|---|---|---|---|
| Document Number:<br>**TX-J-101.~~34~~35** | | Page Number:<br>**21 of 110** | Effective Date:<br>**12/07/21**~~09/14/21~~ |

| | | | |
|---|---|---|---|
| | | *completed at initial referral intake when a new referral is generated.* | |
| | Phone | The phone number where the NOK/AP may be reached.<br><br>*This field is shared with the Initial Referral page, the Family Follow-up Page, the Authorization/ Disclosure page, and the Tissue Donor Screening page and may be completed at initial referral intake when a new referral is generated.* | 510-444-1234 |

<div style="background-color:#cc0000;color:white">

**NEVER ENTER NOTES IN THE ADDRESS FIELD!**
*Notes regarding an NOK/AP should go in the comments field on the Family Follow-up page.*
</div>

| | | | |
|---|---|---|---|
| | Address | The NOK/AP's home street address.<br><br>*This field is shared with the Initial Referral page, the Family Follow-up Page, the Authorization/ Disclosure page, and the Tissue Donor Screening page and may be completed at initial referral intake when a new referral is generated.* | 1234 Wonderland St. |
| | City | The NOK/AP's home city.<br><br>*This field is shared with the Initial Referral page, the Family Follow-up Page, the Authorization/ Disclosure page, and the Tissue Donor Screening page and may be completed at initial referral intake when a new referral is generated.* | Oakland |
| | State | The NOK/AP's home state.<br><br>*This field is shared with the Initial Referral page, the Family Follow-up Page, the Authorization/ Disclosure page, and the Tissue Donor Screening page and may be completed at initial referral intake when a new referral is generated.* | CA |
| | Postal Code | The NOK/AP's home ZIP code.<br><br>*This field is shared with the Initial Referral page, the Family Follow-up Page, the Authorization/ Disclosure page, and the Tissue Donor Screening page and may be completed at initial referral intake when a new referral is generated.* | 94607 |
| | Country | The NOK/AP's home country. Default is United States.<br><br>*This field is shared with the Initial Referral page, the Family Follow-up Page, the Authorization/ Disclosure page, and the Tissue Donor Screening page and may be completed at initial referral intake when a new referral is generated.* | UNITED STATES |
| | E-Mail | The e-mail address for the NOK/AP. Enter an e-mail address where the NOK/AP may be contact either during or after the case.<br><br>*This field is shared with the Initial Referral* | johnash@gmail.com |

*Job Aid*

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** | |
|---|---|---|
| Document Number: **TX-J-101.~~34~~35** | Page Number: **22 of 110** | Effective Date: **12/07/21~~09/14/21~~** |

| | | *page, the Family Follow-up Page, the Authorization/ Disclosure page, and the Tissue Donor Screening page and may be completed at initial referral intake when a new referral is generated.* | |
|---|---|---|---|
| **Coroner/M.E. Information** | | | |
| | M.E Case? | Whether or not a Medical Examiner or Coroner has asserted jurisdiction in determining cause of death in the case. *This field is shared with the initial referral page, ME/Funeral Home page, the Tissue Donor Screening page, and the Organ Donor Information page and may be completed at initial referral intake when a new referral is generated.* | Yes or No |
| | Contact Name | The contact person at the ME/Coroner's office.*This field is shared with the initial referral page and may be completed at initial referral intake when a new referral is generated.* Note: This is currently the **only** location where an ME/Coroner contact's name may be entered. **This field is _not_ shared with the ME/Funeral Home page, the Tissue Donor Screening page, or the Donor Information page. Data entered here may not be seen by other staff members who are using the other pages.** | Troiano Badge #579 |
| | Contact Phone | The phone number for the contact person at the ME/Coroner's office. *This field is shared with the initial referral page, the ME/Funeral Home page, the Tissue Donor Screening page, and the Organ Donor Information page and may be completed at initial referral intake when a new referral is generated.* | 510-444-1234 |
| | Autopsy | Whether or not an autopsy has been requested and type of autopsy. *This field is shared with the initial referral page, the ME/Funeral Home page, the Tissue Donor Screening page, and the Organ Donor Information page and may be completed at initial referral intake when a new referral is generated.* | None |
| | M.E./Other Special Requests or Mark checkbox for N/A | Any other special requests. *This field is shared with the initial referral page and the Organ Donor Information page and may be completed at initial referral intake when a new referral is generated.* **This field is _not_ shared with the ME/Funeral Home page, or the Tissue** | ☒ N/A |

| | | ***Donor Screening page. Data entered here may not be seen by other staff members who are using the other pages.*** | |
|---|---|---|---|
| **Outcome/Status** *(Initial Referral Only)* | | | |
| | Outcome | Outcomes should only be set at the time of initial referral if the case is being closed immediately. | Organ: Rule Out<br><br>Tissue: Screening Rule Out |
| | Detail | If an outcome is selected at the time of referral, and outcome detail should also be selected. | Organ: Neuro<br><br>Tissue: B11 RO Criteria |
| | Status | Capturing the correct status is important. The status identifies that active/inactive case status on iTransplant dashboard widgets.<br><br>The status is updated by the last person to update case outcome from either organ or tissue. The status should be the furthest the case progressed in either organ or tissue.<br><br>From drop down menu, one of 2 options should be selected:<br>**Active Cases:**<br>Referral<br>**Inactive Cases:**<br>Rule-Out<br>At the time of initial referral, the following options, although available, should never be selected:<br><br>• Donor<br>• ANR<br>• Case Completed | Rule-out |
| **Assignments** *(Initial Referral Only)* | | | |
| | Clinical Procurement Coordinator<br>Assign To: | At the time of referral, select either "Organ Update" for organ referrals or "Tissue Update" for tissue referrals to notify selected staff that a new referral has come in. The system will immediately send out an email with the pertinent information to the appropriate distribution groups. | \* ORGAN UPDATE \*<br>\* TISSUE UPDATE \* |
| | Tissue Donation Coordinator Assign To: | At the time of referral, select "Tissue Update" for tissue referrals to notify selected staff that a new referral has come in. The system will immediately send out an email with the pertinent information to the appropriate distribution groups. | \* TISSUE UPDATE \* |

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** | |
|---|---|---|
| Document Number:<br>**TX-J-101.~~34~~35** | Page Number:<br>**24 of 110** | Effective Date:<br>**12/07/21**~~09/14/21~~ |

## TRACKING > ME/FUNERAL HOME

| Purpose |
|---|
| **Responsibilities** |
| **Timing** |

| TRACKING > ME/FUNERAL HOME | | | |
|---|---|---|---|
| REQUIREMENT | Field Name | Field Explanation | Example Response |
| **Required Notifications** | | | |
| | M.E./Coroner/ Hospital Case | Whether or not a Medical Examiner or Coroner has asserted jurisdiction in determining cause of death in the case.<br><br>*This field is shared with the initial referral page, ME/Funeral Home page, the Tissue Donor Screening page, and the Organ Donor Information page and may be completed at initial referral intake when a new referral is generated.* | ---/Yes/No |
| | Type | Whether the type of case is Medical Examiner (ME), Coroner, or Hospital. | M.E./Coroner/Hospital |
| | Phone | The phone number for the contact person at the ME/Coroner's office.<br><br>*A contact name may be entered on the Referral Worksheet page in the ME/Coroner section.*<br><br>*This field is shared with the initial referral page, the ME/Funeral Home page, the Tissue Donor Screening page, and the Organ Donor Information page and may be completed at initial referral intake when a new referral is generated.* | 510-444-1234 |
| | M.E./Coroner/ Hospital Name | The name of the ME/Coroner facility.<br><br>*This field is shared with the Tissue Donor Screening page and the Organ Donor Information page.* | Alameda County Coroner |
| | M.E./Coroner/ Hospital Special Instructions | Special instructions per organization (if applicable)<br><br>*This field is populated from the Contacts list.* | Contact: Lt. Riddic Bowers<br>510-382-3000 |
| | Case # | The ME/Coroner case number.<br><br>*This field is shared with the Initial Referral page, the Referral Worksheet page, the Tissue Donor Screening page, and the Organ Donor Information page.* | 123456 |
| | M.E./Coroner/ Hospital Contacted | Whether or not the ME/Coroner was contacted.<br><br>*This field is shared with the Tissue Donor Screening page.* | ---/Yes/No |
| | If yes, Pre or Post Mortem | If the ME/Coroner was contacted, whether or not the contact was made before or after death has been declared.<br><br>*This field is shared with the Tissue Donor* | Pre/Post |

| | TRACKING > ME/FUNERAL HOME | | |
|---|---|---|---|
| **REQUIREMENT** | **Field Name** | **Field Explanation** | **Example Response** |
| | | *Screening page.* | |
| | If yes, Date-Time | The date and time the ME/Coroner was contacted.<br>*This field is shared with the Tissue Donor Screening page and the Organ Donor Information page.* | 06/13/2012  16:50 |
| | Autopsy | The type of autopsy requested.<br>*This field is shared with the Tissue Donor Screening page and the Organ Donor Information page.* | None<br>Limited<br>View Only<br>Toxicology Screen Only<br>Full<br>Unknown |
| | If yes, Recovery Timing | Whether recovery will occur after (post) autopsy or before (pre) autopsy.<br>*This field is shared with the Tissue Donor Screening page.* | Pre Autopsy recovery<br>Post Autopsy Recovery<br>No Autopsy Planned<br>Concurrent<br>Unknown |
| | If yes, location | The location of the autopsy.<br>*This field is shared with the Tissue Donor Screening page.* | Morgue |
| | Restrictions/Denial Reasons/Comments<br><br>☐ N/A | Describe any restrictions, denial reasons, comments<br>Mark N/A if there is nothing to report<br>*This field is shared with the Tissue Donor Screening page and the Organ Donor Information page.* | OR<br><br>☑ N/A |
| | Funeral Home Name: | The Funeral Home selected by the next of kin.<br>*This field is shared with the Tisssue Donor Screening page.* | Allen and Dahl Chapel |
| | Phone | The phone number for the funeral home.<br>*This page is shared with the Tissue Donor Screening page.* | 510-444-1234 |
| | Funeral Home Special Instructions | Special instructions per organization (if applicable)<br>*This field is populated from the Contacts list.* | We are allowed 24/7 access for transport. |
| | Funeral Home Contacted | Whether or not the funeral home had been contacted.<br>*This field is shared with the Tissue Donor Screening page.* | ---/Yes/No |
| | If yes, Date-Time | The date and time the funeral home was contacted.<br>*This field is shared with the Tissue Donor Screening page.* | 06/13/2012 16:50 |
| | Viewing | Check the box if the family plans to hold a | |

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** | | |
|---|---|---|---|
| Document Number: **TX-J-101.~~34~~35** | Page Number: **26 of 110** | Effective Date: **12/07/21~~09/14/21~~** | |

| TRACKING > ME/FUNERAL HOME | | | |
|---|---|---|---|
| **REQUIREMENT** | **Field Name** | **Field Explanation** | **Example Response** |
| | | viewing of the deceased.<br>*This field is shared with the Tissue Donor Screening page.* | |
| | Sleeves to Wrist | Check the box if the family has been informed of the need for sleeves to wrist in the event of a viewing.<br>*This field is shared with the Tissue Donor Screening page.* | |
| | Direct Cremation | Check the box if the family expects to cremate the remains after recovery.<br>*This field is shared with the Tissue Donor Screening page.* | |
| | Cremation | Check the box if the family expects to have a traditional cremation after recovery.<br>*This field is shared with the Tissue Donor Screening page.* | |
| | Out-of-State | Check the box if the family expects to have body sent out of state for funeral after recovery.<br>*This field is shared with the Tissue Donor Screening page.* | |
| | Undecided | Check the box if the family is unsure of their plans regarding funeral arrangements, viewing, and/or cremation.<br>*This field is shared with the Tissue Donor Screening page.* | |
| | Restrictions/ Comments | Any restrictions or comments for the funeral home.<br>*This field is shared with the Tissue Donor Screening page.* | Patient will be cremated after viewing. |

## TRACKING > REFERRAL RESPONSE CHECKLIST

| **Purpose** |
|---|
| The Referral Response Checklist ensures the appropriate multi-team response to referrals occurs and resources are adequate. This checklist is independent from other checklists. The Management team will update as needed to correspond to changes in the business process. Please contact your manager for details on specific items. |

## TRACKING > APPROACH TRACKING

| **Purpose** This page is used to track approaches and conversations with the family regarding donation. |
|---|

| | |
|---|---|
| Title | **iTransplant Record Field Reference Guide – Tracking Tab** |

| Document Number: | Page Number: | Effective Date: |
|---|---|---|
| **TX-J-101.~~34~~35** | **27 of 110** | **12/07/21**~~09/14/21~~ |

| TRACKING > APPROACH TRACKING | | | |
|---|---|---|---|
| **REQUIREMENT** | **Field Name** | **Field Explanation** | **Example Response** |
| **Initial Mention** | | | |
| | Initial Mention By | Organ approaches: If an initial mention was made *before* the donation discussion, select the appropriate group associated with the person who made the initial mention. <br><br> The initial mention is captured by category: Hospital, OPO, or Family. <br><br> Completed by FRC, CPC, or DPC – depending on who conducted the donation conversation. <br><br> Tissue approaches: Not used/leave blank | OPO, Family, or Hospital |
| | Last Name: | Organ approaches: The last name of the person who made the initial mention. <br> Completed by the person conducting the donation conversation. <br><br> Tissue approaches: Not used/leave blank | Cooley |
| | First Name | Organ approaches: The first name of the person who made the initial mention. <br> Completed by the person conducting the donation conversation. <br><br> Tissue approaches: Not used/leave blank | Jim <br><br> *Don't put Dr. in this field. If you don't know the first name, leave it blank or just put their initial. The healthcare staff can usually help you identify the first name.* |
| | Relationship/Title: | Organ approaches: The relationship (to the donor) or title of the person who made the initial mention. <br> Completed by the person conducting the donation conversation. <br><br> Tissue approaches: Not used/leave blank | Physician, nurse, husband, FRC, etc. |
| | Date-Time | Organ approaches: The date and time of the initial mention. <br> Completed by the person conducting the donation conversation. <br><br> Tissue approaches: Not used/leave blank | 06/12/2012  17:00 |
| | Family Response: | Organ approaches: How the family or authorizing party responded to the intitial mention. <br> Completed by the person conducting the donation conversation. | Yes, No, or undecided |

| Title | iTransplant Record Field Reference Guide – Tracking Tab | | |
|---|---|---|---|
| Document Number: **TX-J-101.~~34~~35** | | Page Number: **28 of 110** | Effective Date: **12/07/21**~~09/14/21~~ |

| TRACKING > APPROACH TRACKING | | | |
|---|---|---|---|
| **REQUIREMENT** | **Field Name** | **Field Explanation** | **Example Response** |
| | | Tissue approaches: Not used/leave blank | |
| | If Yes, Restrictions: | Organ approaches: If the family or authorizing party was potentially open to donation after the initial mention, any restrictions they had for donation.<br><br>Completed by the person conducting the donation conversation.<br><br>Tissue approaches: Not used/leave blank | No tissue donation |
| | If No, is re-approach appropriate? | Organ approaches: If the family or authorizing party was not open to donation after the initial mention, whether or not it is appropriate to re-approach for a formal donation discussion.<br><br>Completed by the person conducting the donation conversation.<br><br>Tissue approaches: Not used/leave blank | ---/Yes/No |
| | If inappropriate, why? | Organ approaches: If it is inappropriate to re-approach the family or legally authorizing party, provide a reason.<br><br>Completed by the person conducting the donation conversation.<br><br>Tissue approaches: Not used/leave blank | Family adamant in refusal of donation |
| | Comments/NA | Organ approaches: Any comments associated with the initial mention. If none, check N/A.<br><br>Completed by the person conducting the donation conversation.<br><br>Tissue approaches: Not used/leave blank | Husband and partents brought up donation |
| **Donation Conversation Tracking** | | | |
| | Date-Time | Not used at DNWest | *Leave Blank* |
| | Mode | Not used at DNWest | *Leave Blank* |
| | Coordinator | Not used at DNWest | *Leave Blank* |
| | Contacts/NOK | Not used at DNWest | *Leave Blank* |
| | Reason/Category | Not used at DNWest | *Leave Blank* |
| | Result | Not used at DNWest | *Leave Blank* |
| **Formal Request** | | | |
| | Authorization Not Requested | Generally not used at Donor Network West. In *most* cases, this should be left unchecked.<br><br>Check the box if Authorization was not requested due to Donor Designation (patient specifically requested NOT to become a donor) and then select Donor | *Leave Unchecked* |

| | |
|---|---|
| Title | **iTransplant Record Field Reference Guide – Tracking Tab** |

| Document Number: | Page Number: | Effective Date: |
|---|---|---|
| **TX-J-101.~~34~~35** | **29 of 110** | **12/07/21**~~09/14/21~~ |

| TRACKING > APPROACH TRACKING | | | |
|---|---|---|---|
| **REQUIREMENT** | **Field Name** | **Field Explanation** | **Example Response** |
| | | Designation from the drop-down. | |
| | Approach Type | Select the approach type. Options are delineated by tissue and organ approaches. For organ, select BD Approach if the patient has been pronounced BD. Select DCD if DCD Approach if DCD is anticipated. | Bedside Approach (Ops Ctr)<br><br>DCD Approach |
| | Formal Request By | Select the group associated with the person who conducted the formal request/donation discussion. At Donor Network West, that should *always* be OPO because any other discussion would be an initial mention.<br><br>Completed by the person conducting the donation conversation. | OPO |
| | If OPO, Name | If formal request was made by Donor Network West, select the staff member's name from the dropdown menu. | Tom Tu |
| | If Hospital, Name | If formal request was inappropriately made by a hospital staff member, please provide name of hospital staff. | Dr. Johnson |
| | Relationship/Title | The title of the person who conducted the formal request.<br><br>Completed by the person conducting the donation conversation. | FRC |
| | Approach Date-time | Organ approaches: The date and time the DNWest Coordinator completed the authorization/notification form or received the decline.<br><br>Tissue approaches: The date and time of the approach for the formal request/donation discussion.<br><br>Completed by the person conducting the donation conversation. | 06/22/2012 19:00 |
| | Family Response | The family or authorizing person's response to the formal request/donation discussion.<br>Completed by the person conducting the donation conversation. | Yes/No/Undecided |
| | Consent for Treatment | Not used at DNWest. | *Leave Blank* |
| | Authorization for Organ | Whether or not the authorizing person authorized donation for at least one organ. If authorization for organs was not requested, mark N/A.<br>*All No and N/A shared with Authorization/Disclosure page. (If No or N/A is selected, all organs will be marked No or N/A on the Authorization/Disclosure page, but only if this is entered first.)* | Yes/No/N/A |

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** | | |
|---|---|---|---|
| Document Number: **TX-J-101.~~34~~35** | Page Number: **30 of 110** | Effective Date: **12/07/21~~09/14/21~~** | |

| TRACKING > APPROACH TRACKING | | | |
|---|---|---|---|
| **REQUIREMENT** | **Field Name** | **Field Explanation** | **Example Response** |
| | | Completed by the person conducting the donation discussion. | |
| | Authorization for Tissue | Whether or not the authorizing person authorized donation for at least one tissue group. If authorization for tissues was not requested, mark N/A. *All No and N/A shared with Authorization/Disclosure page. (If No or N/A is selected, all tissues will be marked No or N/A on the Authorization/Disclosure page, but only if this is entered first.)* Completed by the person conducting the donation discussion. | Yes/No/N/A |
| | If Yes, Restrictions | Provide any restrictions if authorization provided for organs and/or tissue. | No for-profit |
| | If No, Reason | Select the primary reason for the decline. | Known Prior Objection |
| | Did authorization process meet DSA definition of effective requesting? | Did DNWest have the donation discussion? If yes, select Yes. If no, select No. | |
| | Subsequent Approach for Tissue | This is a checkbox. Once it is checked, the following fields will be open for completion. This is only checked if a subsequent approach for tissue was performed after the approach for organ donation. | |
| | Formal Request By | Organ approaches: Not used/leave blank. Tissue approaches: Completed for every approach *even if authorization was not obtained*. Should always be OPO. Completed by the person conducting the donation conversation. | OPO |
| | If OPO, Name | Organ approaches: Not used/leave blank. Tissue approaches: Select the staff member's name who received the official authorization *or decline* from the dropdown menu. | Tom Tu |
| | If Hospital, Name | Should not ever be entered at Donor Network West because a hospital cannot make a formal donation discussion. | |
| | Relationship/Title | Not used at Donor Network West. | *Leave Blank* |
| | Date-Time | Organ approaches: Not used/leave blank. Tissue approaches: Enter the date and time authorization was received or denied. | 06/22/2012- 15:00 |
| | If No, Reason | Organ approaches: Not used/leave blank | Known Prior Objection |

| TRACKING > APPROACH TRACKING | | | |
|---|---|---|---|
| REQUIREMENT | Field Name | Field Explanation | Example Response |
| | | Tissue approaches: Select the primary reason for the decline. | |
| | Authorization Obtained By | Organ approaches: Not used/leave blank<br><br>Tissue approaches: Select which organization received the authorization or decline.  Should always be OPO. | OPO |
| | If OPO, Name | Organ approaches: Not used/leave blank<br><br>Tissue approaches: Select the staff member's name who received the official authorization *or decline* from the dropdown menu. | Tom Tu |
| | If Hospital, Name | Should not ever be entered at Donor Network West because a hospital cannot make a formal donation discussion. | |
| | Relationship/Title | Not used at Donor Network West. | *Leave Blank* |
| | Authorization Date-Time | Organ approaches: Not used/leave blank<br><br>Tissue approaches: Enter the date and time authorization was received or denied.<br>*This field is shared with the Authorization/ Disclosure page.* | 06/22/2012- 15:00 |
| | Comments:<br>☐ N/A | Not used at Donor Network West. | *Leave Blank* |
| **Family Dynamics** | | | |
| Except for interpreter (when one is used), these fields are generally *optional* at Donor Network West. | | | |
| | Interpreter used during request process? | Organ approaches: Was an interpreter utilized, select appropriate answer from drop-down menu. Only complete if an interpreter was used.<br><br>Tissue approaches: Not used/leave blank | Yes /No |
| | If yes, interpreter name | Organ approaches: If an interpreter was utilized, enter their full name. Only complete if an interpreter was used.<br><br>Tissue approaches: Not used/leave blank | Mary Tran |
| | Position | Organ approaches: If an interpreter was utilized, enter their position at their place of work. Only complete if an interpreter was used.<br><br>Tissue approaches: Not used/leave blank | Housekeeping at the hospital, bedside nurse, official translator through TEMIS, etc. |
| | Language | Organ approaches: If a translator utilized, enter the language translated from or to other than English. Only complete if a | Vietnamese |

*Job Aid*

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** | | |
|---|---|---|---|
| Document Number: **TX-J-101.~~34~~35** | Page Number: **32 of 110** | | Effective Date: **12/07/21**~~09/14/21~~ |

| TRACKING > APPROACH TRACKING | | | |
|---|---|---|---|
| REQUIREMENT | Field Name | Field Explanation | Example Response |
| | | translator was used.<br><br>Tissue approaches: Not used/leave blank | |
| | Telephone Authorization | Identify if the authorization was obtained via telephone through a dropdown menu selection. | Yes/No |
| | Grave Prognosis | Identify if the grave prognosis was discussed with the legal authorizing party, through a drop-down menu selection. *Optional.* | Yes /No |
| | If yes, by whom | If the grave prognosis was discussed provide the name of the person who conducted this conversation. Include the role of the individual. *Optional.* | Descriptive, e.g. Dr. Ralph Moores, RN Julie Smith, etc. |
| | Private setting | Indicate if a private setting was utilized for the donation conversation, through a drop-down menu selection. *Optional.* | Yes /No |
| | Comments | If there are any additional comments, please note here. Otherwise, check the NA | ☐ N/A or descriptive |

## TRACKING > AUTHORIZATION/NOTIFICATION

**Purpose** As of the 2014R4 release (February 11, 2015), the authorization/disclosure page has been divided into three forms. First select the Form Type from the drop-down menu for the appropriate type of authorization: Organ/Tissue Authorization (or disclosure); Tissue Telephonic Authorization; (or) Tissue Donation Disclosure. Any Organ/Tissue Authorization must include a signed form uploaded to the Attachments tab. Either Tissue Authorization or Disclosure form will be the official authorization form once approved by the Tissue Processors. At that time, an electronic signature form will be required in iTransplant to make the form the official authorization form. Until staff is informed of Tissue Processor approval, however, a signed paper authorization form must be uploaded to the Attachments tab.
**It should be noted that the form type cannot be changed if an electronic signature is attached and active on the page**.

**Responsibilities** Staff completing an authorization must refer to the appropriate policies and guidelines to determine which form or forms must be completed for any particular case. This document only refers to the process to complete the form. It is not intended to provide guidance in determining which authorization form or forms to use.

**Timing**

| TRACKING > AUTHORIZATION/DISCLOSURE | | | |
|---|---|---|---|
| REQUIREMENT | Field Name | Field Explanation | Example Response |
| **FORM TYPE: Organ/Tissue Authorization** | | | |
| | Form Type | Choose type of authorization from drop down menu. | Organ/Tissue Authorization<br>Tissue Telephonic Authorization<br>Tissue Donation Disclosure |
| | Form Use | Choose from drop down menu whether the authorization was conducted over the phone or In Person. | Recorded<br>In Person |
| | Hospital | *Read Only* | Fresno County Coroner |

| Title | iTransplant Record Field Reference Guide – Tracking Tab |
|---|---|

| Document Number: **TX-J-101.~~34~~35** | Page Number: **33 of 110** | Effective Date: **12/07/21~~09/14/21~~** |
|---|---|---|

| TRACKING > AUTHORIZATION/DISCLOSURE | | | |
|---|---|---|---|
| REQUIREMENT | Field Name | Field Explanation | Example Response |
| | | | Doctors Medical Center Modesto |
| * | Authorization Date-Time | The date and time the authorization was received or denied.<br><br>*This field is shared with the Approach Tracking page.* | 03/12/2012  13:00 |
| | Authorized Party | The drop-down populates with the next of kin/authorized party from the Initial Referral, the Referral Worksheet page, the Tissue Donor Screening page, or the Family Follow-up page. If the Authorized Party is not listed, select "Other" and enter the name and information for the Authorized Party | Sheila Jones<br>--- or Other |
| | First | Autopopulates if selected from the drop-down. Otherwise type in the first name of the Authorizing Party.<br><br>*This field is shared with the Initial Referral, Referral Worksheet, Family Follow-Up and Tissue Donor Screening pages.* | Joan |
| | Last | Autopopulates if selected from the drop-down. Otherwise type in the last name of the Authorizing Party.<br><br>*This field is shared with the Initial Referral, Referral Worksheet, Family Follow-Up and Tissue Donor Screening pages.* | Siu |
| | Relationship | Autopopulates if selected from the drop-down. Otherwise select the relationship of the Authorizing Party to the patient.<br><br>*This field is shared with the Initial Referral, Referral Worksheet, Family Follow-Up and Tissue Donor Screening pages.* | Sister |
| | Phone | Autopopulates if selected from the drop-down. Otherwise type in the contact phone number of the Authorizing Party.<br><br>*This field is shared with the Initial Referral, Referral Worksheet, Family Follow-Up and Tissue Donor Screening pages.* | 510-444-1234 |
| | Address | Autopopulates if selected from the drop-down. Otherwise type in the home street address of the Authorizing Party.<br><br>*This field is shared with the Initial Referral, Referral Worksheet, Family Follow-Up and Tissue Donor Screening pages.* | 12345 Wonderland Avenue |
| | City | Autopopulates if selected from the drop-down. Otherwise type in the home city of the Authorizing Party.<br><br>*This field is shared with the Initial Referral, Referral Worksheet, Family Follow-Up and Tissue Donor Screening pages.* | Oakland |

*Job Aid*

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** | | |
|---|---|---|---|
| Document Number:<br>**TX-J-101.~~34~~35** | Page Number:<br>**34 of 110** | | Effective Date:<br>**12/07/21**~~09/14/21~~ |

| TRACKING > AUTHORIZATION/DISCLOSURE | | | |
|---|---|---|---|
| **REQUIREMENT** | **Field Name** | **Field Explanation** | **Example Response** |
| | | | |
| | State | Autopopulates if selected from the drop-down. Otherwise type in the home state of the Authorizing Party.<br><br>*This field is shared with the Initial Referral, Referral Worksheet, Family Follow-Up and Tissue Donor Screening pages.* | CA |
| | Postal Code | Autopopulates if selected from the drop-down. Otherwise type in the home ZIP of the Authorizing Party.<br><br>*This field is shared with the Initial Referral, Referral Worksheet, Family Follow-Up and Tissue Donor Screening pages.* | 94607 |
| | Country | Autopopulates if selected from the drop-down. Otherwise, type in the home country of the Authorizing Party.<br><br>*This field is shared with the Initial Referral, Referral Worksheet, Family Follow-Up and Tissue Donor Screening pages.* | UNITED STATES |
| | E-Mail | Autopopulates if selected from the drop-down. Otherwise, type in the e-mail address of the Authorizing Party.<br><br>*This field is shared with the Initial Referral, Referral Worksheet, Family Follow-Up and Tissue Donor Screening pages.* | aparty@myemail.com |
| | Do Not Contact | If the Authorizing Party has requested no contact, check the box. This will update the Family Aftercare module. | ☒ Do Not Contact |
| **Organ Authorization** | | | |
| | N/A | Mark N/A if the family was "Not Asked" for authorization for Organs. Checking the box will automatically mark "N/A" for all organs below. | ☒ N/A |
| | Right Kidney | Indicate whether authorization was obtained – yes or no, If the organ is not suitable for donation and the family is not asked, indicate N/A. | ● Yes<br>○ No<br>○ N/A |
| | Left Kidney | Indicate whether authorization was obtained – yes or no, If the organ is not suitable for donation and the family is not asked, indicate N/A. | ● Yes<br>○ No<br>○ N/A |
| | Liver | Indicate whether authorization was obtained – yes or no, If the organ is not suitable for donation and the family is not asked, indicate N/A. | ● Yes<br>○ No<br>○ N/A |
| | Small Bowel | Indicate whether authorization was obtained – yes or no, If the organ is not suitable for donation and the family is not asked, indicate N/A. | ● Yes<br>○ No<br>○ N/A |

*Job Aid*

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** | | |
|---|---|---|---|
| Document Number: **TX-J-101.~~34~~35** | Page Number: **35 of 110** | Effective Date: **12/07/21**~~09/14/21~~ | |

| TRACKING > AUTHORIZATION/DISCLOSURE | | | |
|---|---|---|---|
| **REQUIREMENT** | **Field Name** | **Field Explanation** | **Example Response** |
| | Pancreas | Indicate whether authorization was obtained – yes or no, If the organ is not suitable for donation and the family is not asked, indicate N/A. | ● Yes <br> ○ No <br> ○ N/A |
| | Heart | Indicate whether authorization was obtained – yes or no, If the organ is not suitable for donation and the family is not asked, indicate N/A. | ● Yes <br> ○ No <br> ○ N/A |
| | Right Lung | Indicate whether authorization was obtained – yes or no, If the organ is not suitable for donation and the family is not asked, indicate N/A. | ● Yes <br> ○ No <br> ○ N/A |
| | Left Lung | Indicate whether authorization was obtained – yes or no, If the organ is not suitable for donation and the family is not asked, indicate N/A. | ● Yes <br> ○ No <br> ○ N/A |
| | Other | If any other organ is authorized for recovery, e.g. Composite Tissue Allograft, provide description in the "other" box and indicate through selection of the appropriate button whether authorization was obtained – yes or no, If the organ is not suitable for donation and the family is not asked, it is not necessary to complete this section. | ● Yes <br> ○ No <br> ○ N/A <br><br> If Yes or No, describe what "Other" organ was authorized for recovery. |

*Job Aid*

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** | | |
|---|---|---|---|
| Document Number:<br>**TX-J-101.~~34~~35** | Page Number:<br>**36 of 110** | Effective Date:<br>**12/07/21**~~09/14/21~~ | |

| Tissue Authorization | | | |
|---|---|---|---|
| | N/A | Mark N/A if the authorized party was "Not Asked" about authorization for tissues. Checking the box will automatically mark "N/A" for all tissues below. | ☒ N/A |
| | Corneas | Indicate whether authorization was obtained – yes or no, If the tissue is not suitable for donation and the family is not asked, indicate N/A. | ● Yes<br>○ No<br>○ N/A |
| | Skin | Indicate whether authorization was obtained – yes or no, If the tissue is not suitable for donation and the family is not asked, indicate N/A. | ● Yes<br>○ No<br>○ N/A |
| | Heart for Heart Valves (with associated vessels/pericardium) | Indicate whether authorization was obtained – yes or no, If the tissue is not suitable for donation and the family is not asked, indicate N/A. | ● Yes<br>○ No<br>○ N/A |
| | Alternating Ribs and Costal Cartilage | Indicate whether authorization was obtained – yes or no, If the tissue is not suitable for donation and the family is not asked, indicate N/A. | ● Yes<br>○ No<br>○ N/A |
| | Blood Vessels of the Legs | Indicate whether authorization was obtained – yes or no, If the tissue is not suitable for donation and the family is not asked, indicate N/A. | ● Yes<br>○ No<br>○ N/A |
| | Bones of the Lower Extremities & Related Connective Tissue | Indicate whether authorization was obtained – yes or no, If the tissue is not suitable for donation and the family is not asked, indicate N/A. | ● Yes<br>○ No<br>○ N/A |
| | Bones of the Upper Extremities & Related Connected Tissue | Indicate whether authorization was obtained – yes or no, If the tissue is not suitable for donation and the family is not asked, indicate N/A. | ● Yes<br>○ No<br>○ N/A |
| | Aorto-Iliac Artery | Indicate whether authorization was obtained – yes or no, If the tissue is not suitable for donation and the family is not asked, indicate N/A. | ● Yes<br>○ No<br>○ N/A |
| | Vertebral Bodies | Indicate whether authorization was obtained – yes or no, If the tissue is not suitable for donation and the family is not asked, indicate N/A. | ● Yes<br>○ No<br>○ N/A |
| | Other | If any other tissue is authorized for recovery, provide description of the specific tissue or tissues in the "other" box and indicate through selection of the appropriate button whether authorization was obtained – yes or no, If the tissue is not suitable for donation and the family is not asked, there is no need to complete this section. | ● Yes<br>○ No<br>○ N/A<br><br>If Yes or No, describe what "Other" tissue or tissues were authorized for recovery. |

*Job Aid*

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** | | |
|---|---|---|---|
| Document Number:<br>**TX-J-101.~~34~~35** | Page Number:<br>**37 of 110** | | Effective Date:<br>**12/07/21**~~09/14/21~~ |

**DONOR NETWORK** WEST

| **Other Authorizations or Requests** | | | |
|---|---|---|---|
| | Research | Indicate whether authorization was obtained for Research – yes or no, If there are no organs or tissues indicated for research and the family is not asked, indicate N/A. | ● Yes<br>○ No<br>○ N/A |
| | For-Profit Use | Indicate whether authorization was obtained for for-profit use for tissues – yes or no, If there are no tissues authorized and the family is not asked about for-profit use, leave blank. | ● Yes<br>○ No |
| | Cosmetic Use | Indicate whether authorization was obtained for cosmetic use use for tissues – yes or no, If skin is not authorized and the family is not asked about cosmetic use, indicate N/A. | ● Yes<br>○ No<br>○ N/A |
| | Education | Indicate whether authorization was obtained for educational purposes – yes or no, If there are no organs or tissues indicated for educational purposes and the family is not asked, indicate N/A. | ● Yes<br>○ No<br>○ N/A |
| | International Use | Indicate whether authorization was obtained for international use for tissues – yes or no, If there are no tissues authorized and the family is not asked about for-profit use, leave blank. | ● Yes<br>○ No |
| | Family Follow-up | Indicate whether the family has requested follow-up from the Family Aftercare team. | ● Yes<br>○ No |
| | Any limitations or special requests. | Enter any special requests made by the family or restrictions placed on authorization if not specifically captured elsewhere. | NOK requests that recovery not start until they've had an informal viewing at the coroner's office. |

*Job Aid*

| | iTransplant Record Field Reference Guide – Tracking Tab |
|---|---|

| Document Number: **TX-J-101.3435** | Page Number: **38 of 110** | Effective Date: **12/07/2109/14/21** |
|---|---|---|

| Additional Authoriztion: | | | |
|---|---|---|---|
| Purpose: The Additional Authorization allows for research tissue to be added as needed.  The Management team will update as needed to correspond to changes in the business process. | | | |
| **FORM TYPE: Tissue Telephonic Authorization** | | | |
| | Authorized Party | The drop-down populates with the next of kin/authorized party from the Initial Referral, the Referral Worksheet page, the Tissue Donor Screening page, or the Family Follow-up page. If the Authorized Party is not listed, select "Other" and enter the name and information for the Authorized Party<br><br>*As of the 2014R4 release, it is no longer necessary to enter "Self" for First Person Authorization. For FPA, enter the name of the NOK to whom disclosure was made.* | Sheila Jones<br>--- or Other |
| | First | Autopopulates if selected from the drop-down. Otherwise type in the first name of the Authorizing Party.<br><br>*This field is shared with the Initial Referral, Referral Worksheet, Family Follow-Up and Tissue Donor Screening pages.* | Joan |
| | Last | Autopopulates if selected from the drop-down. Otherwise type in the last name of the Authorizing Party.<br><br>*This field is shared with the Initial Referral, Referral Worksheet, Family Follow-Up and Tissue Donor Screening pages.* | Siu |
| | Relationship | Autopopulates if selected from the drop-down. Otherwise select the relationship of the Authorizing Party to the patient.<br><br>*This field is shared with the Initial Referral, Referral Worksheet, Family Follow-Up and Tissue Donor Screening pages.* | Sister |
| | Phone | Autopopulates if selected from the drop-down. Otherwise type in the contact phone number of the Authorizing Party.<br><br>*This field is shared with the Initial Referral, Referral Worksheet, Family Follow-Up and Tissue Donor Screening pages.* | 510-444-1234 |
| | Address | Autopopulates if selected from the drop-down. Otherwise type in the home street address of the Authorizing Party.<br><br>*This field is shared with the Initial Referral, Referral Worksheet, Family Follow-Up and Tissue Donor Screening pages.* | 12345 Wonderland Avenue |
| | City | Autopopulates if selected from the drop-down. Otherwise type in the home city of the Authorizing Party.<br><br>*This field is shared with the Initial Referral, Referral Worksheet, Family Follow-Up and* | Oakland |

*Job Aid*

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** |
|---|---|
| Document Number:<br>**TX-J-101.~~34~~35** | Page Number:<br>**39 of 110** | Effective Date:<br>**12/07/21**~~09/14/21~~ |

| | | *Tissue Donor Screening pages.* | |
|---|---|---|---|
| | State | Autopopulates if selected from the drop-down. Otherwise type in the home state of the Authorizing Party.<br><br>*This field is shared with the Initial Referral, Referral Worksheet, Family Follow-Up and Tissue Donor Screening pages.* | CA |
| | Postal Code | Autopopulates if selected from the drop-down. Otherwise type in the home ZIP of the Authorizing Party.<br><br>*This field is shared with the Initial Referral, Referral Worksheet, Family Follow-Up and Tissue Donor Screening pages.* | 94607 |
| | Country | Autopopulates if selected from the drop-down. Otherwise, type in the home country of the Authorizing Party.<br><br>*This field is shared with the Initial Referral, Referral Worksheet, Family Follow-Up and Tissue Donor Screening pages.* | UNITED STATES |
| | E-Mail | Autopopulates if selected from the drop-down. Otherwise, type in the e-mail address of the Authorizing Party.<br><br>*This field is shared with the Initial Referral, Referral Worksheet, Family Follow-Up and Tissue Donor Screening pages.* | aparty@myemail.com |
| | Do Not Contact | If the Authorizing Party has requested no contact, check the box. This will update the Family Aftercare module. | ☒ Do Not Contact |
| **Organ Authorization** | | | |
| If the form is being used for tissue authorization and the family has never been approached, simply check the N/A box and continue to the Research/Education sections. If the family has been approached by the organ team and the Organ/Tissue Authorization form type was previously completed as NO or N/A to organs, it is necessary for us to indicate that the family declined authorization for organs. | | | |
| | N/A | Mark N/A if the family was "Not Asked" for authorization for organs. Checking the box will automatically mark "N/A" for all organs below. | ☒ N/A |
| | Right Kidney | Indicate whether authorization was obtained – yes or no, If the organ is not suitable for donation and the family is not asked and the family has never been previously asked, indicate N/A. | ○ Yes<br>○ No<br>● N/A |
| | Left Kidney | Indicate whether authorization was obtained – yes or no, If the organ is not suitable for donation and the family is not asked and the family has never been previously asked, indicate N/A. | ○ Yes<br>○ No<br>● N/A |
| | Liver | Indicate whether authorization was obtained – yes or no, If the organ is not suitable for donation and the family is not asked and the family has never been previously asked, indicate N/A. | ○ Yes<br>○ No<br>● N/A |

| | Small Bowel | Indicate whether authorization was obtained – yes or no, If the organ is not suitable for donation and the family is not asked and the family has never been previously asked, indicate N/A. | ○ Yes<br>○ No<br>● N/A |
|---|---|---|---|
| | Pancreas | Indicate whether authorization was obtained – yes or no, If the organ is not suitable for donation and the family is not asked and the family has never been previously asked, indicate N/A. | ○ Yes<br>○ No<br>● N/A |
| | Heart | Indicate whether authorization was obtained – yes or no, If the organ is not suitable for donation and the family is not asked and the family has never been previously asked, indicate N/A. | ○ Yes<br>○ No<br>● N/A |
| | Right Lung | Indicate whether authorization was obtained – yes or no, If the organ is not suitable for donation and the family is not asked and the family has never been previously asked, indicate N/A. | ○ Yes<br>○ No<br>● N/A |
| | Left Lung | Indicate whether authorization was obtained – yes or no, If the organ is not suitable for donation and the family is not asked and the family has never been previously asked, indicate N/A. | ○ Yes<br>○ No<br>● N/A |
| | Other | If any other organ is authorized for recovery, e.g. Composite Tissue Allograft, provide description in the "other" box and indicate through selection of the appropriate button whether authorization was obtained – yes or no, If the organ is not suitable for donation and the family is not asked and the family has never been previously asked, indicate N/A. | ○ Yes<br>○ No<br>● N/A<br>If Yes or No, describe what "Other" organ was requested for authorization. |
| **Research & Education Authorization** | | | |
| | N/A | Mark N/A if the authorized party was "Not Asked" about authorization for research and education. Checking the box will automatically mark "N/A" for both research AND education. | ☒ N/A |
| | Research | Indicate whether authorization was obtained – yes or no, If the family is not asked, indicate N/A. | ● Yes<br>○ No<br>○ N/A |
| | Education | Indicate whether authorization was obtained – yes or no, If the family is not asked, indicate N/A. | ● Yes<br>○ No<br>○ N/A |
| **Tissue Authorization** | | | |
| | N/A | Mark N/A if the authorized party was "Not Asked" about authorization for tissues. Checking the box will automatically mark "N/A" for all tissues below. | ☒ N/A |
| | Corneas | Indicate whether authorization was obtained – yes or no, If the tissue is not suitable for | ● Yes<br>○ No |

*Job Aid*

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** | |
|---|---|---|
| Document Number: **TX-J-101.~~34~~35** | Page Number: **41 of 110** | Effective Date: **12/07/21**~~09/14/21~~ |

DONOR NETWORK WEST

| | | donation and the family is not asked, indicate N/A. | ○ N/A |
|---|---|---|---|
| | Skin | Indicate whether authorization was obtained – yes or no, If the tissue is not suitable for donation and the family is not asked, indicate N/A. | ● Yes ○ No ○ N/A |
| | Heart for Heart Valves (with associated vessels/pericardium) | Indicate whether authorization was obtained – yes or no, If the tissue is not suitable for donation and the family is not asked, indicate N/A. | ● Yes ○ No ○ N/A |
| | Alternating Ribs and Costal Cartilage | Indicate whether authorization was obtained – yes or no, If the tissue is not suitable for donation and the family is not asked, indicate N/A. | ● Yes ○ No ○ N/A |
| | Blood Vessels of the Legs | Indicate whether authorization was obtained – yes or no, If the tissue is not suitable for donation and the family is not asked, indicate N/A. | ● Yes ○ No ○ N/A |
| | Bones of the Lower Extremities & Related Connective Tissue | Indicate whether authorization was obtained – yes or no, If the tissue is not suitable for donation and the family is not asked, indicate N/A. | ● Yes ○ No ○ N/A |
| | Bones of the Upper Extremities & Related Connected Tissue | Indicate whether authorization was obtained – yes or no, If the tissue is not suitable for donation and the family is not asked, indicate N/A. | ● Yes ○ No ○ N/A |
| | Aorto-Iliac Artery | Indicate whether authorization was obtained – yes or no, If the tissue is not suitable for donation and the family is not asked, indicate N/A. | ● Yes ○ No ○ N/A |
| | Vertebral Bodies | Indicate whether authorization was obtained – yes or no, If the tissue is not suitable for donation and the family is not asked, indicate N/A. | ● Yes ○ No ○ N/A |
| | Other | If any other tissue is authorized for recovery, provide description of the specific tissue or tissues in the "other" box and indicate through selection of the appropriate button whether authorization was obtained – yes or no, If the tissue is not suitable for donation and the family is not asked, there is no need to complete this section. | ● Yes ○ No ○ N/A Describe what "Other" tissue or tissues were requested for authorization. |
| **Authorization Disclosure** | | | |
| Because this electronic form is intended to replace paper forms, it is necessary for the form to have all of the legal verbiage required in our authorization forms. All of the statements listed in this section must be shared with the family during the authorization process. | | | |
| | Do you authorize for donated tissues to be transplanted outside of the United States? | Indicate whether authorization was obtained for international use – yes or no, | ● Yes ○ No |

| | Title | **iTransplant Record Field Reference Guide – Tracking Tab** | |
|---|---|---|---|
| | Document Number: **TX-J-101.~~34~~35** | Page Number: **42 of 110** | Effective Date: **12/07/21~~09/14/21~~** |

| | | | |
|---|---|---|---|
| | Do you authorize for donated tissues to be used by for-profit tissue processors and distributors? | Indicate whether authorization was obtained for for-profit use for tissues – yes or no. | ● Yes<br>○ No |
| | Do you authorize the skin to be used for cosmetic procedures? | Indicate whether authorization was obtained for cosmetic use use for tissues – yes or no, If skin is not authorized and the family is not asked about cosmetic use, indicate N/A. | ● Yes<br>○ No<br>○ N/A |
| | Are you aware of any legal refusal to make a gift by the patient or any objection by any person of a higher or equal status authorized to make a donation? | Like First Person Authorization, a patient may also indicate a desire *not* to donate. If the patient has not made any indications, if any person of "higher or equal status" according to the UAGA may also indicate an objection. If any such objection is known, check Yes, otherwise check No. | ● Yes<br>○ No |
| | Do you agree that the donation process has been explained to you and that you have received satisfactory answers to any questions you may have? | Indicate the authorized party's response. If there are any questions, attempt to address them and then ask if the question to the left again. | ● Yes<br>○ No |
| | If for any reason we are unable to proceed with tissue recovery, would you like to be notified? | Indicate the authorized party's response. | ● Yes<br>○ No |
| | Would you like to receive a copy of this authorization for tissue donation? | Indicate the authorized party's response. | ● Yes<br>○ No |
| | Would you like to receive follow-up information from the DN West Family Aftercare Department? | Indicate the authorized party's response. | ● Yes<br>○ No |
| | If we need to contact you, would it be acceptable if we leave a voicemail? | Indicate the authorized party's response. | ● Yes<br>○ No |

**DN West Staff Disclosing Donation**

*Not required by Donor Network West at this time. Before the next release, however, we may receive approval from processors to begin using the online authorization forms. Once instructed to begin using the electronic form exclusively, complete the items below to electronically sign the form.*

If a valid user name and password are entered, once saved, the entire form will be locked for editing and the form type cannot be changed. If edits are required, check the box for "Add another signature." This unlocks the form for editing. Once edits are complete, a new electronic signature MUST be added for the form to be valid.

| | ☐ By checking here and entering my User | Once instructed to begin using the electronic form exclusively, check the box | |
|---|---|---|---|

**Job Aid**

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** | | |
|---|---|---|---|
| Document Number: **TX-J-101.~~34~~35** | Page Number: **43 of 110** | | Effective Date: **12/07/21~~09/14/21~~** |

| | Name and a password known only to me, I am electronically signing the above statement. | and continue. | |
|---|---|---|---|
| | User Name | Once instructed to begin using the electronic form exclusively, enter your login ("user name") here to begin the electronic signature process. | jkoertzen |
| | Password | Once instructed to begin using the electronic form exclusively, enter your password here to continue the signature process. | *************** |
| | ☐ Add another signature | This check box only appears if the form has been electronically signed. Checking the box and then saving the form will allow edits to be made to the form and another electronic signature to be added. | |

**Witness**

*Not required by Donor Network West at this time. Before the next release, however, we may receive approval from processors to begin using the online authorization forms. Once instructed to begin using the electronic form exclusively, complete the items below to electronically sign the form.*

This section is similar to the electronic signature section above. A witness is required if the authorization was done over the phone and the conversation is not recorded. The witness must be different from the person who disclosed donation. It is not necessary to log out and have the witness login to sign the form. The witness' user name and password may be entered while the person who disclosed authorization is logged in.

If a valid user name and password are entered, once saved, the entire form will be locked for editing and the form type cannot be changed. If edits are required, check the box for "Add another signature." This unlocks the form for editing. Once edits are complete, a new electronic signature MUST be added for the form to be valid.

| | By checking here and entering my User Name and a password known only to me, I am electronically signing the above statement. | Once instructed to begin using the electronic form exclusively, check the box and continue if another staff member witnessed the authorization. | |
|---|---|---|---|
| | User Name | Once instructed to begin using the electronic form exclusively, the witness should enter his or her login ("user name") here. | swoidtke |
| | Password | Once instructed to begin using the electronic form exclusively, the witness should enter his or her password here to continue the signature process. | *************** |
| | ☐ Add another signature | This check box only appears if the form has been electronically signed. Checking the box and then saving the form will allow edits to be made to the form and another electronic signature to be added. | |
| **Form Footer** | | | |
| | Translator Name (if | If a translator is used (translation service, | Antonio Juarez |

*Job Aid*

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** | | |
|---|---|---|---|
| Document Number: **TX-J-101.~~34~~35** | Page Number: **44 of 110** | | Effective Date: **12/07/21~~09/14/21~~** |

| | applicable) | staff member, family member, etc), enter the translator's name here. | |
|---|---|---|---|
| | Affilliation | Enter the organization the translator is with or the relationship to the authorizing party. | |
| | This disclosure was performed as | Check the radio button to note whether the call was recorded or if it was witnessed by a third party. | ● Recorded telephone discussion<br>○ Witnessed telephone discussion |

**Job Aid**

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** | | |
|---|---|---|---|
| Document Number:<br>**TX-J-101.~~34~~35** | Page Number:<br>**45 of 110** | Effective Date:<br>**12/07/21~~09/14/21~~** | |

| FORM TYPE: Tissue Donation Disclosure | | | |
|---|---|---|---|
| | Authorized Party | The drop-down populates with the next of kin/authorized party from the Initial Referral, the Referral Worksheet page, the Tissue Donor Screening page, or the Family Follow-up page. If the Authorized Party is not listed, select "Other" and enter the name and information for the Authorized Party<br><br>*As of the 2014R4 release, it is no longer necessary to enter "Self" for First Person Authorization. For FPA, enter the name of the NOK to whom disclosure was made.* | Sheila Jones<br>--- or Other |
| | First | Autopopulates if selected from the drop-down. Otherwise type in the first name of the Authorizing Party.<br><br>*This field is shared with the Initial Referral, Referral Worksheet, Family Follow-Up and Tissue Donor Screening pages.* | Joan |
| | Last | Autopopulates if selected from the drop-down. Otherwise type in the last name of the Authorizing Party.<br><br>*This field is shared with the Initial Referral, Referral Worksheet, Family Follow-Up and Tissue Donor Screening pages.* | Siu |
| | Relationship | Autopopulates if selected from the drop-down. Otherwise select the relationship of the Authorizing Party to the patient.<br><br>*This field is shared with the Initial Referral, Referral Worksheet, Family Follow-Up and Tissue Donor Screening pages.* | Sister |
| | Phone | Autopopulates if selected from the drop-down. Otherwise type in the contact phone number of the Authorizing Party.<br><br>*This field is shared with the Initial Referral, Referral Worksheet, Family Follow-Up and Tissue Donor Screening pages.* | 510-444-1234 |
| | Address | Autopopulates if selected from the drop-down. Otherwise type in the home street address of the Authorizing Party.<br><br>*This field is shared with the Initial Referral, Referral Worksheet, Family Follow-Up and Tissue Donor Screening pages.* | 12345 Wonderland Avenue |
| | City | Autopopulates if selected from the drop-down. Otherwise type in the home city of the Authorizing Party.<br><br>*This field is shared with the Initial Referral, Referral Worksheet, Family Follow-Up and Tissue Donor Screening pages.* | Oakland |
| | State | Autopopulates if selected from the drop-down. Otherwise type in the home state of the Authorizing Party. | CA |

| | Title | **iTransplant Record Field Reference Guide – Tracking Tab** | |
|---|---|---|---|
| | Document Number:<br>**TX-J-101.~~34~~35** | Page Number:<br>**46 of 110** | Effective Date:<br>**12/07/21~~09/14/21~~** |

| | | This field is shared with the Initial Referral, Referral Worksheet, Family Follow-Up and Tissue Donor Screening pages. | |
|---|---|---|---|
| | Postal Code | Autopopulates if selected from the drop-down. Otherwise type in the home ZIP of the Authorizing Party.<br><br>*This field is shared with the Initial Referral, Referral Worksheet, Family Follow-Up and Tissue Donor Screening pages.* | 94607 |
| | Country | Autopopulates if selected from the drop-down. Otherwise, type in the home country of the Authorizing Party.<br><br>*This field is shared with the Initial Referral, Referral Worksheet, Family Follow-Up and Tissue Donor Screening pages.* | UNITED STATES |
| | E-Mail | Autopopulates if selected from the drop-down. Otherwise, type in the e-mail address of the Authorizing Party.<br><br>*This field is shared with the Initial Referral, Referral Worksheet, Family Follow-Up and Tissue Donor Screening pages.* | aparty@myemail.com |
| | Do Not Contact | If the Authorizing Party has requested no contact, check the box. This will update the Family Aftercare module. | ☒ Do Not Contact |
| **Organ Authorization** | | | |
| If the form is being used for tissue authorization and the family has never been approached, simply check the N/A box and continue to the Tissue section below. If the family has been approached by the organ team and the Organ/Tissue Authorization form type was previously completed as NO or N/A to organs, it is necessary for us to indicate that the family declined authorization for organs. | | | |
| | N/A | Mark N/A if the family was "Not Asked" for authorization for organs. Checking the box will automatically mark "N/A" for all organs below. | ☒ N/A |
| | Right Kidney | Indicate whether authorization was obtained – yes or no, If the organ is not suitable for donation and the family is not asked and the family has never been previously asked, indicate N/A. | ○ Yes<br>○ No<br>● N/A |
| | Left Kidney | Indicate whether authorization was obtained – yes or no, If the organ is not suitable for donation and the family is not asked and the family has never been previously asked, indicate N/A. | ○ Yes<br>○ No<br>● N/A |
| | Liver | Indicate whether authorization was obtained – yes or no, If the organ is not suitable for donation and the family is not asked and the family has never been previously asked, indicate N/A. | ○ Yes<br>○ No<br>● N/A |
| | Small Bowel | Indicate whether authorization was obtained – yes or no, If the organ is not suitable for donation and the family is not asked and the family has never been previously asked, | ○ Yes<br>○ No<br>● N/A |

*Job Aid*

| | |
|---|---|
| Title | **iTransplant Record Field Reference Guide – Tracking Tab** |

| Document Number:<br>**TX-J-101.~~34~~35** | Page Number:<br>**47 of 110** | Effective Date:<br>**12/07/21**~~09/14/21~~ |
|---|---|---|

| | | indicate N/A. | |
|---|---|---|---|
| | Pancreas | Indicate whether authorization was obtained – yes or no, If the organ is not suitable for donation and the family is not asked and the family has never been previously asked, indicate N/A. | ○ Yes<br>○ No<br>● N/A |
| | Heart | Indicate whether authorization was obtained – yes or no, If the organ is not suitable for donation and the family is not asked and the family has never been previously asked, indicate N/A. | ○ Yes<br>○ No<br>● N/A |
| | Right Lung | Indicate whether authorization was obtained – yes or no, If the organ is not suitable for donation and the family is not asked and the family has never been previously asked, indicate N/A. | ○ Yes<br>○ No<br>● N/A |
| | Left Lung | Indicate whether authorization was obtained – yes or no, If the organ is not suitable for donation and the family is not asked and the family has never been previously asked, indicate N/A. | ○ Yes<br>○ No<br>● N/A |
| | Other | If any other organ is authorized for recovery, e.g. Composite Tissue Allograft, provide description in the "other" box and indicate through selection of the appropriate button whether authorization was obtained – yes or no, If the organ is not suitable for donation and the family is not asked and the family has never been previously asked, indicate N/A. | ○ Yes<br>○ No<br>● N/A<br><br>If Yes or No, describe what "Other" organ was requested for authorization. |

| **Tissue Authorization** | | | |
|---|---|---|---|
| | N/A | Mark N/A if the authorized party was "Not Asked" about authorization for tissues. Checking the box will automatically mark "N/A" for all tissues below. | ☒ N/A |
| | Corneas | Indicate whether authorization was obtained – yes or no, If the tissue is not suitable for donation and the family is not asked, indicate N/A. | ● Yes<br>○ No<br>○ N/A |
| | Skin | Indicate whether authorization was obtained – yes or no, If the tissue is not suitable for donation and the family is not asked, indicate N/A. | ● Yes<br>○ No<br>○ N/A |
| | Heart for Heart Valves (with associated vessels/pericardium) | Indicate whether authorization was obtained – yes or no, If the tissue is not suitable for donation and the family is not asked, indicate N/A. | ● Yes<br>○ No<br>○ N/A |
| | Alternating Ribs and Costal Cartilage | Indicate whether authorization was obtained – yes or no, If the tissue is not suitable for donation and the family is not asked, indicate N/A. | ● Yes<br>○ No<br>○ N/A |

*Job Aid*

| | |
|---|---|
| Title | **iTransplant Record Field Reference Guide – Tracking Tab** |

| Document Number: | Page Number: | Effective Date: |
|---|---|---|
| **TX-J-101.~~34~~35** | **48 of 110** | **12/07/21**~~09/14/21~~ |

| | Blood Vessels of the Legs | Indicate whether authorization was obtained – yes or no, If the tissue is not suitable for donation and the family is not asked, indicate N/A. | ● Yes<br>○ No<br>○ N/A |
|---|---|---|---|
| | Bones of the Lower Extremities & Related Connective Tissues | Indicate whether authorization was obtained – yes or no, If the tissue is not suitable for donation and the family is not asked, indicate N/A. | ● Yes<br>○ No<br>○ N/A |
| | Bones of the Upper Extremities & Related Connective Tissues | Indicate whether authorization was obtained – yes or no, If the tissue is not suitable for donation and the family is not asked, indicate N/A. | ● Yes<br>○ No<br>○ N/A |
| | Aorto-Iliac Artery | Indicate whether authorization was obtained – yes or no, If the tissue is not suitable for donation and the family is not asked, indicate N/A. | ● Yes<br>○ No<br>○ N/A |
| | Vertebral Bodies | Indicate whether authorization was obtained – yes or no, If the tissue is not suitable for donation and the family is not asked, indicate N/A. | ● Yes<br>○ No<br>○ N/A |
| | Other | If any other tissue is authorized for recovery, provide description of the specific tissue or tissues in the "other" box and indicate through selection of the appropriate button whether authorization was obtained – yes or no, If the tissue is not suitable for donation and the family is not asked, there is no need to complete this section. | ● Yes<br>○ No<br>○ N/A<br><br>Describe what "Other" tissue or tissues were requested for authorization. |
| **Other Authorizations or Requests** | | | |
| For First Person Authorization, a NO is only entered if a limitation to the authorization was identified in the authorizing source or other documentation was made available that would limit the authorization for donation. | | | |
| | Research | Only indicate NO if a limitation was identified in an authorizing document against research use for recovered tissue(s). Otherwise indicate YES.<br><br>*N/A should never be used for research in an FPA disclosure. It is only listed here due to limitations in the iTransplant software.* | ● Yes<br>○ No<br>○ N/A |
| | For-Profit Use | Only indicate NO if a limitation was identified against for-profit use for recovered tissues in an authorizing document. Otherwise indicate YES. | ● Yes<br>○ No |
| | Cosmetic Use | Only indicate NO if a limitation against cosmetic use for recovered skin was identified in an authorizing document. If skin was not suitable or skin was not authorized, indicate N/A. Otherwise indicate YES. | ● Yes<br>○ No<br>○ N/A |
| | Education | Only indicate NO if a limitation was identified in an authorizing document against education use for recovered tissue(s). Otherwise indicate YES.<br><br>*N/A should never be used for education in an FPA disclosure. It is only listed here due* | ● Yes<br>○ No<br>○ N/A |

**DONOR NETWORK** WEST

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** | |
|---|---|---|
| Document Number: **TX-J-101.~~34~~35** | Page Number: **49 of 110** | Effective Date: **12/07/21~~09/14/21~~** |

| | | *to limitations in the iTransplant software.* | |
|---|---|---|---|
| | International Use | Only indicate NO if a limitation was identified in an authorizing document against international use for recovered tissue(s). Otherwise indicate YES. | ● Yes<br>○ No |

| **Additional Information/Disclosure** |
|---|
| Because this electronic form is intended to replace paper forms, it is necessary for the form to have all of the legal verbiage required in our authorization forms. All of the statements listed in this section must be shared with the family during the disclosure process. |

| **Follow-up Information** | | | |
|---|---|---|---|
| | If for any reason we are unable to proceed with tissue recovery, would you like to be notified? | Indicate the authorized party's response. | ● Yes<br>○ No |
| | Would you like to receive a copy of this disclosure acknowledgement form? | Indicate the authorized party's response. | ● Yes<br>○ No |
| | Would you like to receive follow-up information from the DN West Family Aftercare Department? | Indicate the authorized party's response. | ● Yes<br>○ No |
| | If we need to contact you, would it be acceptable if we leave a voicemail? | Indicate the authorized party's response. | ● Yes<br>○ No |

| **DN West Staff Disclosing Donation** | | | |
|---|---|---|---|
| *Not required by Donor Network West at this time. Before the next release, however, we may receive approval from processors to begin using the online authorization forms. Once instructed to begin using the electronic form exclusively, complete the items below to electronically sign the form.* | | | |
| If a valid user name and password are entered, once saved, the entire form will be locked for editing and the form type cannot be changed. If edits are required, check the box for "Add another signature." This unlocks the form for editing. Once edits are complete, a new electronic signature MUST be added for the form to be valid. | | | |
| ☐ By checking here and entering my User Name and a password known only to me, I am electronically signing the above statement. | Once instructed to begin using the electronic form exclusively, check the box and continue. | | |
| User Name | Once instructed to begin using the electronic form exclusively, enter your login ("user name") here to begin the electronic signature process. | jkoertzen | |
| Password | Once instructed to begin using the electronic form exclusively, enter your password here to continue the signature | *************** | |

| | | process. | |
|---|---|---|---|
| | ☐ Add another signature | This check box only appears if the form has been electronically signed. Checking the box and then saving the form will allow edits to be made to the form and another electronic signature to be added. | |

**Witness**

*Not required by Donor Network West at this time. Before the next release, however, we may receive approval from processors to begin using the online authorization forms. Once instructed to begin using the electronic form exclusively, complete the items below to electronically sign the form.*

This section is similar to the electronic signature section above. A witness is required if the authorization was done over the phone and the conversation is not recorded. The witness must be different from the person who disclosed donation. It is not necessary to log out and have the witness login to sign the form. The witness' user name and password may be entered while the person who disclosed authorization is logged in.

If a valid user name and password are entered, once saved, the entire form will be locked for editing and the form type cannot be changed. If edits are required, check the box for "Add another signature." This unlocks the form for editing. Once edits are complete, a new electronic signature MUST be added for the form to be valid.

| | | | |
|---|---|---|---|
| | ☐ By checking here and entering my User Name and a password known only to me, I am electronically signing the above statement. | Once instructed to begin using the electronic form exclusively, check the box and continue if another staff member witnessed the authorization. | |
| | User Name | Once instructed to begin using the electronic form exclusively, the witness should enter his or her login ("user name") here. | swoidtke |
| | Password | Once instructed to begin using the electronic form exclusively, the witness should enter his or her password here to continue the signature process. | *************** |
| | ☐ Add another signature | This check box only appears if the form has been electronically signed. Checking the box and then saving the form will allow edits to be made to the form and another electronic signature to be added. | |

**Form Footer**

| | | | |
|---|---|---|---|
| | Translator Name (if applicable) | If a translator is used (translation service, staff member, family member, etc), enter the translator's name here. | Antonio Juarez |
| | Affilliation | Enter the organization the translator is with or the relationship to the authorizing party. | |
| | This disclosure was performed as | Check the radio button to note whether the call was recorded or if it was witnessed by a third party. | Recorded telephone discussion<br><br>Witnessed telephone discussion |

| Title | iTransplant Record Field Reference Guide – Tracking Tab | | |
|---|---|---|---|
| Document Number: **TX-J-101.~~34~~35** | | Page Number: **51 of 110** | Effective Date: **12/07/21~~09/14/21~~** |

## TRACKING > AUTHORIZATION TRACKING

| Purpose |
|---|
| **Responsibilities** |
| **Timing** |

| TRACKING > AUTHORIZATION TRACKING | | | |
|---|---|---|---|
| **REQUIREMENT** | **Field Name** | **Field Explanation** | **Example Response** |
| | Did the patient express to family or others the intent to be a donor? | Select the appropriate answer from drop-down field | *Yes* |
| | Authorization by donor designation: | *This field is not tied to any other Donor Designation field used by Donor Network West. Because of the potential for discrepant documentation, leave blank.* | *Leave Blank* |
| | **Formal Request By:** | **The group associated with the person who conducted the formal request.** *This field is shared with the approach tracking page page.* | **OPO Staff/ Hospital Staff** |
| | Date-Time | The date and time of the formal request/donation discussion. *This field is shared with the approach tracking page page.* | 06/22/2012  19:00 |
| | If OPO, Name | *This field is shared with the Approach Tracking page.* | Tom Tu |
| | If Hospital, Name | *This field is shared with the Approach Tracking page.* | Highlang Hospital |
| | Religion | Provide the donor and/or family's religion. | Catholic |
| | Authorized Party First Name | *Read Only* | Mary |
| | Last Name | *Read Only* | Ash |
| | Relationship | *Read Only* | Sister |
| | Phone | *Read Only* | 510-444-1234 |
| | Address | *Read Only* | 12345 Wonderland Avenue |
| | [City] | *Read Only* | Oakland |
| | [State] | *Read Only* | CA |
| | [ZIP] | *Read Only* | 94607 |
| | Funeral Home | Indicate the funeral home name from the drop-down menu. If the name of the funeral home is not listed, select "Other" and type in the name in the dynamic field. *This is a shared field with the ME/Funeral Home page and the Tissue Donor Screening page.* | Allen and Dahl Chapel |
| | Telephone # | Indicate the funeral home and phone number will automatically display in field. *This is a shared field with the ME/Funeral* | 510-444-1234 |

| | | |
|---|---|---|
| Title | **iTransplant Record Field Reference Guide – Tracking Tab** | |

| Document Number: | Page Number: | Effective Date: |
|---|---|---|
| **TX-J-101.~~34~~35** | **52 of 110** | **12/07/21**~~09/14/21~~ |

| TRACKING > AUTHORIZATION TRACKING | | | |
|---|---|---|---|
| **REQUIREMENT** | **Field Name** | **Field Explanation** | **Example Response** |
| | | *Home page and the Tissue Donor Screening page.* | |
| | Name of Contact | Indicate a contact name at the funeral home.<br>***This field is not shared with other pages.*** | Jane Coo |
| | Date-Time [Funeral Home Contacted] | Indicate the date and time the funeral home was contacted by the OPO staff.<br>*This field is shared with the ME/Funeral Home page and the Tissue Donor Screening page.* | 06/22/2012  19:00 |
| | Restrictions/Comments | | |
| | Funeral Home Special Instructions | | |
| **Organ Authorization** | | | |
| | Organ | This field is read only, except the Other organ.<br>*This field is shared with the Authorization/ Disclosure page.*<br>*Read Only* | Right Kidney<br>Small Bowel<br>Intestine |
| | Authorization Requested | The authorization response for the organ from the Authorization/ Disclosure page. If the authorization is N/A, then authorization is not requested (Authorization Requested = No). If the authorization is Yes or No, then authorization was Requested (Authorization Requested = Yes).<br>*This field is shared with the Authorization/ Disclosure page.*<br>*Read Only* | Yes<br>No |
| | If not, reason | If Authorization Requested is Yes, this field is grayed out.<br>If Authorization Requested is No (when N/A is selected on the Authorization/ Disclosure form), select a reason from the drop-down why authorization was not requested for the organ. If the specific reason is not listed, select Other and then type in the reason in the text box that appears. | Donor Age<br>Coroner Restriction |
| | Authorization Obtained | The authorization response for the organ if the response was Yes or No. If the authorization response was N/A, then Authorization Obtained will show blank (hypens, "--").<br>*This field is shared with the Authorization/ Disclosure page.*<br>*Read Only* | Yes<br>No |
| | If not, reason | If Authorization Obtained is Yes or blank, | Emotional |

*Job Aid*

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** | | |
|---|---|---|---|
| Document Number:<br>**TX-J-101.~~34~~35** | Page Number:<br>**53 of 110** | | Effective Date:<br>**12/07/21**~~09/14/21~~ |

| TRACKING > AUTHORIZATION TRACKING | | | |
|---|---|---|---|
| **REQUIREMENT** | **Field Name** | **Field Explanation** | **Example Response** |
| | | this field is grayed out.<br>If Authorization Obtained is No, select a reason from the drop-down why the next of kin refused authorization for the organ. If the specific reason is not listed, select Other and then type in the reason in the text box that appears. | Cultural Beliefs<br>Religious Beliefs |
| **Research and Education Authorization for Tissues and Organs** | | | |
| | Type | Either Research or Education from the Authorization/Disclosure page.<br>*This field is shared with the Authorization/ Disclosure page.*<br>*Read Only* | Research<br>Education |
| | Authorization Requested | The authorization response for research or education from the Authorization/ Disclosure page. If the authorization is N/A, then authorization is not requested (Authorization Requested = No). If the authorization is Yes or No, then authorization was Requested (Authorization Requested = Yes).<br>*This field is shared with the Authorization/ Disclosure page.*<br>*Read Only* | Yes<br>No |
| | If not, reason | If Authorization Requested is Yes, this field is grayed out.<br>If Authorization Requested is No (when N/A is selected on the Authorization/ Disclosure form), select a reason from the drop-down why authorization was not requested. If the specific reason is not listed, select Other and then type in the reason in the text box that appears. | |
| | Authorization Obtained | The authorization response if the response was Yes or No. If the authorization response was N/A, then Authorization Obtained will show blank (hypens, "--").<br>*This field is shared with the Authorization/ Disclosure page.*<br>*Read Only* | Yes<br>No |
| | If not, reason | If Authorization Obtained is Yes or blank, this field is grayed out.<br>If Authorization Obtained is No, select a reason from the drop-down why the next of kin refused authorization for the organ. If the specific reason is not listed, select Other and then type in the reason in the text box that appears. | Emotional<br>Cultural Beliefs<br>Religious Beliefs |
| **Tissue Authorization** | | | |
| | Tissue | This field is read only, except the Other | Whole Eyes |

*Job Aid*

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** | | |
|---|---|---|---|
| Document Number:<br>**TX-J-101.~~34~~35** | Page Number:<br>**54 of 110** | Effective Date:<br>**12/07/21~~09/14/21~~** | |

| | TRACKING > AUTHORIZATION TRACKING | | |
|---|---|---|---|
| **REQUIREMENT** | **Field Name** | **Field Explanation** | **Example Response** |
| | | tissue.<br>*This field is shared with the Authorization/ Disclosure page.*<br>*Read Only* | Corneas only |
| | Authorization Requested | The authorization response for the tissue types from the Authorization/ Disclosure page. If the authorization is N/A, then authorization is not requested (Authorization Requested = No). If the authorization is Yes or No, then authorization was Requested (Authorization Requested = Yes).<br>*This field is shared with the Authorization/ Disclosure page.*<br>*Read Only* | Yes<br>No |
| | If not, reason | If Authorization Requested is Yes, this field is grayed out.<br>If Authorization Requested is No (when N/A is selected on the Authorization/ Disclosure form), select a reason from the drop-down why authorization was not requested. If the specific reason is not listed, select Other and then type in the reason in the text box that appears. | Access denied<br>ME/Coron dec<br>Tissue bank def |
| | Authorization Obtained | The authorization response if the response was Yes or No. If the authorization response was N/A, then Authorization Obtained will show blank (hypens, "--").<br>*This field is shared with the Authorization/ Disclosure page.*<br>*Read Only* | Yes<br>No |
| | If not, reason | If Authorization Obtained is Yes or blank, this field is grayed out.<br>If Authorization Obtained is No, select a reason from the drop-down why the next of kin refused authorization for the organ. If the specific reason is not listed, select Other and then type in the reason in the text box that appears. | Emotional<br>Body Integrity<br>*Please do not use the "Angry" choices. Use another response that is close to the reason such as "Emostional" or "Religion/Cultural". "Angry" may seem to imply judgment on the next of kin and their decision.* |

| | |
|---|---|
| Title | **iTransplant Record Field Reference Guide – Tracking Tab** |

| Document Number: | Page Number: | Effective Date: |
|---|---|---|
| **TX-J-101.~~34~~35** | **55 of 110** | **12/07/21**~~09/14/21~~ |

## TRACKING > DIRECTED DONATION

| Purpose |
|---|
| **Responsibilities** |
| **Timing** |

| TRACKING > DIRECTED DONATION | | | |
|---|---|---|---|
| **REQUIREMENT** | **Field Name** | **Field Explanation** | **Example Response** |
| | Onsite Coordinator | Select from the drop-down menu the name of the coordinator discussing directed donation with the legal authority. | Susie Quen |
| | Date - Time | Indicate the date and time of the conversation. | 06/22/2012  01:30 |
| | I wish to donate the..? | Select the organ that is requested for directed donation | |
| | [Name of] LNOK | Enter the name of the Legal Next of Kin/ Authorized Party, the first name in the first text box and the last name in the second text box. | John Ash |
| | [LNOK] Signature | No text entry on this field. | *Leave Blank* |
| | [Name of] Witness | Enter the name of a person who witnesses the directed donation request. Should be an employee of the hospital or Donor Network West.<br>Enter the first name in the first text box and the last name in the second text box. | John Smith |
| | [Witness] Signature | No text entry on this field. | *Leave Blank* |
| | [Name of] Person Explaining | The name of the person who explained the directed donation process to the next of kin/authorized party. Should be someone from Donor Network West.<br>Enter the first name in the first text box and the last name in the second text box. | Susie Quen |
| | [Person Explaining] Signature | No text entry on this field. | *Leave Blank* |
| | Date-time | Indicate the date and time of the conversation. | 06/22/2012  01:30 |
| | Requested Directed Candidate Name | Enter the Full Name of the potential recipient of the directed donation. | Julie Ashford |
| | Relationship to Donor Family | Describe the relationship of the donor to the family. | Cousin<br>Friend<br>Neighbor |
| | Candidate SSN | The social security number makes it easier to find and match the candidate on UNET. | 123-45-6789 |
| | ABO | Select from the drop-down menu the ABO of the potential recipient/directed donation candidate. | A |
| | Transplant Center | Select from the drop-down menu the transplant center where the potential recipient/directed donation candidate is listed. | CASF |
| | Primary Physician | Enter the Full Name of the primary | Jay Seany |

*Job Aid*

| Title | iTransplant Record Field Reference Guide – Tracking Tab | | |
|---|---|---|---|
| Document Number:<br>**TX-J-101.~~34~~35** | Page Number:<br>**56 of 110** | | Effective Date:<br>**12/07/21~~09/14/21~~** |

| TRACKING > DIRECTED DONATION | | | |
|---|---|---|---|
| **REQUIREMENT** | **Field Name** | **Field Explanation** | **Example Response** |
| | Name | physician of the potential recipient/directed donation candidate | |
| | MD Phone # | Enter the physician's phone number. | 510-444-1234 |
| | Information Obtained From | Enter the full name of the person providing the information about the potential recipient/directed donation candidate. | Julie Ash |
| | Placement Notes | Notes from placement regarding the search for the potential recipient/ directed donation candidate. | Candidate not found on UNET. |
| | Organ Specific Match Id# | The Match ID of the match run where the candidate appears. | 813249 |
| | Rank on UNET List# | The rank where the candidate appeared on the match run results. | 2 |
| | PC | Select Placement Coordinator who completed the search for the potential recipient on UNET from drop down menu. | Paul Mitchell |
| | Date-Time | Enter date and time the Placement Coordinator completed the match or updated the form when a match was not found. | 06/22/2012  01:30 |
| **Outcome/Results** | | | |
| | Outcome | Select from Drop drop down menu.<br><br>This helps us to report on whether or not a directed donation was successful.<br><br>If the organ was transplanted to the directed donation candidate, select Request Honored.<br><br>If the organ was transplanted to a different recipient, select Transplanted Not Honored.<br><br>If the organ was not transplanted for any reason, select Not Transplanted. | Requested Honored (Transplanted)<br><br>Transplanted Not Honored<br><br>Not transplanted |
| | Reason | Select from Drop down menu.<br><br>If Outcome was Transplanted Not Honored, please select the appropriate reason why the organ was transplanted to a different recipient and not the directed donation candidate.<br><br>If Outcome is either Request Honored or Not Transplanted, the Reason drop down menu is grayed out. | Directed Recipient Not listed<br><br>Directed Recipient ABO Incompatible<br><br>Directed Recipient Not ready<br><br>Directed Recipient Not found<br><br>Donor Quality<br><br>Other: Type in text box for reasons other than what is listed in the option |

## TRACKING > MED SOC LIST

**Purpose:** The Med Soc List page shows a listing of existing medical social history questionnaires that have been started or completed electronically. All data on the list is read only. One action button, the "ADD" button, is available if no Med Soc documents have been started. Once at least one Med Soc has been started, three

*Job Aid*

| Title | iTransplant Record Field Reference Guide – Tracking Tab |
|---|---|
| Document Number: **TX-J-101.~~34~~35** | Page Number: **57 of 110** | Effective Date: **12/07/21**~~09/14/21~~ |

additional buttons are available for each Med Soc on the list: EDIT (to enter and modify the med soc), PDF (to generate a PDF of the med soc), and AUDIT (to view the audit trail for the med soc).

**Responsibilities:** Staff completing a Med-Soc must refer to the appropriate policies and guidelines to determine which form or forms must be completed for any particular case. This document only refers to the process to start a med-soc form. It is not intended to provide guidance in determining which med-soc form or forms to use.

**Timing:**

| TRACKING > MED SOC LIST | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| **Donor Medical & Social History Questionnaires** | | | |
| | EDIT | Click the button to edit the med-soc form for that row. | |
| | Med Soc # | A numerical list of med soc questionnaires that have been started or completed for easy reference. | 1 |
| | Person Interviewed | The name of the person (Authorized Party, etc), or persons who were interviewed for the med soc. | John and Mary Smith |
| | Person Conducting Interview | The name of the person who asked the questions to the person being interviewed. *Because the interview could be transcribed from a paper form, this could be different from the person who completed the form.* | Stefanie Woidtke |
| | Date of Interview | The date when the interview occurred. | 10/17/2014 |
| | Location of Interview | Where the interview occurred. | Phone |
| | Med Soc Form Name | The name of the template or "form name" for the particular med soc. | DRAI – Donor > 12 years old 9-10-14 |
| | PDF | Click the button to generate a PDF form of the entire med-soc in 3-column format. | |
| | AUDIT | Click the button to show the audit trail for the med-soc for that particular row. | |
| | DELETE | Click the button to remove the med-soc from the list. | |
| | RESTORE | When the "Show Inactive" check box is checked, any "deleted" (inactive) med-soc forms will be listed. Check the button to re-activate the form. | |
| | ☐ Show Inactive | Check the box to show any "deleted" (inactive) med-soc forms on the list. | |
| **Adding New Forms** | | | |
| | DRAI – Donor > 12 years old 9-10-14 | This is a drop-down of existing Med Soc templates or "form names." To start a new med soc, click the ADD button next to this drop-down. | DRAI – Donor > 12 years old 9-10-14 DRAI – Child Donor <= 12 years old 10-20-14 DRAI – Birth Mother 9-10-14 Addendum to the Uniform DRAI (EVD) 10- |

*Job Aid*

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** | | |
|---|---|---|---|
| Document Number: **TX-J-101.~~34~~35** | Page Number: **58 of 110** | Effective Date: **12/07/21~~09/14/21~~** | |

| TRACKING > MED SOC LIST | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| | | | 28-14 |
| | ADD | Click the button to add a new version of the med-soc form selected to the list above. | |

| **Med-Soc Summary** | | | |
|---|---|---|---|
| If any Med-Soc forms have been started, the Med-Soc Summary button will be available. It allows the user to summarize answers from all listed med-soc documents, such as all questions and answers to which the main question was answered "YES". | | | |
| | MED-SOC SUMMARY | Click the button to launch the Med-Soc Summary selection criteria pop-up window. | |

| **Med-Soc Summary Selection** | | | |
|---|---|---|---|
| Check the appropriate criteria to be included in the Med-Soc Summary document and then click the PDF button to generate the document. | | | |
| | Person Interviewed | Select the name of any one person interviewed to only include that person's answers, or select – All – to include the answers from every person interviewed on all the med-soc documents. | Jane Smith<br>-- ALL -- |
| | Yes | Check the box to include all questions and detailed answers to which the person interviewed answered "Yes." | |
| | No | Check the box to include all questions and detailed answers to which the person interviewed answered "No." | |
| | N/A | Check the box to include all questions and detailed answers to which the person completing the form marked "N/A." | |
| | Unknown | Check the box to include all questions and detailed responses to which the answer to the question is unknown (typically when the answer has been left blank). | |
| | Other | Check the box to include all free-text questions and detailed responses. | |
| | PDF | Click the button to generate the Med-Soc Summary report in PDF format. | |
| | CANCEL | Click the button to cancel the generation of the Med-Soc Summary report and return to the med-soc list. | |

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** | | |
|---|---|---|---|
| Document Number: **TX-J-101.~~34~~35** | Page Number: **59 of 110** | | Effective Date: **12/07/21~~09/14/21~~** |

## TRACKING > MED SOC PAGE

| **Purpose:** The Med Soc Page does not show up on the left hand navigation menu until a med soc is entered for editing from the Med Soc List. |
|---|

| **Responsibilities:** The person completing a Med-Soc must refer to the appropriate policies and guidelines for completing a Med-Soc. This document only refers to the process to begin completing a medical social questionnaire. |
|---|

| **Timing:** |
|---|

| TRACKING > MED SOC PAGE | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| | Donor Name | The name of the potential donor. *Read Only* | Stanton R. Smith |
| | UNOS ID | The ID assigned by UNOS for the patient, if applicable. *Read Only* | ABCD123 |
| | Person Interviewed A | The name of the primary person being interviewed/answering questions (interviewee). The drop-down will list the name of any NOK/AP currently entered into iTransplant. Select the name of the interviewee. If the person is not on the list, Select "Other" and enter the person's name. | John Smith |
| | Relationship to potential donor | The relationship of "Person Interviewed A" to the potential donor. | Father |
| | Address City State Postal Code Country | The address of the interviewee. If the interviewee's name was selected from the drop-down, this field will be pre-populated with the address for the interviewee from the Family Follow-up page. *These fields are optional and are not necessary to complete for the med-soc.* | |
| | Phone | The phone number where the interviewee may be reached for follow-up questions. **This field is required.** If the interviewee's name was selected from the drop-down, this field will be pre-populated with the phone number for the interviewee from the Family Follow-up page. | 510-555-1234 |
| | Phone Type: | Select phone type from drop-down list. | Home Cell Work |
| | E-Mail | The e-mail address for the interviewee where they might be reached for follow-up. *This field is optional.* | johnsmith@email.com |
| | Person Interviewed B | The name of a secondary person | Mary Smith |

| TRACKING > MED SOC PAGE | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| | | interviewed. The drop-down will list the name of any NOK/AP currently entered into iTransplant. Select the name of the interviewee. If the person is not on the list, Select "Other" and enter the person's name. | |
| | Relationship to potential donor | The relationship of "Person Interviewed B" to the potential donor. | Mother |
| | Place of Interview | The location of the interview. If the interview was conducted by phone, select "Phone." If it was conducted at the hospital, select "Hospital." If it was conducted elsewhere, select "Other" and enter a brief location of where the interview occurred. | Phone |
| | Date-Time of Interview 🕐 | The date and time that the interview took place (was begun). *Click the clock (NOW) button to enter the current date/time.* | 10/17/2014 14:23 |
| | Initial Interviewer | The name of the person who began the interview with the person(s) interviewed. It is not necessary to update this field if questions are subsequently verified with the interviewee(s) by another staff member. | Stefanie Woidtke |
| | Person completing form Title | The login and title of the person who edited the form. This could be different from the intial interviewer if the document was transcribed from paper. (The title is as listed in iTransplant.) *Read Only* | rhale Supervisor of Tissue Operations |
| | If initial interviewer cannot complete entire Med-Soc Questionnaire | Check the box if, for any reason, the initial interviewer was not able to complete the entire med soc with the interviewee(s). | |
| | If selected, explain. (Include all Question Numbers completed.) | Type a quick explanation why the initial interview had to be stopped partway through. *At Donor Network West, it is not necessary to enter the question numbers completed.* | The patient's father and mother asked to take a break and resume the questionnaire after they have had lunch. |
| | Subsequent Interviewer Comments: Describe when Med-Soc was completed. (Include Question Numbers completed after Initial Interview.) | Enter a brief description of when the interview was able to be completed. *At Donor Network West, it is not necessary to enter the question numbers completed.* | After lunch (approximately 13:30), the patient's father and mother felt they were ready to complete the questionnaire. |

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** | | |
|---|---|---|---|
| Document Number:<br>**TX-J-101.~~34~~35** | Page Number:<br>**61 of 110** | | Effective Date:<br>**12/07/21**~~09/14/21~~ |

| TRACKING > MED SOC PAGE | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| **Med-Soc Questions** | | | |
| *Complete the med-soc questionnaire according to the guidance documents. Click the page numbers at the bottom of the page to go to the next page. All questions must be completed in order.*<br><br>*NOTE: To unselect a radio button in the med-soc, double-click it.* | | | |
| **Electronic Signature** | | | |
| Each med-soc must be electronically signed upon the completion of the interview (even if not all questions were answered). Once the electronic signature is attached, all questions are locked and are no longer editable. If edits are required, click the box next to "Add another signature" and click the SAVE button to unlock the fields. Make the edits and then sign the form again. | | | |
| | Person completing this form acknowledges all questions have been answered truthfully and to the best of their knowledge. | This standard text means that the person who conducted the interview confirms that by adding their electronic signature, he or she has accurately captured and recorded the responses from the historian to the best of his or her ability. | |
| | ☐ By checking here and entering my User Name and a password known only to me, I am electronically signing the above statement. | The med-soc in iTransplant is considered a legal document. Signing the document electronically is like signing your signature to the bottom of a paper form. By doing so, you acknowledge that all questions have been answered truthfully and to the best of your knowledge. You must check the box in order to be able to electronically sign the form. | |
| | User Name<br>Password | Enter your username and password that you use to log into iTransplant and click the SAVE button to execute your electronic signature. | rhale<br>******************** |
| | ☐ Add another signature | This checkbox only shows up when all fields are locked and an electronic signature is present. Check the box and click the SAVE button to unlock the fields for editing and/or to add a subsequent electronic signature. | |

## TRACKING > FAMILY FOLLOW – UP

| **Purpose:** To track different family members or people who may be eligible for follow-up from the family services follow-up team. People listed here do not necessarily need to be the legal next of kin or authorized party, but the authorized party or highest ranking next of kin should be listed here at a minimum. *Notes should never be placed in any field except the comments field.* |
|---|
| **Responsibilities:** |
| **Timing:** |

| TRACKING > FAMILY FOLLOW-UP | | | |
|---|---|---|---|
| **Field Name** | **Field Explanation** | **Example Response** | **Field Name** |
| | | | |
| There are 4 possible entries for multiple Family members. | | | |
| | First Name | The first name of the NOK/AP. | Ron |

| **TRACKING > FAMILY FOLLOW-UP** | | | |
|---|---|---|---|
| **Field Name** | **Field Explanation** | **Example Response** | **Field Name** |
| | | *This field is shared with the Initial Referral, Referral Worksheet, Authorization/Disclosure, and Tissue Donor Screening pages.* | |
| | Last Name | The last name of the NOK/AP. *This field is shared with the Initial Referral, Referral Worksheet, Authorization/Disclosure, and Tissue Donor Screening pages.* | Cast |
| | Relation to patient: | The relation of the NOK/AP to the patient. If not listed, select Other an type the relationship in the text box that appears. *This field is shared with the Initial Referral, Referral Worksheet, Authorization/Disclosure, and Tissue Donor Screening pages.* | Brother |
| | Address | The home street address for the NOK/AP. Should be where the NOK will be receiving mail over the next year, not where they might be currently staying while the patient is in the hospital. *This field is shared with the Initial Referral, Referral Worksheet, Authorization/Disclosure, and Tissue Donor Screening pages.* | 12435 Ashland St |
| | City | The home city for the NOK/AP. *This field is shared with the Initial Referral, Referral Worksheet, Authorization/Disclosure, and Tissue Donor Screening pages.* | Oakland |
| | State | The home state for the NOK/AP. *This field is shared with the Initial Referral, Referral Worksheet, Authorization/Disclosure, and Tissue Donor Screening pages.* | CA |
| | Postal Code | The home ZIP code for the NOK/AP. *This field is shared with the Initial Referral, Referral Worksheet, Authorization/Disclosure, and Tissue Donor Screening pages.* | 94607 |
| | Country | The home country for the NOK/AP. *This field is shared with the Initial Referral, Referral Worksheet, Authorization/Disclosure, and Tissue Donor Screening pages.* | UNITED STATES |
| | E-Mail | An e-mail address where the | roncast@gmail.com |

*Job Aid*

| | |
|---|---|
| Title | **iTransplant Record Field Reference Guide – Tracking Tab** |

| Document Number: **TX-J-101.~~34~~35** | Page Number: **63 of 110** | Effective Date: **12/07/21~~09/14/21~~** |
|---|---|---|

| | TRACKING > FAMILY FOLLOW-UP | | |
|---|---|---|---|
| **Field Name** | **Field Explanation** | **Example Response** | **Field Name** |
| | | NOK/AP may be contacted. *This field is shared with the Initial Referral, Referral Worksheet, Authorization/Disclosure, and Tissue Donor Screening pages.* | |
| | Phone | The home phone number for the NOK/AP where they can be reached at some point over the next year for follow-up. *This field is shared with the Initial Referral, Referral Worksheet, Authorization/Disclosure, and Tissue Donor Screening pages.* | 510-444-1234 |
| | Cell Phone | The cell phone number for the NOK/AP where they can be reached at some point over the next year for follow-up. *This field is shared with the Initial Referral, Referral Worksheet, and Tissue Donor Screening pages. This information is <u>not</u> available on the Authorization/Disclosure page.* | 510-444-1234 |
| | Language | If the NOK/AP's primary language is not English, enter the language here. It is not necessary to complete if the primary language is English. | Tagalog |
| | Follow Up | The type of follow-up desired by the NOK/AP. The family follow-up team will not send a letter to the NOK/AP unless the "Letter" box is checked. Also, only the primary NOK/AP is invited to the Donor Family Gathering. | ☐ DFA ☐ Sym. Card ☐ Letter |
| | Comments | List any comments related to the next of kin/family/friends. | Telephone Number provided is for pt's sister Sarah Ash. |
| **Other Details** | | | |
| | Names of other family members/significant support persons: | Since the page will only allow up to four next of kin/family/friends, enter any additional persons here. | Aunt Brandy Ash Children: Sally, Jenny, Karl, and William |
| | Family dynamics through hospital course/issues relevant to follow- up | Note any details that will be relevant to the family follow-up team. | Family is in acceptance to donation. |
| **Request of the Family** | | | |
| | Family Services Follow-up. | This field will flow all case-related information to Family Service Module for Family Services Aftercare follow-up. Make the | Yes/No |

*Job Aid*

| | | |
|---|---|---|
| Title | **iTransplant Record Field Reference Guide – Tracking Tab** | |
| Document Number: **TX-J-101.~~34~~35** | Page Number: **64 of 110** | Effective Date: **12/07/21**~~09/14/21~~ |

| | TRACKING > FAMILY FOLLOW-UP | | |
|---|---|---|---|
| **Field Name** | **Field Explanation** | **Example Response** | **Field Name** |
| | | selection based on whether or not the family has requested bereavement or other follow-up from our family services aftercare team. *This is a shared field with the Referral Summary page.* | |
| | If, known, provide reason for decline | Provide a brief description if family does not want follow up | In mourning |
| | Is it okay for our Donor Family Advocate to leave a message identifying herself? | Some families do not wish to receive a voicemail message from us. If this is the case, indicate here. | Yes/No |
| | Phone call prior to the OR | Whether or not the family would like a heads-up call prior to entry in the OR. | Yes/No |
| | Completed by | The person who made the call to the next of kin prior to entry in the OR. | Susie Quen |
| | Date- Time | The date/time of the call prior to the entry in the OR. | 06/22/2012 01:30 |
| | Phone call after the OR | Whether or not the next of kin would like a recovery outcome call after the OR. | Yes/No |
| | Completed by | The person who completed the recovery outcome call. | Susie Quen |
| | Date- time | The date/time of the recovery outcome call. | 06/22/2012- 01:30 |
| | Family to be contacted | The name of the family member or next of kin who should be contacted for heads-up or recovery outcome calls. Occasionally could be a friend of the family instead of one of the next of kin listed above which is why the relationship and phone number fields exist here. | Ron Cast |
| | Relationship | The relationship of the call recipient to the patient. | Brother |
| | Phone # | The phone number where the DFA may reach the call recipient for the heads-up or recovery outcome calls. | 510-444-1234 |
| | If unable to contact above, may call: | An additional contact person for heads-up or recovery outcome calls. | Sister Brandy Ash |
| | Phone # | The phone number for the additional contact person for heads-up or recovery outcome calls. | 510-444-1234 |

*Job Aid*

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** | | |
|---|---|---|---|
| Document Number: **TX-J-101.~~34~~35** | Page Number: **65 of 110** | Effective Date: **12/07/21**~~09/14/21~~ |

## TRACKING > APPROACH CHECKLIST

| Purpose |
|---|
| The Approach Checklist ensures the necessary tasks are completed for each phase of the approach. The Management team will update as needed to correspond to changes in the business process. Please contact your manager for details on specific items. |
| **Responsibilities** |
| **Timing** |

## TRACKING > DILIGENT SEARCH TRACKING

| Purpose To track and document the progress of a diligent search for potential organ donors, when needed. For specific instructions, see the job aid for this page. |
|---|
| **Responsibilities** |
| **Timing** |

| TRACKING > DILIGENT SEARCH TRACKING | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| Section 1: Initial Investigation And Verification Of The Patient's Information | | | |
| | DNWest Staff initiating this form [Date-Time] | | |
| | List the information previously collected in the hospital's Dilligent Search: | | |
| | 1. Is the patient identified? If "Yes" to this question, please list the name(s) of who identified the patient and how the patient was identified in the "Comments" field. | | |
| | 2. Does patient need to be fingerprinted? If "Yes" to this question, please name the responsible entity in the "Comments" field. | | |
| | 3. Were the appropriate registries checked in accordance to policy AU-J-003: Searching for Registered Donors? If "No" to this question, please state the reason registries were not checked and/or the plan to recheck the registries in the "Comments" field. | | |
| | 4. Recheck completed (leave blank until a registry check is completed). | | |
| | 5. Was a search of past medical records performed at all possible | | |

*Job Aid*

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** | | |
|---|---|---|---|
| Document Number: **TX-J-101.~~34~~35** | Page Number: **66 of 110** | Effective Date: **12/07/21**~~09/14/21~~ | |

| TRACKING > DILIGENT SEARCH TRACKING | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| | hospitals where patient could have been seen (include surrounding hospitals of last known location)?<br><br>If "Yes" to this question, please list the name(s) of possible Emergency Contact(s) in the "Comments" field. | | |
| | 6. Was the patient known to have lived in a homeless shelter?<br><br>If "Yes", please list the names of homeless shelters you contacted and the outcome of your requests for information about family contacts. | | |
| | 7. Is there evidence that the patient has immigrated or traveled from outside of the United States? If yes, contact the local immigration and consulate offices to request assistance with locating family members.<br><br>If "Yes" to this question, please list the country of origin, offices contacted, and information obtained from offices in the "Comments" field. | | |
| | 8. If an address was found in the hospital chart, did the hospital initiate an in-person notification from the local Police Department? If no, (and DNWest has confirmed that the address is current) contact the DNWest Coroner Liaison for assistance requesting a police in-person notification.<br><br>If "Yes" to this question, please note the outcome of this police in-person notification in the "Comments" field.<br><br>If "No" to this question, please note the name of the DNWest Coroner Liaison contacted in the | | |

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** |
|---|---|

| Document Number: **TX-J-101.~~34~~35** | Page Number: **67 of 110** | Effective Date: **12/07/21**~~09/14/21~~ |
|---|---|---|

| TRACKING > DILIGENT SEARCH TRACKING | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| | "Comments" field. | | |
| Confirm that the above information is complete before beginning Section 2 | | | |
| | DNWest staff completing Section 1:<br><br>☐ By checking here and entering my User Name and a password known only to me, I am electronically signing the above statement. | Check the box and continue. | |
| | User Name | Enter your iTx login (email address) here to begin the electronic signature process. | |
| | Password | Enter your iTx password here to continue the signature process. | |
| If the patient has been identified, proceed to SECTION 2 to locate family members.<br><br>If fingerprinting does not yield the patient's identity, skip to SECTION 3 for an unidentified patient diligent search. | | | |
| **Section 2: Collect Information of Family Members (For Identified Patients Only)** | | | |
| Use the patient's name and names of "possible persons associated with the patient" to conduct an internet search of the following websites. Describe any pertinent leads. | | | |
| www.google.com<br><br>Search for any known addresses, phone numbers, emergency contacts or names associated with the patient. Include any arrest records and prison information (visiting records and/or probation officer, etc.). | | | |
| | List the information found, including names, addresses, and phone numbers: | | |
| www.beenverified.com*<br><br>Search for any known addresses, phone numbers, emergency contacts or names associated with the patient.<br>*Upload the Beenverified PDF to ATTACHMENTS. | | | |
| | List the information found, including names, addresses, and phone numbers: | | |
| www.familytreenow.com<br><br>Search for any names associated with the patient. | | | |
| | List the information found, including names, addresses, and phone numbers: | | |
| List any additional leads pursued and outcome(s) here. | | | |
| | List the information found, including names, addresses, and phone numbers: | | |
| | DNWest staff completing Section | Check the box and continue. | |

| | | |
|---|---|---|
| Title | **iTransplant Record Field Reference Guide – Tracking Tab** | |

| Document Number: **TX-J-101.~~34~~35** | Page Number: **68 of 110** | Effective Date: **12/07/21**~~09/14/21~~ |
|---|---|---|

| TRACKING > DILIGENT SEARCH TRACKING | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| | 2:<br>☐ By checking here and entering my User Name and a password known only to me, I am electronically signing the above statement. | | |
| | User Name | Enter your iTx login (email address) here to begin the electronic signature process. | |
| | Password | Enter your iTx password here to continue the signature process. | |
| **Section 3: "Time-Start" For The Diligent Search** | | | |
| | 1. Was a Time-Start huddle completed?<br><br>If "Yes" to this question, please note the Date/Time of huddle (this becomes the official start time of the Diligent Search) and names/titles of huddle participants in the "Comments" field | | |
| | 2. Upon completion of the Time-Start huddle, was everyone in agreement with the Diligent Search start time? | | |
| | Dillent Search Start Date-Time: | | |
| | DNWest staff completing Section 3:<br>☐ By checking here and entering my User Name and a password known only to me, I am electronically signing the above statement. | Check the box and continue. | |
| | User Name | Enter your iTx login (email address) here to begin the electronic signature process. | |
| | Password | Enter your iTx password here to continue the signature process. | |
| **Section 4: Contact Attempts (Document All Contact Attempts In This Section)** | | | |
| | Name: | | |
| | Possible relation to the patient: | | |
| | Phone number called: | | |
| | Contact Attempt 1<br>Date-Time | | |
| | [Contact Attempt 1] | | |

*Job Aid*

| Title | iTransplant Record Field Reference Guide – Tracking Tab |
|---|---|

| Document Number: **TX-J-101.~~34~~35** | Page Number: **69 of 110** | Effective Date: **12/07/21**~~09/14/21~~ |
|---|---|---|

| TRACKING > DILIGENT SEARCH TRACKING | | | |
|---|---|---|---|
| Requirement | Field Name | Field Explanation | Example Response |
| | Comments: | | |
| | Contact Attempt 2 Date-Time | | |
| | [Contact Attempt 2] Comments: | | |
| | Contact Attempt 3 Date-Time | | |
| | [Contact Attempt 3] Comments: | | |
| | Information obtained in contact: | | |
| | Additional info or leads obtained: | | |
| | Was a HIPAA-compliant voicemail or text provided? | | |
| | If not, reason why? | | |
| | Name: | | |
| | Possible relation to the patient: | | |
| | Phone number called: | | |
| | Contact Attempt 1 Date-Time | | |
| | [Contact Attempt 1] Comments: | | |
| | Contact Attempt 2 Date-Time | | |
| | [Contact Attempt 2] Comments: | | |
| | Contact Attempt 3 Date-Time | | |
| | [Contact Attempt 3] Comments: | | |
| | Information obtained in contact: | | |
| | Additional info or leads obtained: | | |
| | Was a HIPAA-compliant voicemail or text provided? | | |
| | If not, reason why? | | |
| | Name: | | |
| | Possible relation to the patient: | | |
| | Phone number called: | | |
| | Contact Attempt 1 Date-Time | | |
| | [Contact Attempt 1] Comments: | | |
| | Contact Attempt 2 | | |

| | | | |
|---|---|---|---|
| | Title | **iTransplant Record Field Reference Guide – Tracking Tab** | |
| DONOR NETWORK WEST | Document Number:<br>**TX-J-101.~~34~~35** | Page Number:<br>**70 of 110** | Effective Date:<br>**12/07/21**~~09/14/21~~ |

| TRACKING > DILIGENT SEARCH TRACKING | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| | Date-Time | | |
| | [Contact Attempt 2]<br>Comments: | | |
| | Contact Attempt 3<br>Date-Time | | |
| | [Contact Attempt 3]<br>Comments: | | |
| | Information obtained in contact: | | |
| | Additional info or leads obtained: | | |
| | Was a HIPAA-compliant voicemail or text provided? | | |
| | If not, reason why? | | |
| | DNWest staff completing Section 4:<br>☐ By checking here and entering my User Name and a password known only to me, I am electronically signing the above statement. | Check the box and continue. | |
| | User Name | Enter your iTx login (email address) here to begin the electronic signature process. | |
| | Password | Enter your iTx password here to continue the signature process. | |
| **Section 5: Check-In Huddle (After Approximately 10 Hrs)** | | | |
| | Was a huddle initiated? | | |
| | If not, reason why? | | |
| | Date-Time of huddle | | |
| | Names of huddle participants: | | |
| | Outcome of huddle: | | |
| | DNWest staff completing Section 5:<br>☐ By checking here and entering my User Name and a password known only to me, I am electronically signing the above statement. | Check the box and continue. | |
| | User Name | Enter your iTx login (email address) here to begin the electronic signature process. | |
| | Password | Enter your iTx password here to continue the signature process. | |
| **Section 6: Outcome** | | | |
| | 1. If the next of kin was located, | | |

*Job Aid*

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** | | |
|---|---|---|---|
| Document Number: **TX-J-101.~~34~~35** | Page Number: **71 of 110** | Effective Date: **12/07/21~~09/14/21~~** | |

| TRACKING > DILIGENT SEARCH TRACKING | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| | did you update the appropriate DNWest staff and document in progress notes? | | |
| | 2. If the next of kin was not located, request an Outcome Huddle with all appropriate DNWest staff.  Was the Outcome Huddle completed? | | |
| | 3. What was the Outcome Huddle Decision (i.e. Diligent Search completed, continue Diligent Search with new leads, Hospital Administration or CME authorization, next of kin located, etc.)? | | |
| | DNWest staff completing Section 6:  ☐ By checking here and entering my User Name and a password known only to me, I am electronically signing the above statement. | Check the box and continue. | |
| | User Name | Enter your iTx login (email address) here to begin the electronic signature process. | |
| | Password | Enter your iTx password here to continue the signature process. | |

## TRACKING > PRECURSORS

*This page is not currently used by Donor Network West*

| TRACKING > PRECURSORS | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| | Is Patient BD? | | Yes/No |
| | Was there a DCD discussion? | | Yes/No |
| | Was there interaction w/ Family? | | Yes/No |
| **If No to all of these questions above – DO NOT CONTINUE TO COMPLETE THE REST OF THE PAGE** | | | |
| | 1. Did you arrive one hour (minimum) before BDD or withdrawal of care discussion? | | Yes/No/N/A |
| | 2.Was DN West able to ensure language of preference for family? | | Yes/No/N/A |
| | 3.Did YOU make immediate… a.Contact with Special Worker | | Yes/No/N/A |

| Title | iTransplant Record Field Reference Guide – Tracking Tab | | |
|---|---|---|---|
| Document Number: **TX-J-101.~~34~~35** | Page Number: **72 of 110** | | Effective Date: **12/07/21**~~09/14/21~~ |

| TRACKING > PRECURSORS | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| | b.Contact with Hospital Chaplain<br><br>c. Contact with RN@BS<br><br>d. Verification with Hosp or CPC that physician is aware you were onsite? | | |
| | 4. Did physician speak to the family about BD prior to your involvement? | | Yes/No/N/A |
| | 5. Did the family acknowledge the death prior to discussion of donation? | | Yes/No/N/A |
| | 6.Was there a huddle to plan for donation discussion?<br><br>If yes: | | Yes/No/N/A<br>Prior/After BD |
| | 7.Was information provided to any latecomers (including spiritual leaders)? | | Yes/No/N/A |
| | 8.Were the spiritual needs of the family addressed? | | Yes/No/N/A |
| | 9.Was any of the following practical grief support offered:<br><br>a. Replace the image of the loved one in the ICU bed with a living memory<br><br>b. Explain typical adult grieving<br><br>c. Attend to children saying goodbye, age appropriate grieving patterns<br><br>d. Practical ideas about supporting survivors<br><br>e. General funeral information (inc. transporting the body out of the US)<br><br>f. Did you provide support to family in a different country?<br><br>g. Give family support in contacting (consulates, Victim services) or other services<br><br>h. Unite key decision makers of the family (conf calls, assist with visa, letters) | | Yes/No/N/A |
| | 10. Was donation mentioned prior to our involvement?<br><br>If yes, | | Yes/No<br>N/A<br>Family/Hospital Staff/other<br>If other: type in text box |

*Job Aid*

| Title | iTransplant Record Field Reference Guide – Tracking Tab | | |
|---|---|---|---|
| Document Number:<br>**TX-J-101.~~34~~35** | Page Number:<br>**73 of 110** | Effective Date:<br>**12/07/21~~09/14/21~~** | |

## TRACKING > DCD ADDENDUM

### *This page is not currently used by Donor Network West*

| TRACKING > DCD ADDENDUM | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| Family needs to initial or provide a check mark for each statement on a printed copy and attached to iTransplant. | | | |
| | I/We have had the opportunity to discuss with the physician the withdrawal of life support measures, to have my/our questions answered and to reach an informed decision. | *Printed copy only* | Provide family's initial or place a checkmark ✓. |
| | I/We understand that upon cessation of respiration and circulation, the attending physician or designee will determine death. | *Printed copy only* | Provide family's initial or place a checkmark ✓. |
| | I/We understand that only after declaration of death has occurred that the surgical recovery of organs will take place. | *Printed copy only* | Provide family's initial or place a checkmark ✓. |
| | I/We understand death is anticipated, but may not occur within a predictable (or foreseeable) period of time. | *Printed copy only* | Provide family's initial or place a checkmark ✓. |
| | I/We understand that there is a possibility of anoxia (lack of oxygen) to the organs. If at any time, as judged by DN West staff, the organs have sustained irreversible anoxic damage, organ donation efforts will stop. In the event that organ donation efforts are discontinued he/she will be transferred to another room in the hospital and comfort measures will continue by the hospital. Financial responsibility will revert to original guarantor. | *Printed copy only* | Provide family's initial or place a checkmark ✓. |
| | I/We understand that to ensure successful donation of medically transplantable organs, certain procedures and/or medications such as Heparin may be necessary prior to determination of death. We have been informed of the associated risk of these procedures and medications. | *Printed copy only* | Provide family's initial or place a checkmark . |

**Job Aid**

| Title | iTransplant Record Field Reference Guide – Tracking Tab | | |
|-------|---------|--------|--------|
| Document Number: **TX-J-101.~~34~~35** | Page Number: **74 of 110** | | Effective Date: **12/07/21~~09/14/21~~** |

| TRACKING > DCD ADDENDUM | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| | Other | Enter comment in space provided if there are additional information | Nothing to report |
| **Legal Next of kin (please print)** | | | |
| | Name: | Before printing, type in the name of the Legal Next of Kin (Authorized Person) who will be signing the form. | Ron Cast |
| | Signature | *Printed copy only* | |
| | Witness: | Before printing, type in the name of the person who will be witnessing the signature of the Authorized Person on the document. | Brandy Ash |
| | Signature | *Printed copy only* | Brandy Ash |
| **This authorization for donation after cardiac death was explained (print):** | | | |
| | Name | Before printing, type in the name of the person who facilitated completion of the form. | Susie Quen |
| | Signature: | Printed copy only | Susie Quen |
| | Title | Before printing, type in the title of the person who facilitated completion of the form. | Family Resource Coordinator |
| | Date/Time | Printed copy only | |

## TRACKING > DCD FLOWSHEET

| |
|---|
| **Purpose: DCD Donors and BD Donors recovered under DCD Protocols:** **Record vital signs from the time of withdrawal of care until the end of the observation period (or until case abortion).** |
| **Responsibilities** |
| **Timing** |

| TRACKING > DCD FLOWSHEET | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| **Pre-Operative Management** | | | |
| | Was patient extubated? | Select from the drop down | Yes |
| | Heparin | Check for use of Heparin | ☑ |
| | Dosage | Enter the amount of Heparin | 10,000 units |
| | Time | Enter the time Heparin was administered | 15:50 |
| | Withdrawal Date-Time | Enter in text box the date and time of withdrawal. Click the clock 🕐 (NOW) button to automatically enter the current date and time. | 10/25/2016 15:56 Pacific |
| | Agonal phase start Date- | Enter in text box the date and | 10/25/2016 15:57 Pacific |

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** |
|---|---|

| Document Number: **TX-J-101.~~34~~35** | Page Number: **75 of 110** | Effective Date: **12/07/21**~~09/14/21~~ |
|---|---|---|

| TRACKING > DCD FLOWSHEET | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
|  | Time: | time of Agonal Phase. Click the clock 🕐 (NOW) button to automatically enter the current date and time. | Agonal definition:<br>▪ systolic blood pressure less than 80 mm Hg, OR when the oxygen saturation is less than 80% |
|  | Observation period start Date-Time | Enter the date/time that the observation period began. Click the clock 🕐 (NOW) button to automatically enter the current date and time. | 10/25/2016 16:15 Pacific |
|  | Pronouncement of Death Date-Time | Enter the date/time death was pronounced. Select the time zone from the drop-down. Click the clock 🕐 (NOW) button to automatically enter the current date and time. *This field is NOT shared with the field of the same name on the Referral Worksheet page.* *This field IS shared with the Death Date-Time as Asystolic on the Referral Worksheet page and the Asystole Date-Time field on the Organ Donor Information page.* | 10/25/2016 16:21 Pacific |
|  | 1st authorized clinician declaring death: | Enter the name of the physician or other authorized clinician. | Dr. Shirley Campos |
|  | 2nd authorized clinician declaring death: | Enter the name of the physician or other authorized clinician | Dr. Robert Heidersbach |
|  | Enter OR Date-Time | Enter the date and time the recovery team entered the OR. Click the clock 🕐 (NOW) button to automatically enter the current date and time. | 10/25/2016 16:21 Pacific |
|  | Surgical team separate from the donor during withdrawal and death declaration? | Select from drop down | Yes |
|  | OR time-out Date-Time: | Enter the date and time OR timeout took place. Click the clock 🕐 (NOW) button to automatically enter the current date and time. | 10/25/2016 16:25 Pacific |
|  | Inicision Date-Time: | Enter the date and time first incision took place. Click the clock 🕐 (NOW) button to automatically enter the current date and time. | 10/25/2016 16:27 Pacific |
|  | Start of of flush/cooling (cross-clamp) Date-Time: | Enter date/time. Use drop down menu to select time zone. Click | 10/25/2016 16:28 Pacific |

*Job Aid*

| Title | iTransplant Record Field Reference Guide – Tracking Tab | | |
|---|---|---|---|
| Document Number: **TX-J-101.~~34~~35** | Page Number: **76 of 110** | | Effective Date: **12/07/21~~09/14/21~~** |

| TRACKING > DCD FLOWSHEET | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| | | the clock 🕐 (NOW) button to automatically enter the current date and time. | |
| | Crossclamp Date-time | Date/Time of Crossclamp | Shared with Intraoperative Page |
| | Exit OR Date-Time | Enter the date and time. Click the clock 🕐 (NOW) button to automatically enter the current date and time. | 10/25/2016 17:45 Pacific |
| | Warm ischemic time (agonal to initiation of flush/cooling) : | Auto calculated. *Read Only* | 30 mins |
| | Withdrawal to initiation of flush/cooling | Auto Calculates from Withdrawal Date-Time and Start of flush/cooling date-time | 11 mins |
| | Last hour urine output: | Enter amount | 100 ml |
| | Total urine output in OR | Enter amount (shared with intraoperative page) | 20 ml |
| | Average urine: | Auto calculated | |
| | Any Extracorporeal Support Given (ECMO, etc.): | Select from drop down. If yes complete How Long and Flow Rate | Yes |
| **Hemodynamic Measurements (minimum of Q5 min)** | | | |
| Record Data for HR, BP, MAP, RR, SaO2 for every minute after withdrawal either until asystole and death is declared or until instructed to close the case, whichever occurs first. | | | |
| | HR | Enter the value for heart rate. | 7 |
| | BP | Enter the blood pressure. | 125/36 |
| | MAP | MAP is calculated on Save. MAP $=\{[(2 \times diastoic) + systolic]/3]\}$ *Read Only* | |
| | RR | Enter the respiratory rate. | 13 |
| | SaO$_2$ | Enter the O2 sats. | 94 |
| **Comments** | | | |
| | Comments | Note any additional information in space provided. | Cut-time 23:30 |

## TRACKING > HOSPITAL PERSONNEL

*This page is not currently used by Donor Network West.*

| TRACKING > HOSPITAL PERSONNEL | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| **ICU Staff** | | | |
| | ☐ N/A | | |
| | MD #1 (Sal., First, Last) - MD #2 (Sal., First, Last) | | |
| | Nurse #1 (Sal., First, Last) - Nurse #4 (Sal., First, Last) | | |

| TRACKING > HOSPITAL PERSONNEL | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| | Other #1 (Sal., First, Last) - Other #6 (Sal., First, Last) | | |
| | Other #1 Role - Other #6 Role | | |
| **Physicians** | | | |
| | ☐ N/A | | |
| | Attending | *Read Only* | |
| | Declaring # 1 | *Read Only* | |
| | Declaring #2 | *Read Only* | |
| **Consults** | | | |
| | ☐ N/A | | |
| | Cardiac (Sal., First, Last) | | |
| | Pulmonary (Sal., First, Last) | | |
| | Pathologist (Sal., First, Last) | | |
| | Other MD #1 (Sal., First, Last) - Other MD #6 (Sal., First, Last) | | |
| **OR Staff** | | | |
| | ☐ N/A | | |
| | Anesthesia (Sal., First, Last) | | |
| | CRNA (Sal., First, Last) | | |
| | Scrub (Sal., First, Last) | | |
| | Circulation (Sal., First, Last) | | |
| | Other #1 (Sal., First, Last) - Other #5 (Sal., First, Last) | | |
| | Other #1 Role: - Other #5 Role: | | |
| **ER Staff** | | | |
| | ☐ N/A | | |
| | ER Staff #1 (Sal., First, Last) thru ER Staff #3 (Sal., First, Last) | | |
| **Other** | | | |
| | ☐ N/A | | |
| | Chaplain (Sal., First, Last) | | |
| | Coroner (Sal., First, Last) | | |
| | Family Support Coordinator (Sal., First, Last) | | |
| | Other #1 (Sal., First, Last) - Other #3 (Sal., First, Last) | | |
| | Other #1 Role - Other #3 Role | | |

| | Title | **iTransplant Record Field Reference Guide – Tracking Tab** |
|---|---|---|

| Document Number: **TX-J-101.~~34~~35** | Page Number: **78 of 110** | Effective Date: **12/07/21~~09/14/21~~** |
|---|---|---|

## TRACKING > ORGAN CHECKLIST

| **Purpose** The Organ Checklist ensures necessary tasks are completed for each phase of an organ recovery. The Management team will update as needed to correspond to changes in the business process. Please contact your manager for details on specific items. |
|---|
| **Responsibilities** |
| **Timing** |

## TRACKING > STAFF TRACKING

| **Purpose** To allow clinical and family teams to track the activities of staff when onsite at a hospital for a particular case. |
|---|
| **Responsibilities** Note, it is not necessary to answer "NO" for tasks that were not complete. Just leave those tasks blank. For simplicity, only answer "YES" to those tasks which were actually completed during the time listed. |
| **Timing** |

| TRACKING > STAFF TRACKING | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| Complete for each staff member onsite. The page will "grow" and add additional blank spaces to be completed as the sections on the page are filled in. | | | |
| Staff Tracking | | | |
| | Case Summary | Total Hours | 21:27 |
| | | Total Travel Hours | 0 |
| | | Total Regular Shift Hours | 21:27 |
| | | Total OT Shift Hours | 0 |
| | | All fields are auto-populated from Staff Log Entries | |
| | Staff Summary | Greg Scott | 9:30 |
| | | Zach Hausser | 6:23 |
| | | Ryan Crull | 1:30 |
| | Activity | On Site | Greg Scott |
| | | NOK | Zach Hausser |
| | | Evaluation | Ryan Crull |
| | | Approach | |
| | | History | |
| | | Donor Mgmt | |
| | | OR | |
| | | Placement | |
| | | Perfusion | |
| Staff Logs | | | |
| | Add Time Log Entry | Click on prompt | |
| | Staff | Select your name or the name of the staff member completing the onsite case visit. The staff member must have the role of "Clinical Procurement Coordinator" checked to appear. If a staff member's name does not appear on the list and it should be, contact the | John Lilley |

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** | | |
|---|---|---|---|
| Document Number: **TX-J-101.~~34~~35** | Page Number: **79 of 110** | Effective Date: **12/07/21**~~09/14/21~~ | |

| TRACKING > STAFF TRACKING | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| | | iTransplant administrator. | |
| O | Extra Shift/OT | To be checked if extra shift beyond normally scheduled shifts. Not to be used for overtime tracking. | |
| | Start Travel Date-Time🕐 | Enter the date and time the staff member begins travel to assigned location. <br> Click the clock (NOW button) to automatically enter the current date and time. | 07/31/2018 10:52 |
| | Planned Arrival Date-Time 🕐 | Enter the date and time the staff member intends to arrive at the hospital. *Optional* <br> May also be used to enter a date and time when a task was completed by a staff member who was not actually at the hospital when the task was completed, such as an RTC calling in to the hospital to obtain a donor's basic medical history. <br> Click the clock (NOW button) to automatically enter the current date and time. | 02/11/2015  14:00 |
| | Arrival Date-Time 🕐 | Enter the date and time the staff member actually arrived at the hospital. <br> Click the clock (NOW button) to automatically enter the current date and time. | 02/11/2015  13:30 |
| | Departed Date-Time 🕐 | Enter the date and time the staff member left the hospital. <br> Click the clock (NOW button) to automatically enter the current date and time. | 02/11/2015  19:45 |
| | End Travel Date-Time | Enter the date and time travel for assignment has ended. <br> Click the clock (NOW button) to automatically enter the current date and time. | End of travel can include arrival to next referral or arriving  home. |
| | On Site | Select "Yes" from the drop-down if the staff member was onsite during the specific time listed above. | Yes |
| | Spoke with NOK | Select "Yes" from the drop-down if the staff member spoke with any family members during the specific time listed above. This includes any conversations, grief | Yes |

*Job Aid*

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** |
|---|---|
| Document Number:<br>**TX-J-101.~~34~~35** | Page Number:<br>**80 of 110** | Effective Date:<br>**12/07/21**~~09/14/21~~ |

| TRACKING > STAFF TRACKING | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| | | counseling, etc but should not include any formal approaches for authorization or disclosure. | |
| | Evaluated Donor | Select "Yes" from the drop-down if the staff member evaluated the patient's current medical condition during the specific time listed above. | Yes |
| | Approached Family | Select "Yes" from the drop-down if the staff member conducted a planned approach with the family during the time listed above. | Yes |
| | Obtained History | Select "Yes" from the drop-down if the staff member conducted a med-soc interview with the family or other appropriate persons during the time listed above. | Yes |
| | Donor Management | Select "Yes" from the drop-down if the staff member participated in donor management or any clinical settings or procedures during the time listed above. | Yes |
| | O.R. | Select "Yes" from the drop-down if the staff member was onsite for recovery during the time listed above. | Yes |
| | Organ Placement | Not used at Donor Network West.<br>Other OPOs have their Clinical Procurement Coordinator actively participate in organ placement in addition to their other duties. Because this is done by our Placement Department, it is not done while onsite and should be left blank. | *Leave Blank* |
| | Organ Perfusion | | |
| | Comment | Enter any notes or comments to provide context to the tasks completed. The comment section should *not* be used to replace comments that should be entered in the Narrative Notes, but may be used to briefly summarize the onsite activity. | |

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** | | |
|---|---|---|---|
| Document Number: **TX-J-101.~~34~~35** | Page Number: **81 of 110** | | Effective Date: **12/07/21** ~~09/14/21~~ |

## TRACKING > TISSUE DONOR SCREENING

**Purpose** To track screening criteria for potential tissue donors. For specific instructions, see the job aids for this page.

**Responsibilities** Tissue operations center staff (Tissue Donation Coordinators)

**Timing**

| TRACKING > TISSUE DONOR SCREENING | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| | Medical History | | |
| | Condition of Body | | |
| | Medications | | |
| | Antibiotics | | |
| | Length of Time on Antibiotics | | |
| **WBC** | | | |
| *Shared with the Complete Blood Count (CBC) page on the Organ tab.* | | | |
| | Date -Time | | |
| | Count | | |
| | Bands | | |
| | Blood Pressure Date-time | | |
| **Temperature** | | | |
| | Date-Time | | |
| | Result | | |
| | Units | | |
| | Systolic/Diastolic | | |

| TRACKING > TISSUE DONOR SCREENING | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| **Cultures** | | | |
| *Shared with the Culture Results page on the Organ tab.* | | | |
| | Culture Source | Select from drop down menu | Blood Urine Sputum |
| | If other, Specify | | MRSA |
| | Date-Time | | |
| | Result | | |
| | Active Sepsis | Select from drop down menu | |
| | CXR | Select from drop down menu. If Yes enter date and results | 10/26/2017 - Abnormal |
| **Outside Contacts** | | | |
| | Primary Care Physician | | |
| | [PCP] Phone | | |
| | Attending Physician | | |
| | [Attending] Phone | | |
| | Pronouncing Physician | | |

| Title | iTransplant Record Field Reference Guide – Tracking Tab | | |
|---|---|---|---|
| Document Number: **TX-J-101.~~34~~35** | Page Number: **82 of 110** | Effective Date: **12/07/21**~~09/14/21~~ | |

| TRACKING > TISSUE DONOR SCREENING | | | |
|---|---|---|---|
| Requirement | Field Name | Field Explanation | Example Response |
|  | [Pronouncing Physician] Phone |  |  |
|  | M.E./Coroner/Hospital Case? | Select from drop down menu | --/Yes/No |
|  | Type | Select from drop down menu | --/M.E./Coroner/Hospital |
|  | Phone |  |  |
|  | M.E./Coroner/Hospital Name? | Select from drop down menu |  |
|  | Special Instructions | Special instructions per organization (if applicable)  *This field is populated from the Contacts list* |  |
|  | Case # |  |  |
|  | M.E./Coroner/Hospital Contacted? | Select from drop down menu |  |
|  | If, Yes, Pre or Post Mortem | Select from drop down menu |  |
|  | If yes, Date-time |  |  |
|  | Autopsy | Select from drop down menu |  |
|  | If yes, recovery timing |  |  |
|  | If yes, Location |  |  |
|  | Permission for Donation | Select from drop down menu |  |
|  | Restrictions/Denial Reasons/Comments |  |  |
|  | N/A check box |  |  |
|  | Funeral Home Name [Funeral Home Address] | Select from drop down menu.  Address of the Funeral Home will automatically display from the address in the iTransplant Contacts list. | Anker-Lucier Mortuary |
|  | Phone | Will automatically populate from the information entered in iTransplant if the Funeral Home was selected from the existing list in iTransplant. | 707-459-5515 |
|  | Funeral Home Contacted |  |  |
|  | If yes, Date-Time |  |  |
|  | Viewing |  |  |
|  | Sleeves to Wrist |  |  |
|  | Direct Cremation |  |  |
|  | Undecided |  |  |
|  | Restrictions/Comments |  |  |
|  | Funeral Home Special Instructions | *This information comes from the Special Instructions for the Funeral Home on the contact page.*  *Read only.* |  |

*Job Aid*

| | |
|---|---|
| Title | **iTransplant Record Field Reference Guide – Tracking Tab** |

| Document Number: | Page Number: | Effective Date: |
|---|---|---|
| **TX-J-101.~~34~~35** | **83 of 110** | **12/07/21**~~09/14/21~~ |

| | TRACKING > TISSUE DONOR SCREENING | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| **Hemodilution** | | | |
| | IV Fluid given in the last hour? | | |
| | If yes, Amount | | |
| | Units | | |
| | Weight | *Read Only* | 79.4 Kilograms |
| | Blood given in the last 48 hours | | |
| | If yes, amount | | |
| | Units | | |
| **Patient Address** | | | |
| | Patient First Name | | |
| | Patient Last Name | | |
| | Patient Address | | |
| | City | | |
| | State | | |
| | Postal Code | | |
| | Country | | |
| **Authorizing Person** | | | |
| A section with the family member's details will be locked if that person is the Authorizing Person selected on the Authorization/ Disclosure page. | | | |
| | Salutation | | |
| | First Name | | |
| | Last Name | | |
| | Relationship | | |
| | Phone 1 [Phone Type] | | |
| | Phone 2 [Phone Type] | | |
| | Address | | |
| | City | | |
| | State | | |
| | Postal Code | | |
| | Country | | |
| | E-Mail | | |
| | Authorizing Person Notified of Death | | |
| | Equal Primary Authorizing Person | | |

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** |
|---|---|

| TRACKING > TISSUE DONOR SCREENING | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| | *Contact Prefs* Do Not Contact No Mail No Telephone Messages No Recipient Contact No Donor Certificate | | |
| | Alert | This is a very specific field for the Family Services team. This field should not be updated by staff on this page. | *Leave blank* |
| | Family Notified | | |
| | Date-Time | | |
| | Family Notified by | | |
| | Refrigerated within 12 hours post mortem? | | |
| | Secured With | | |
| | Morgue Date-Time | | |
| **Medical Suitability** | | | |
| | Corneas If no, reason | | |
| | Skin If no, reason | | |
| | Heart for Heart Valves (with associated vessels/pericardium) If no, reason | | |
| | Alternating Ribs and Costal Cartilage If no, reason | | |
| | Blood Vessels of the Legs If no, reason | | |
| | Bones of the Lower Extremities & Related Connective Tissues If no, reason | | |
| | Bones of Upper Extremities & Related Connective Tissue If no, reason | | |
| | Aorto-Iliac Artery If no, reason | | |
| | Vertebral Bodies If no, reason | | |
| | Other If no, reason | | |
| **Tissue Outcome** | | | |
| | Tissue Outcome | | |

| Title | iTransplant Record Field Reference Guide – Tracking Tab | | |
|---|---|---|---|
| Document Number: **TX-J-101.~~34~~35** | Page Number: **85 of 110** | | Effective Date: **12/07/21**~~09/14/21~~ |

| TRACKING > TISSUE DONOR SCREENING | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| | [Tissue Outcome Detail] | | |

## TRACKING > TISSUE NARRATIVE NOTES
*This page is not currently used by Donor Network West.*

## TRACKING > PRELIMINARY HEMODILUTION

**Purpose** To determine if the patient if hemo/plasmadiluted. This page differs from the Hemodilution page on the Organ and Tissue tabs because you have to enter the total volumes of blood products and colloids. The Hemodilution pages, however, rely on users entering the blood products and colloids on the Blood Product page, and then the Hemodilution page determines which of the transfusions are within the 48 hours prior to the time the sample was drawn and calculates the totals for each.

**Responsibilities Weight, A, B, and C must have values to calculate Determination of Eligibility. "Date-Time sample drawn" or "Asystole" should also be completed as defined below.**

**Timing**

| TRACKING > PRELIMINARY HEMODILUTION | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| | ☐ Sample not drawn | | |
| | Date-Time sample drawn | The date and time the sample use for the hemodilution calculation was drawn. Leave blank if post mortem sample is being used. | |
| | ☐ Asystole (post mortem sample) | Check the box if the sample was drawn post-mortem. | |
| | Age | *Read Only* | |
| | Gender | *Read Only* | |
| | Weight | *Read Only* | |
| | Estimated Total Plasma Volume (TPV) | Calculated based on patient's weight and age. *Read Only* | |
| | Estimated total blood volume (TBV) | Calculated based on patient's weight and age. *Read Only* | |
| **A: Total Volume of blood transfused in the last 48 hours** | | | |
| | ☐ Set to Zero | Check the box to reset the calculation. | |
| | ☐ Clear Zeros | If all entries in section are zero, check the box to blank all of the fields out. | |
| | RBCs/Packed Cells | Enter the total volume of Red Blood Cells/Packed Cells transfused int the 48 hours prior to the time the sample was drawn. | |

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** | | |
|---|---|---|---|
| Document Number: **TX-J-101.~~34~~35** | Page Number: **86 of 110** | | Effective Date: **12/07/21**~~09/14/21~~ |

| TRACKING > PRELIMINARY HEMODILUTION | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| | Whole Blood | Enter the total volume of Whole Blood transfused in the 48 hours prior to the time the sample was drawn. | |
| | Other | Enter the total volume of any other blood products transfused in 48 hours prior to the time the sample was drawn. | |
| | Total of A= | The total volume of blood transfused in the previous 48 hours from the time the sample was drawn. *Auto-Calculated* *Read Only* | |
| **B: Total Volume of Colloids Infused in the last 48 hours** | | | |
| | ☐ Set to Zero  ☐ Clear Zeros | Check the box to reset the calculation.  If all entries in section are zero, check the box to blank all of the fields out. | |
| | Hespan/Hetastarch/Dextran | Enter the total volume of Hespan, Hetastarch, and/or Dextran infused the in the 48 hours prior to the time the sample was drawn. | |
| | FFP/Plasma | Enter the total volume of Fresh Frozen Plasma and/or Plasma infused in the 48 hours prior to the time the sample was drawn. | |
| | Platelets | Enter the total volume of Platelets infused in the 48 hours prior to the time the sample was drawn. | |
| | Cryoprecipitate | Enter the total volume of Cryoprecipitate infused in the 48 hours prior to the time the sample was drawn. | |
| | Albumin 5% | Enter the total volume of Albumin 5% infused in the 48 hours prior to the time the sample was drawn. | |
| | Albumin 25% | Enter the total volume of Albumin 25% infused in the 48 hours prior to the time the sample was drawn. | |
| | Other | Enter the total volume of any other colloid products transfused in 48 hours prior to the time the sample was drawn. | |

| | |
|---|---|
| Title | **iTransplant Record Field Reference Guide – Tracking Tab** |

| Document Number: | Page Number: | Effective Date: |
|---|---|---|
| **TX-J-101.~~34~~35** | **87 of 110** | **12/07/21**~~09/14/21~~ |

*Job Aid*

| TRACKING > PRELIMINARY HEMODILUTION | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| | Total of B = | The total volume of colloids infused in the previous 48 hours from the time the sample was drawn. *Auto-Calculated* *Read Only* | |

| | Title | iTransplant Record Field Reference Guide – Tracking Tab | | |
|---|---|---|---|---|
| | Document Number: **TX-J-101.~~34~~35** | Page Number: **88 of 110** | Effective Date: **12/07/21~~09/14/21~~** | |

*Job Aid*

| **C: Total Volume of Crystalloids infused in last hour** | | | |
|---|---|---|---|
| | ☐ Set to Zero | Check the box to reset the calculation. | |
| | ☐ Clear Zeros | If all entries in section are zero, check the box to blank all of the fields out. | |
| | NS, RL/LR, D5W, etc. | Enter the total volume of NS (Normal Saline), LR (Ringer's Lactate/Lactated Ringers), D5W (Dextrose 5% in Water) and/or other standard crystalloid solutions infised in the hour prior to the time the sample was drawn. | |
| | Other | Enter the total volume of other, non-standard crystalloids infused in the hour prior to the time the sample was drawn. | |
| | Total of C = | The total volume of crystalloids infused in the previous 48 hours from the time the sample was drawn. *Auto-Calculated* *Read Only* | |
| **D: Determination of Eligibility** | | | |
| | 1) Is B + C < TPV? | Automatically calculated to determine if the sum of colloids transfused in the 48 hours prior to the time the sample was drawn plus the crystalloids infused in the hour prior to the time the sample was drawn is less than the total plasma volume. *Read Only* | YES NO |
| | 2) Is A + B + C < TBV? | Automatically calculated to determine if the sum of blood products and colloids transfused in the 48 hours prior to the time the sample was drawn plus the crystalloids infused in the hour prior to the time the sample was drawn is less than the total blood volume. *Read Only* | YES NO |
| | Determination | If both D1 and D2 are YES, then the sample qualifies. If either is NO, then the sample does not qualify. | SAMPLE QUALIFIES <span style="color:red">SAMPLE DOES NOT QUALIFY</span> |

*Job Aid*

| Title | iTransplant Record Field Reference Guide – Tracking Tab | | |
|---|---|---|---|
| Document Number: **TX-J-101.~~34~~35** | Page Number: **89 of 110** | | Effective Date: **12/07/21**~~09/14/21~~ |

**DONOR NETWORK WEST**

## TRACKING > TISSUE TEAM ASSIGNMENTS

| **Purpose** The page allows more detailed tissue team assignments to be made. Currently not being heavily utilized at Donor Network West. |
|---|
| **Responsibilities** |
| **Timing** |

| TRACKING > TISSUE TEAM ASSIGNMENTS | | | |
|---|---|---|---|
| Requirement | Field Name | Field Explanation | Example Response |
| | AOC | | |
| | Tissue Donation Coordinator | | |
| | Donor Information Coordinator | | |
| | Tissue Team Leader | | |
| | Recovery Technician | | |

## TRACKING > TISSUE CHECKLIST

| **Purpose** |
|---|
| **Responsibilities** Checklist ensures necessary tasks are completed for each phase of the tissue donation process pre-recovery.  The Management team will update as needed to correspond to changes in the business process.  Please contact your manager for details on specific items. |
| **Timing** |

## TRACKING > TISSUE OUTCOMES

| **Purpose** For specific instructions, see the job aids for this page. |
|---|
| **Responsibilities** |
| **Timing** |

| TRACKING > TISSUE OUTCOMES | | | |
|---|---|---|---|
| Requirement | Field Name | Field Explanation | Example Response |
| **Tissue Outcomes** | | | |
| | Donor Registry | | |
| | State | | |
| | Tissue Outcome | | |
| **Tissue Disposition** | | | |
| | *Tissue Types* Corneas Skin HV & Peri Ribs & Cartilage Blood Vessels Bones Lower Bones Upper AI VBi Other | | |
| | Suitable | | |
| | If No, Reason | | |

| Title | iTransplant Record Field Reference Guide – Tracking Tab | | |
|---|---|---|---|
| Document Number: **TX-J-101.~~34~~35** | Page Number: **90 of 110** | | Effective Date: **12/07/21**~~09/14/21~~ |

| TRACKING > TISSUE OUTCOMES | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| | Approached | | |
| | If No, reason | | |
| | Authorization Obtained | | |
| | If No, reason | | |
| | Recovered | | |
| | If No, reason | | |
| **Tissue Bank Information** | | | |
| | Tissue Bank | | |
| | Tissue | | |
| | Contact Name | | |
| | Contact Date-Time 🕐 | Click the clock (NOW) button to automatically enter the current date and time. | |
| | Accepted | Whether or not the process accepted the tissue. | --/Yes/No |
| | If No, Reason | If the tissue was not accepted, select a reason why not from the drop-down. | |
| | Tissue ID # | The processor's ID number for the case. For CTS allocated tissues use the CTS Recovery ID (PID Number). | |

### TRACKING > TRANSPORTATION SUMMARY

| **Purpose** |
|---|
| **Responsibilities** |
| **Timing** |

| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
|---|---|---|---|
| **Transportation Summary** | | | |
| | Pick-up Date-Time | *Read only* <br> This field populates from the Transportation Detail page, Scheduled Pick-up Time field. Clicking the date/time will direct you to the Transportation Detail page. | 06/29/2021 0000 |
| | Agency | *Read only* <br> This field populates from the Transportation Detail page, Agency field. Clicking the agency name will direct you to the Transportation Detail page. | Airspace |
| | Purpose | *Read only* <br> This field populates from the Transportation Detail page, Purpose field. | Other |

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** |
|---|---|

| Document Number: **TX-J-101.~~34~~35** | Page Number: **91 of 110** | Effective Date: **12/07/21**~~09/14/21~~ |
|---|---|---|

| Requirement | Field Name | Field Explanation | Example Response |
|---|---|---|---|
| | Mode | *Read only* <br><br> This field populates from the Transportation Detail page. If details are entered in the "Ground" section, "Ground" will display in the Mode field. If details are entered in the "Air" section, "Air" will display in the Mode field. | Ground and Air |
| | Initial Location | *Read only* <br><br> This field populates from the Transporation Detail page, Initial Location field. | CRMC |
| | Final Location | *Read only* <br><br> This field populates from the Transporation Detail page, Final Location field. | Fresno County Coroner |

## TRACKING > TRANSPORTATION DETAIL

| Purpose |
|---|
| **Responsibilities** |
| **Timing** |

| Requirement | Field Name | Field Explanation | Example Response |
|---|---|---|---|
| **TRANSPORTATION** | | | |
| | Enter New Transportation Information | Create a new page, by clicking the right double arrow at the top of the page, for each unique transportation detail set. <br><br> Once multiple pages are entered, use these arrows to toggle through the various pages. | >> <br> << |
| | Purpose | Organ Team: Select the reason for the transport. Only select "Organ(s)" or "HLA Testing Material". <br><br> Tissue Team: Always select "Other". | Organ Team: Organ(s) <br><br><br> Tissue Team: "Other" |
| | If Organ, specify | Organ Team: Select which organ(s) are being transported with these particular transportation details. <br><br> Tissue Team: Leave blank | Organ Team: LK, RK <br><br><br><br> Tissue Team: Leave blank |
| | If Transplant Team, specify | Organ Team: Select the transplant center that recovered the organ. | Organ Team: CASU – CASU – Stanford Univ Med Ctr |

| | | | |
|---|---|---|---|
| Title | **iTransplant Record Field Reference Guide – Tracking Tab** | | |
| Document Number: **TX-J-101.~~34~~35** | Page Number: **92 of 110** | Effective Date: **12/07/21~~09/14/21~~** | |

| Requirement | Field Name | Field Explanation | Example Response |
|---|---|---|---|
| | | Tissue Team: Leave blank | Tissue Team: Leave blank |
| | Team | Organ Team: Enter pertinent details about the organ that is being transported.<br><br><br>Tissue Team: Leave blank | Organ Team: Dr. Feel Good recovered the lungs for CASU.  Or Dr. Feel Good came to recover the lungs and declined upon visual due to quality.  Lungs were removed from the body @ 1630.<br><br>Tissue Team: Leave Blank |
| | Agency | Not used at Donor Network West. | *Leave Blank* |
| | Initial Contact | Not used at Donor Network West. | *Leave Blank* |
| | Contact Name | Not used at Donor Network West. | *Leave Blank* |
| | Phone # | Not used at Donor Network West. | *Leave Blank* |
| | Initial Location | Not used at Donor Network West. | *Leave Blank* |
| | Final Location | Not used at Donor Network West. | *Leave Blank* |
| | Scheduled Pick-up Time | Not used at Donor Network West. | *Leave Blank* |
| | Actual Pick-up Time | Not used at Donor Network West. | *Leave Blank* |
| | Job # | Not used at Donor Network West. | *Leave Blank* |
| **GROUND** | | | |
| | Trip [#] | *Read only*<br>This is a count/differentiation of the different trips involved in this transportation. | *Read only* |
| | Agency | Organ Team: Leave blank<br><br>Tissue Team: Name of the Transport Agency completing the transport. If using a DNW driver, document the first initial and last name of the driver followed by DNW. | Organ Team: Leave blank<br><br>Tissue Team: J & J<br>S. Claus, DNW |
| | From | Organ Team: Leave blank<br><br>Tissue Team: The pickup location for the transportation | Organ Team: Leave blank<br><br>Tissue Team: CRMC |

| | | | |
|---|---|---|---|
| Title | **iTransplant Record Field Reference Guide – Tracking Tab** | | |
| Document Number: **TX-J-101.~~34~~35** | Page Number: **93 of 110** | Effective Date: **12/07/21**~~09/14/21~~ | |

| Requirement | Field Name | Field Explanation | Example Response |
|---|---|---|---|
| | To | Organ Team: Leave blank<br><br>Tissue Team: The drop-off location for the transporation | Organ Team: Leave blank<br><br>Tissue Team: NC |
| | Departs | Organ Team: Leave blank<br><br>Tissue Team: The date/time transportation was activated | Organ Team: Leave blank<br><br>Tissue Team: 07/02/2021 0655 |
| | ETA | Organ Team: Leave blank<br><br>Tissue Team: The date/time of the ETA provided by the transporter | Organ Team: Leave blank<br><br>Tissue Team: 07/02/2021 1100 |
| | Arrived | Organ Team: Leave blank<br><br>Tissue Team: The date/time the donor arrived to the drop-off location | Organ Team: Leave blank<br><br>Tissue Team: 07/02/2021 1130 |
| | Job # | Organ Team: Leave blank<br><br>Tissue Team: Leave blank UNLESS the location documented in the "To" field for this trip is the donor's final destination.  If this is the donor's final destination, document "Final" in the Job # field. | Organ Team: Leave blank<br><br>Tissue Team: Final |
| | Wait Time | Not used at Donor Network West. | *Leave Blank* |
| | Method | Not used at Donor Network West. | *Leave Blank* |
| | Party Accepting Charges | Not used at Donor Network West. | *Leave Blank* |
| **AIR** | | | |
| | Time Notified of Plane Availability | Not used at Donor Network West. | *Leave Blank* |
| | Cancellation Charge | Not used at Donor Network West. | *Leave Blank* |
| | Cut-Off Time | Not used at Donor Network West. | *Leave Blank* |
| | Flight [#] | *Read only*<br>This is a count/differentiation of the different trips involved in this transportation. | *Read only* |
| | Charter or Commercial/Aircraft Type | Not used at Donor Network West. | *Leave Blank* |
| | Carrier/Tail # | Not used at Donor Network | *Leave Blank* |

| | | | |
|---|---|---|---|
| Title | **iTransplant Record Field Reference Guide – Tracking Tab** | | |
| Document Number: **TX-J-101.3435** | Page Number: **94 of 110** | Effective Date: **12/07/2109/14/21** | |

| Requirement | Field Name | Field Explanation | Example Response |
|---|---|---|---|
| | | West. | |
| | Flight # | Not used at Donor Network West. | *Leave Blank* |
| | From/To | Not used at Donor Network West. | *Leave Blank* |
| | Departs | Not used at Donor Network West. | *Leave Blank* |
| | Arrives | Not used at Donor Network West. | *Leave Blank* |
| | Est Cost | Not used at Donor Network West. | *Leave Blank* |
| | Party Accepting Charges | Not used at Donor Network West. | *Leave Blank* |
| | Comments | Organ Team: Enter pertinent details about the transporation disposition of the organ. | Organ Team: Dr. Feel Good departed the OR @ 1845 with the lungs and recovery team.<br><br>Provide additional details for kidneys, ex.: Kidneys taken back to NC and placed in courier room to await pickup, or Kidneys were placed on the pump in the OR, or Kidneys were picked up AirSpace courier @ (specific time) |
| | | Tissue Team: Leave Blank | Tissue Team: Leave Blank |

## TRACKING > OUTCOMES ~~AND~~ **&** CLASSIFICATIONS

| Purpose |
|---|
| **Responsibilities** This page is to be completed by an RTC except where indicated. |
| **Timing** |

| TRACKING > OUTCOMES ~~AND~~ **&** CLASSIFICATIONS | | | |
|---|---|---|---|
| Requirement | Field Name | Field Explanation | Example Response |
| **Outcomes** | | | |
| | Organ Outcome | Select the organ outcome from the drop-down menu ~~one of 4 potential outcomes~~.<br><br>Outcomes are used in reports provided internally and externally to partners and are utilized for process improvement and performance evaluation.<br><br>*~~This selection is crucial to accurate data calculation and tabulation.~~* | Donor |

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** |
|---|---|

| Document Number: **TX-J-101.~~34~~35** | Page Number: **95 of 110** | Effective Date: **12/07/21**~~09/14/21~~ |
|---|---|---|

| TRACKING > OUTCOMES ~~AND~~ & CLASSIFICATIONS | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| | | *Shared with the Referral Summary and Organ Allocation pages.* | |
| | Organ Detail | Identify a more detailed outcome beyond the main outcome classification. Select from the drop-down menu the appropriate detailed outcome. Outcomes are used in reports provided internally and externally to partners and are utilized for process improvement and performance evaluation. ***This section could potentially impact reports created to analyze donation outcomes.*** *Shared with the Referral Summary and Organ Allocation pages.~~Shared with the Referral Summary page.~~* | ~~Recovered~~Transplanted |
| | Tissue Outcome | To be completed by the ~~T~~DC. Select the tissue outcome from the drop-down menu ~~one of 6 potential outcomes~~. Outcomes are used in reports provided internally and externally to partners and are utilized for process improvement and performance evaluation. ~~This selection is crucial to accurate data calculation and tabulation.~~ *Shared with the following ~~several~~ pages: ~~including the~~ Referral Summary ~~page, the~~ Tissue Donor Screening ~~page, and the~~ Tissue Outcomes, and Organ Allocation page.* | Donor |
| | Tissue Detail | To be completed by the ~~T~~DC and to identify more detailed outcomes beyond the main outcome classification. Select from the drop-down menu the appropriate detailed outcome. Outcomes are used in reports provided internally and externally to partners and are utilized for process improvement and performance evaluation. ~~This section could potentially~~ | ~~F80 TX Recovered for Transplant~~Case Completed |

| TRACKING > OUTCOMES ~~AND~~ **&** CLASSIFICATIONS | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| | | ~~impact reports created to analyze donation outcomes.~~<br>*Shared with the following pages: Referral Summary, Tissue Donor Screening, Tissue Outcomes, and Organ Allocation.* ~~Shared with several pages including the Referral Summary page, the Tissue Donor Screening page, and the Tissue Outcomes page.~~ | |
| | Research Outcome | To be completed by the RP~~DC~~. Select the tissue outcome from the drop-down menu.<br>Outcomes are used in reports provided internally and externally to partners and are utilized for process improvement and performance evaluation.<br>~~This selection is crucial to accurate data calculation and tabulation.~~<br>*Shared with the following pages: Referral Summary, Tissue Donor Screening, Tissue Outcomes, and Organ Allocation.* | Recovered |
| | Research Detail | To be completed by the RP~~DC~~ and to identify more detailed outcomes beyond the main outcome classification. Select from the drop-down menu the appropriate detailed outcome.<br>Outcomes are used in reports provided internally and externally to partners and are utilized for process improvement and performance evaluation.<br>~~This section could potentially impact reports created to analyze donation outcomes.~~<br>*Shared with the following pages: Referral Summary, Tissue Donor Screening, Tissue Outcomes, and Organ Allocation.* | Shipped |
| **Classifications** | | | |
| | BD or DCD | The method for death declaration should be selected from the drop-down menu. Generally, this was the type of death when the RTC closed out the case. The patient may have been declared dead later, but this field will not be | BD: Brain Death |

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** |
|---|---|

| Document Number: **TX-J-101.~~34~~35** | Page Number: **97 of 110** | Effective Date: **12/07/21**~~09/14/21~~ |
|---|---|---|

| | TRACKING > OUTCOMES ~~AND~~ & CLASSIFICATIONS | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| | | updated. | |
| | Brain Death Date/Time: | The last Brain Death time entered. *This field is shared with the Organ Donor Information page.* *Read Only* | 06/23/2012 11:44 Pacific |
| | Asystole | The asystole time, if entered. *This field is shared with the Organ Donor Information page and Referral Worksheet* *Read Only* | 06/25/2012  03:11 Pacific |
| | Authorization | Generally, this is whether or not the family was approached for *organ donation.* | LNOK Authorized |
| | Donor Registry | Whether or not the patient was listed on a donor registry. *This field is shared with the Referral Worksheet page.* *Read Only* | No/Yes |
| | State | If the patient was listed on a donor registry, the state where the registry was located. *This field is shared with the Referral Worksheet page.* *Read Only* | CA |
| | Authorization Date/Time | The date and time the authorization was completed, whether authorization was approved or denied. *This field is shared with the Authorization/ Disclosure page and the Approach Tracking page.* *Read Only* | 06/22/2012 - 20:16 |
| ▲* | CMS Eligibility | Indicate whether or the patient met the criteria for CMS Eligibility, Imminent, or Neither. **The selection on this field will significantly impact data reports. It is crucial the correct categorization is selected.** | Eligible Imminent Neither |
| | Age | The age of the patient to assist in determination of Eligibility. *This field is shared with the Organ Donor Information page, Referral Worksheet page, and several other pages.* *Read Only* | 51 Years |
| | Contraindications | Whether or not any | No |

*Job Aid*

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** |
|---|---|
| Document Number: **TX-J-101.~~34~~35** | Page Number: **98 of 110** | Effective Date: **12/07/21**~~09/14/21~~ |

| TRACKING > OUTCOMES ~~AND~~ & CLASSIFICATIONS | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| | | contraindications are checked in the lower portion of the page (requires a save after any contraindication checked). *Read Only* | |
| * | Timely Referral: Organ | Clinical cues should be followed and consideration made if Donor Network West had sufficient time to support the family appropriately and to preserve the donation opportunity. This selection will impact the process measures on the reports provided to hospitals. DPCs may dispute a timely referral categorization and can follow a process to request a review and revision of this selection. *Shared with the Referral Worksheet.* | ---/Yes/No |
| | Timely Referral: Tissue | Automatically calculates for non-vented cases. *Read Only* | |
| | Referral Date/Time | *This is a shared field with the Referral Worksheet.* *Read Only* | 06/22/2012  16:59 |
| | Death Date/Time | *Read Only* | 06/23/2012  11:44 Pacific |
| | Potential: Organ: | Indicate if the patient had organ potential. It is completed at the end of the case based on all known evidence. This selection impacts data reports that are created and provided to hospitals. | ---/Yes/No |
| | Potential: DCD | Indicate of the patient was designated as a potential DCD donor at any point during the case. | ---/Yes/No/N/A |
| | Coroner Organ Restrictions | Indicate if the the coroner imposed restrictions on any *ORGAN* intended for donation. | --- / Full (denial) / Restriction (Partial) |
| ▲* | ME/Coroner's case: | *Shared field from the ME/Funeral Home page and the Organ Donor Information page.* *Read Only* | Yes/No |
| * | Hopelessness | Indicate whether or not the family/next of kin understood hopelessness for their loved one. | ---/Yes/No |
| * | DN West Onsite | Indicate whether a coordinator | ---/Yes/No |

*Job Aid*

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** | | |
|---|---|---|---|
| Document Number: **TX-J-101.~~34~~35** | | Page Number: **99 of 110** | Effective Date: **12/07/21**~~09/14/21~~ |

| TRACKING > OUTCOMES ~~AND~~ **&** CLASSIFICATIONS | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| | | from Donor Network West was onsite. | |
| * | Informed Auth Discussion | Indicate whether an informed donation conversation occurred with the legally authorizing party. | ---/Yes/No |
| * | Effective Request | This field will be completed by the Family team who will indicate whether an effective request process was followed. The family team has a report that helps them to determine the correct answer for this field. <br><br>This selection will impact the process measures on the reports provided to hospitals. It is required for the DNR report (all imminent and eligible deaths). <br><br>*Shared with the Approach Tracking page.* | ---/Yes/No |
| **Contraindications** | | | |
| | Mark the appropriate check boxes. | Check the box(es) next to the appropriate HRSA contraindication(s) to donation. Selecting contraindications to donation does not mean the patient could not be a donor, they are specific possible contraindications identified by HRSA. <br><br>However, selecting the a contraindication would indicate that the donor was not a donor meeting *eligible* criteria per CMS definitions. Ensure the selection here is in alignment with the CMS Eligibility drop-down selection further up on the page. | ☐ Did not meet neurological criteria |

*Job Aid*

| | |
|---|---|
| Title | **iTransplant Record Field Reference Guide – Tracking Tab** |

| Document Number: | Page Number: | Effective Date: |
|---|---|---|
| **TX-J-101.~~34~~35** | **100 of 110** | **12/07/21**~~09/14/21~~ |

**DONOR NETWORK WEST**

## TRACKING > CASE CHECKLIST

| |
|---|
| **Purpose**  Currently used for Authorization peer review audit process. |
| Checklist ensures necessary tasks are completed for each phase of a case.  The Management team will update as needed to correspond to changes in the business process.  Please contact your manager for details on specific items. **Responsibilities** |
| **Timing** |

## TRACKING > RTT

***This page is no longer used by Donor Network West. Kept for historical records. All data is Read Only (except by the System Administrator).***

| TRACKING > RTT | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| **Required Information** | | | |
| | Was DN West Onsite? | | ---/Yes/No |
| | Was the patient's age over 70 years Old? | *Read Only* | Yes/No |
| | Was the patient LEGALLY B.D | If No, proceed to next question about brainstem reflexes. If mark yes,  the next question about missing brainstem reflexes will be automatically be grayed out. | ---/Yes/No |
| | If the Pt is not Legally B.D., does Pt have a brain injury with a loss of 3 or more reflexes | Grayed out if question above is mark "yes", if prior question was answered with a "no" indicate from the drop-down menu if there was documentation about a loss of 3 or more brainstem reflexes. | ---/Yes/No |
| | Medically Suitable per CMS | | ---/Yes/No |
| | Was this a timely referral based on clinical cues | | ---/Yes/No |
| | Hospital clinically supporting patient's care BEFORE LEGAL B.D. | | ---/Yes/No |
| | Hospital clinically supporting patient's care AFTER LEGAL B.D. | | ---/Yes/No |
| | Referral made BEFORE donation mentioned | | ---/Yes/No |
| | Family Services Follow-Up? | | ---/Yes/No |
| | Did the person have 1st person consent | | ---/Yes/No |
| | If 1st person consent answered "Yes", specify | | Registry ☐ Donor Card ☐ Other ☐ |
| | Was donation brought up | | ---/Yes/No |

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** |
|---|---|

| Document Number: **TX-J-101.~~34~~35** | Page Number: **101 of 110** | Effective Date: **12/07/21**~~09/14/21~~ |
|---|---|---|

| TRACKING > RTT | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| | Was written authorization obtained for donation | | ---/Yes/No |
| | By Whom | | Jane Doe |
| | Consent obtained | *Read Only* | Organ:    Tissue: Research: |
| | Was patient made DPC follow | | ---/Yes/No |
| | Date & Time Statline updated | | 06/22/2012 – 14:00 |
| **Required Information for DCD potential** | | | |
| | Was there a formal evaluation for DCD | | ---/Yes/No |
| | DCD discussion with family | | |
| | If no, what was the reason | | |
| **Case Outcomes** | | | |
| | Time Case Closed | | |
| | Case Outcome (Organ) | | |
| | OPTN Outcome | *Read Only* | |
| **Donation Discussion** | | | |
| | Precursors to donation met | *Read Only* | Yes/No |
| | Was FRC Involved? | Indicate whether an FRC is involved. If yes, continue with the following questions. If No, the following questions will be grayed out. | Yes/No |
| | 1st FRC Involved | Select FRC name from the drop down menu. | Mary Allen |
| | FRC 1 Onsite | Select answer from drop down menu | Yes/No |
| | 2nd FRC Involved | Indicate whether a second FRC is involved | Jane Doe |
| | FRC 2 Onsite | Select name from drop down menu | Yes/No |
| | 3rd FRC Involved | Indicate whether a third FRC is involved. | John Doe |
| | FRC 3 Onsite | Select name from drop down menu | Yes/No |
| | Was CAC Involved? | Indicate whether an CAC is involved. If yes, continue with the following questions. If No, the following questions will be grayed out. | |
| | CAC Onsite | | |
| | Was DPC Involved? | Indicate whether a DPC is | |

*Job Aid*

| | | | |
|---|---|---|---|
| | Title | **iTransplant Record Field Reference Guide – Tracking Tab** | |

| Document Number: **TX-J-101.~~34~~35** | Page Number: **102 of 110** | Effective Date: **12/07/21**~~09/14/21~~ |
|---|---|---|

| TRACKING > RTT | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| | | involved. If yes, continue with the following questions. If No, the following questions will be grayed out. | |
| | DPC Onsite | | |
| | When did the coordinator introduce themselves to the family | | |
| | Family's Response to the coordinator's introduction | | |
| | What was the family's most important need immediately after DN WEST introductions | | |
| | Family's Needs Comments: | | |
| | At time of donation discussion, did the LNOK have a good understanding of the hopelessness | | |
| | In your opinion, did the family have prior knowledge of donation | | |
| | Who brought up donation first: | | |
| | OPO was able to provide donation discussion: | | |
| | If no, Reason: | | |
| | Following exploration of the initial decline, did the family change their decision and donate: | | |
| | By Whom: | | |
| | Reason Family declined: | | |
| **Coroner / ME Investigator contact** | | | |
| | Name | | |
| | Title | | |
| | Mailing Address | | |
| | City | | |
| | State | | |
| | Postal Code | | |
| **Hospital Contact** | | | |
| | Name | | |
| | Title | | |
| | Department/Specialty | | |
| **Other Contact** | | | |
| If more than one contact, provide the information in the second entry field. | | | |

*Job Aid*

| | |
|---|---|
| Title | **iTransplant Record Field Reference Guide – Tracking Tab** |

| Document Number: | Page Number: | Effective Date: |
|---|---|---|
| **TX-J-101.~~34~~35** | **103 of 110** | **12/07/21**~~09/14/21~~ |

| | | |
|---|---|---|
| Name | | |
| Title | | |
| Department/Specialty | | |
| Mailing Address | | |
| City | | |
| State | Drop down menu | |
| Postal Code | | |

## TRACKING > DEATH RECORD REVIEW

| |
|---|
| **Purpose:** A single location to document and review information relating to a possible missed vented referral. |
| **Responsibilities** |
| **Timing** |

| TRACKING > DEATH RECORD REVIEW | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| | Completed by | | |
| | Date-Time [completed] | | |
| **Hospital Information** | | | |
| | Facility | | |
| | Unit | | |
| | Clinical Triggers Met | | |
| | Was Referral Timely for Organ Donation | | |
| | Referral Date-Time | | |
| | Death Date-Time | | |
| | Admission Date-Time | | |
| **Donor Demographics** | | | |
| | MR# | | |
| | Case Number | | |
| | Patient Name | | |
| | Sex | | |
| | DOB | | |
| | Age | | |
| | Donor Designation | | |
| | Race | | |
| | Organ Outcome | | |
| **UNOS Categories** | | | |
| | Referral Classification | | |
| | Admitting dx | | |
| | UNOS Cause of Death | | |
| | Mechanism of Death | | |
| | Circumstances of Death | | |

| | |
|---|---|
| Title | **iTransplant Record Field Reference Guide – Tracking Tab** |

| Document Number: | Page Number: | Effective Date: |
|---|---|---|
| **TX-J-101.~~34~~35** | **104 of 110** | **12/07/21**~~09/14/21~~ |

| TRACKING > DEATH RECORD REVIEW | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| | PMH/Hospital Course | | |
| | Additional Findings | | |
| **Medical Suitability** | | | |
| | Height | | |
| | Weight | | |
| | BMI | | |
| | Date-Time [Initial] | | |
| | Date-Time [Final] | | |
| | BUN [Initial] | | |
| | BUN [Final] | | |
| | Creat [Initial] | | |
| | Creat [Final] | | |
| | ALT [Initial] | | |
| | ALT [Final] | | |
| | AST [Initial] | | |
| | AST [Final] | | |
| | T.BIL [Initial] | | |
| | T.BIL [Final] | | |
| **Brain Death Determination** | | | |
| | Brain Death Declaration | | |
| | Was the patient legally declared brain dead | | |
| | BD1 Date-Time | | |
| | Name [Title] | | |
| | BD2 Date-Time | | |
| | Name [Title] | | |
| | Methods Used | | |
| | If Other, Specify | | |
| | Cardiac arrest since neurological event that led to declaration of brain death? | | |
| | If yes, Duration of Arrest | | |
| | Asystole Date-Time | | |
| Brainstem Reflexes | | | |
| | Date-Time | | |
| | Pupillary Reaction | | |
| | Response to Iced Caloric | | |
| | Gag Reflex | | |

*Job Aid*

| Title | iTransplant Record Field Reference Guide – Tracking Tab |
|---|---|

| Document Number:<br>**TX-J-101.~~34~~35** | Page Number:<br>**105 of 110** | Effective Date:<br>**12/07/21**~~09/14/21~~ |
|---|---|---|

| TRACKING > DEATH RECORD REVIEW | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| | Cough Reflex | | |
| | Corneal Reflex | | |
| | Doll's Eyes Reflex | | |
| | Response to painful stimuli | | |
| | Spontaneous respiratory effort | | |
| | Rooting Reflex | | |
| | Systolic BP > 90 | | |
| | Was the patient sedated? | | |
| | Was the patient hypothermic? | | |
| | Was the patient seizing/posturing? | | |
| | Comments | | |
| **Death Record Review Checklist** | | | |
| The Management team will update as needed to correspond to changes in the business process. Please contact your manager for details on specific items. | | | |
| **Comments** | | | |
| | [Comments] | | |

## TRACKING > AFTER ACTION REFERRAL MANAGEMENT

*This page is not currently used by Donor Network West*

| TRACKING > AFTER ACTION REFERRAL MANAGEMENT | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| | Hospital Name | *Read Only* | Fresno County Coroner |
| | Nursing Unit | *Read Only* | |
| | Family Consent? | *Read Only* | |
| | 1st Person | *Read Only* | |
| | Brain Dead | *Read Only* | O Brain Death |
| | DCD | *Read Only* | O DCD |
| | Recovered Donor? | *Read Only* | |
| | Patient Name | *Read Only* | |
| | Referral Date/Time | *Read Only* | 04/28/2012  12:44 |
| | Medically suitable per CMS? | *Read Only* | |
| | Case Outcome (Organ) | *Read Only* | Screening Rule Out – B11 RO Criteria |
| | Name of Reviewer | Choose from drop down menu. | Jane Doe |
| | Title of Reviewer | Automatically enter when a reviewer is chosen.<br><br>*Read Only* | Clinical Procurement Coordinator |

| Requirement | Field Name | Field Explanation | Example Response |
|---|---|---|---|
| | Review Date | Enter the date of the case review. | 04/28/2012  12:44 |
| | Organ Donor Potential | Choose from drop down menu | |
| | Discuss in Case Review | Choose from drop down menu | |
| **Section A: Referral and Communication** | | | |
| | Was this a timely referral based on clinical cues? | *Read Only* | |
| | 1. Onsite Response | | ○ Onsite response within policy<br>○ delayed response<br>Comments |
| | 2. DN West was made aware of clinical changes in a timely family | | Yes/No/ N/A |
| | 3. Who was responsible for lapse in communication? | If No to question 2, question will open up. | Comments |
| | 4. DN West aware of EOL discussion/plan in a timely manner. | | |
| | 5. Who was responsible for lapse in communication? | If No to question 4, question will open up. | Comments |
| | 6. Initial Onsite Evaluation Huddle to Discuss Plan of Care. | | ○ Physician, nurse, ancillary staff and organ staff involved in hiddle.<br>○ No huddle<br>Comments: |
| | 7. Huddle Participants | | ☐ CPC  ☐FRC  ☐ DPC ☐ MD<br>☐ MSW  ☐ RN |
| **Section B: Brain Death/ DCD** | | | |
| | ○ Brain Dead  ○ DCD | *Read Only* | |
| | First Clinical Signs of Brain Death Documented - Date/Time: | *Read Only* | |
| | By | *Read Only* | |
| | 2nd BD note - Date/Time: | *Read Only* | |
| | By | *Read Only* | |
| | Hospital clinically supported patient's care BEFORE legal brain death | *Read Only* | |
| | 1. DN West onsite prior to Brain Death Declaration | | |
| | 2. Staff onsite prior to BDD | | ☐ CPC  ☐FRC  ☐ DPC ☐ Other |
| | 3. DN West onsite with opportunity to perform DCD evaluation prior to | | Yes/No/N/A |

**TRACKING > AFTER ACTION REFERRAL MANAGEMENT**

| Title | iTransplant Record Field Reference Guide – Tracking Tab |
|---|---|

| Document Number: **TX-J-101.~~34~~35** | Page Number: **107 of 110** | Effective Date: **12/07/21~~09/14/21~~** |
|---|---|---|

| TRACKING > AFTER ACTION REFERRAL MANAGEMENT | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| | withdrawal of support | | |
| | 4. Staff onsite prior w/d of support | | ☐ CPC ☐FRC ☐ DPC ☐ Other |
| **Section C: Donation Discussion** | | | |
| | Referral made BEFORE donation mentioned: | *Read Only* | |
| | Who brought up donation first | *Read Only* | |
| | At time of donation discussion, did the LNOK have a good understanding of the hopelessness? | *Read Only* | |
| | 1st person consent | *Read Only* | |
| | Type | *Read Only* | |
| | Consent obtained | *Read Only* | |
| | By whom | *Read Only* | |
| | Consent obtained for | *Read Only* | Organ: Yes<br>Tissue: Yes<br>Research: Yes |
| | 1. Pre-Donation Discussion and Plan of care huddle | | ⭘ Physician, nurse, ancillary staff and organ staff involved in hiddle.<br>⭘ No huddle; unplanned or rushed donation discussion |
| | 2. Huddle Participants | | ☐ CPC ☐FRC ☐ DPC ☐ MD<br>☐ MSW ☐ RN<br>Comments |
| | 3. Preliminary Mention executed | | Yes/No/N/A |
| | 4. Effective Preliminary mention | | no |
| | a. Preliminary mention planned with hospital | | ⭘ Yes  ⭘ No |
| | b. Discussion timed at or around 1st BD or discussion to w/d support | | ⭘ Yes  ⭘ No |
| | c. Only one mention of donation | | ⭘ Yes  ⭘ No |
| | d. Hospital did not accept initial decline from LNOK | | ⭘ Yes  ⭘ No  ⭘ N/A |
| | e. DN West partnered with hospital staff around reopening discussion | | ⭘ Yes  ⭘ No |

*Job Aid*

| Title | iTransplant Record Field Reference Guide – Tracking Tab | | |
|---|---|---|---|
| Document Number: **TX-J-101.~~34~~35** | Page Number: **108 of 110** | | Effective Date: **12/07/21~~09/14/21~~** |

| TRACKING > AFTER ACTION REFERRAL MANAGEMENT | | | |
|---|---|---|---|
| Requirement | Field Name | Field Explanation | Example Response |
| | 5. Donation Discussion DN West provided donation discussion | | Yes/No/N/A Comment |

| Section D: Analysis | | | |
|---|---|---|---|
| | RTC Summary | Enter a summary in the space provided. | |
| | RTC Activity Review/Discussion | Enter in space provided. | |
| **Section E: Case Review Call** | | | |
| | Call Date | | |
| | Follow-Up Action Items | | |
| | Completed By | | |
| | Completed Date | | |

## TRACKING > DONOR RECORD CHECKLIST

| |
|---|
| **Purpose** Currently used for Authorization peer review audit process. Checklist ensures necessary tasks are completed for each phase of a donor record review.  The Management team will update as needed to correspond to changes in the business process.  Please contact your manager for details on specific items. |
| **Responsibilities** |
| **Timing** |

## TRACKING > CASE AUDIT SUMMARY

| |
|---|
| **Purpose:** A single location that lists all audit information for all pages. |
| **Responsibilities** |
| **Timing** |

| TRACKING > CASE AUDIT SUMMARY | | | |
|---|---|---|---|
| Requirement | Field Name | Field Explanation | Example Response |
| | Audit Activity | Date/Time of change. Login of person who made change. Page where change was made. Click the dark blue header to go to the audit details for that particular event. For example, if a section is updated, the details will list all fields updates during that event. *Read only* | 11/02/2012 14:47:35 SSWAIN DONORNET MINI MED-SOC |
| | Details | The generation of a section or which fields were updated. Does not include the details of prior or current data in the field. *Read Only* | Created DonorNet Mini Med-Soc Updated Case File |

**DONOR NETWORK** WEST

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** | |
|---|---|---|
| Document Number: **TX-J-101.~~34~~35** | Page Number: **109 of 110** | Effective Date: **12/07/21**~~09/14/21~~ |

## TRACKING > CASE AUDIT DETAIL

| | |
|---|---|
| **Purpose:** To identify all changes made over a period of time. | |
| **Responsibilities:** Quality or Donor Information during case review to identify changes made or to amend a chart with changes made since the chart was originally generated. | |
| **Timing:** N/A | |

| TRACKING > CASE AUDIT DETAIL | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| | From | Enter the date and time for the beginning of the audit trail under review. | 10/18/2012 00:00 |
| | To | Enter the the date and time for the end of the audit trail under review. | 10/25/2012 23:59 |
| | Username | Case audit detail entries can be searched by entering a user name | aculwell |
| | SEARCH | Click the button to initiate the audit activity search. | |
| | PDF | Click the button to export the audit activity to PDF. The button may be clicked either before or after the SEARCH button is clicked. | |
| | Audit Activity | Date/Time of change. Login of person who made change. Page where change was made. *Read Only* | 11/02/2012 14:47:35 SSWAIN DONORNET MINI MED-SOC |
| | Details | The generation of a section or which fields were updated. The prior and current data for each field changed. *Read Only* | Updated Case File Organ Identifier: From: << no value >> To: 12-A0006 |

## TRACKING > CASE LOCK

| | |
|---|---|
| **Purpose:** A page to lock a case so no changes can be made or unlock the case if currently locked so that change can be made again. Every time a page is locked or unlocked, a note is automatically generated. An additional note should be made to identify why a case was unlocked. | |
| **Responsibilities:** | |
| **Timing:** Cases automatically lock 90 days after referral. Cases may be manually locked once criteria are met according to Donor Network West policy. | |

| TRACKING > QA LOCK | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| | Case Lock / Case Unlock | Button. Requires special permissions. Only appears in edit mode. Select employess have the capability to unlock records. Employees without unlock permission must request record unlock via SharePoint as follows: -Access iTx Unlock Request link on the Donor Information, Clinical Services, or Data Systems SharePoint pages. -Enter Referral ID, Donor Name, Type of | |

| Title | **iTransplant Record Field Reference Guide – Tracking Tab** | | |
|---|---|---|---|
| Document Number:<br>**TX-J-101.~~34~~35** | Page Number:<br>**110 of 110** | | Effective Date:<br>**12/07/21**~~09/14/21~~ |

| TRACKING > QA LOCK | | | |
|---|---|---|---|
| **Requirement** | **Field Name** | **Field Explanation** | **Example Response** |
| | | Request and Reason for Request. Once the request is saved, an auto-generated email will be sent to the appropriate staff to unlock the record.<br><br>- Once a record is unlocked the staff member will check the "Record Unlocked" box and an auto-generated email and work instruction will be sent to the Requester to notify them the record is unlocked.<br><br>- Once updates to the record are complete, the Requester must check "Record Updated" box in the original request and select "Save". At this time an auto-generated email will be sent to the appropriate staff to re-lock the record.<br><br>Once manually unlocked, a case will not manually lock itself again. All cases that are unlocked *must* be manually locked again once the required edits are complete. | |
| **Add QA Note** | | | |
| | [QA Note Type] | Select the type of note from the drop-down or select Other and type in the description for the note type. | Change<br>Corrected Referral Type |
| | [QA Note Text] | Explain what actions were taken when a case was unlocked or prior to locking.<br><br>Auto-generated when Lock Case or Unlock Case is clicked. | |
| | QA Notes<br>Type<br>Name<br>Date/Time<br>Text | Once entered, the QA Notes are all listed in the lower portion of the page.<br><br>When a case is locked or unlocked, an automatic QA note is entered.<br>*Read Only* | |