

CBS 2017:

Patients, Programs and Services What's Next?

What's Next?

Your Presenters

Sean



Associate Director, Listing & Allocation Canadian Blood Services

Nick



Program Manager, Information Management Canadian Blood Services





Canadian Transplant Registry Cauagiau Luansblant Bedistry

Thank You!



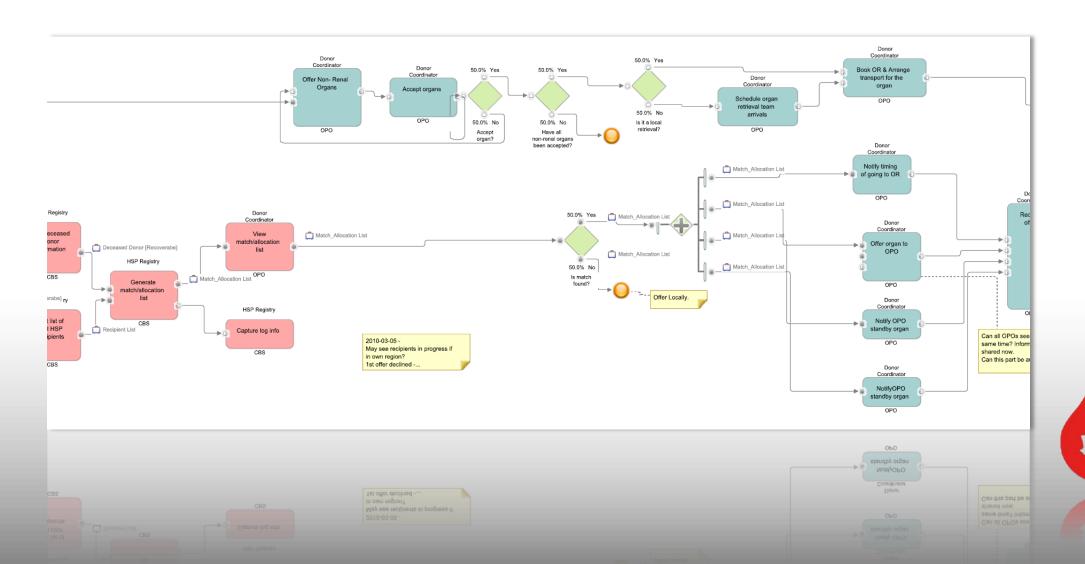




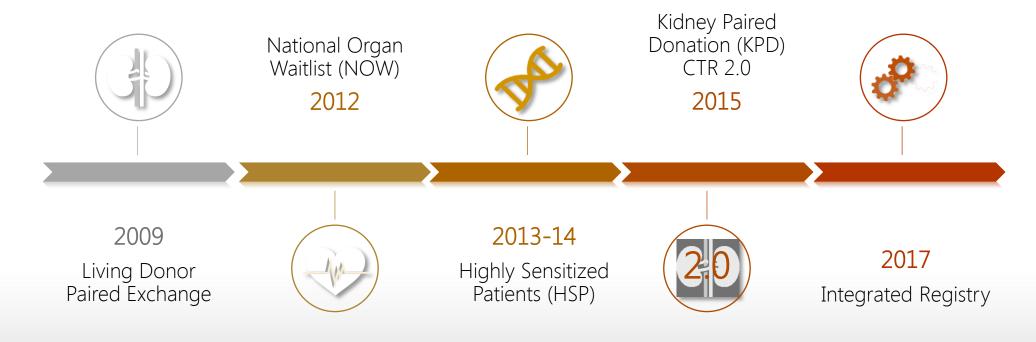
- 1. Merica Chase New Brunswick
- 2. France Leger New Brunswick
- 3. Dawnelda Murray Nova Scotia
- 4. Belinda McIntyre Nova Scotia
- 5. Terry Reardon Nova Scotia
- 6. Kate Storm Nova Scotia
- 7. Kim Parsons Newfoundland & Labrador
- 8. Sandra White –Newfoundland & Labrador



Looking Back: HSP Process Mapping



Canadian Transplant Registry Timeline





Operations





CTR National Programs

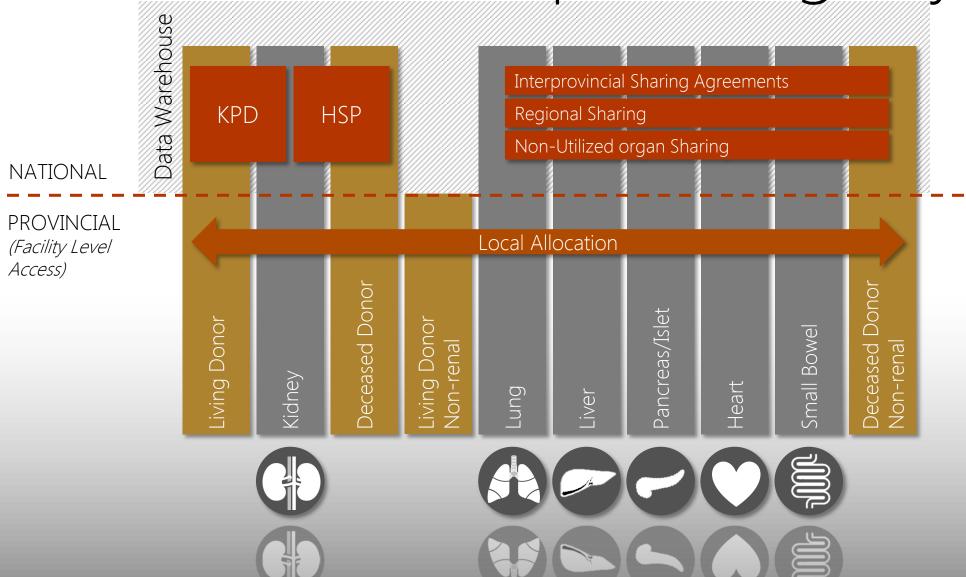
Kidney Paired Donation Launched 2008 National Organ Waitlist Launched 2012

National Kidney Allocation For Highly Sensitized Patient Launched 2013

466



Canadian Transplant Registry





Canadian Transplant Registry

Present

Clinical Need National Living Donation National Waitlist National Sharing Agreements for: Heart Lung Liver **Pancreas** Kidney National Data Reporting

Hesent			
National			
Policy	Technology		
✓	CTR 2.0		
✓	CTR		
Draft *			
Draft *	CTR		
√ HSP			
Annual Report	CTR/CTR 2.0		

National & Provincial Policy Technology Add International CTR 2.0

Future



Anywhere, any time...





Mobile

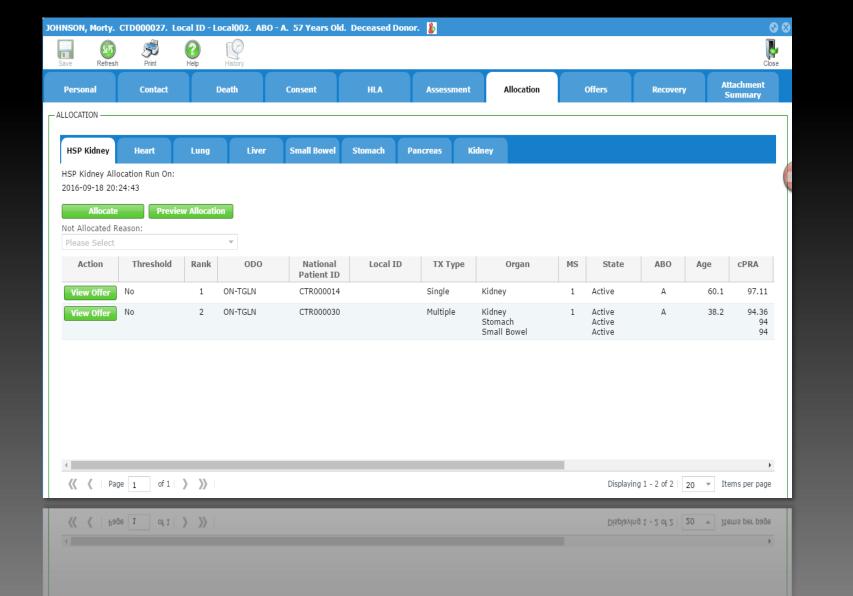




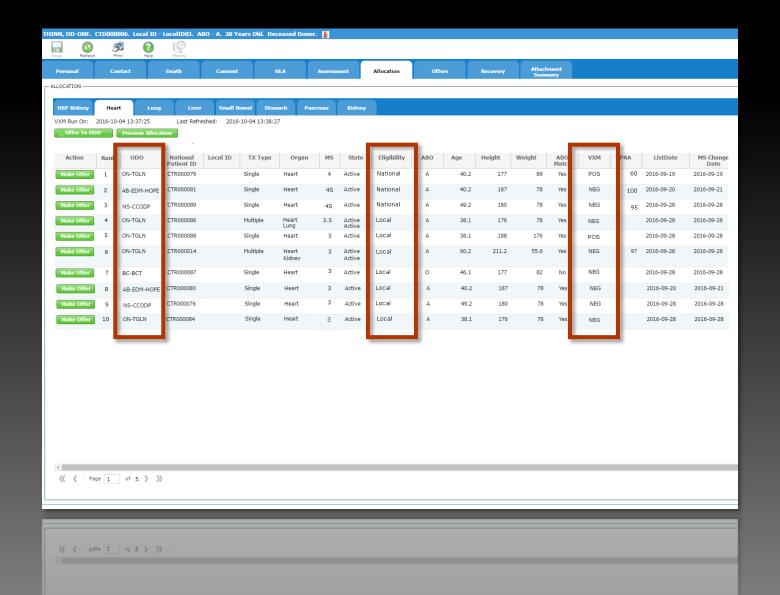
Fully Operational CTR



Allocation

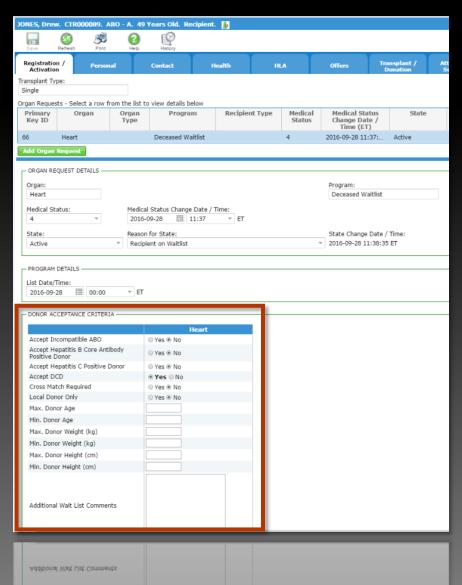


National, Provincial, Regional Allocation

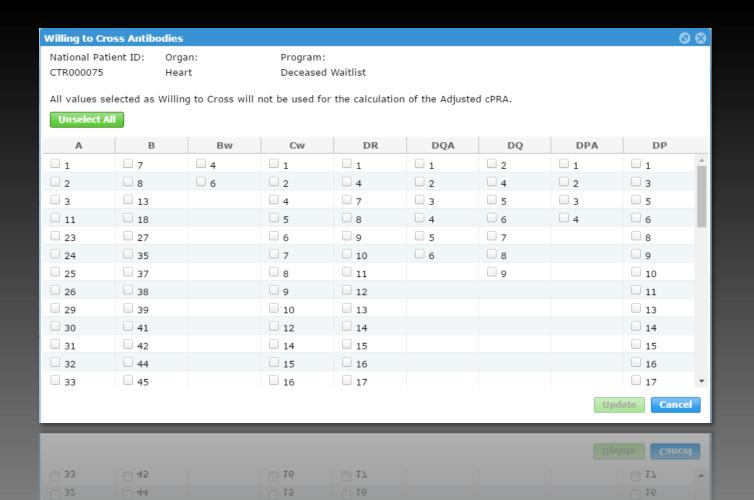




Patient and Program Specific Matching

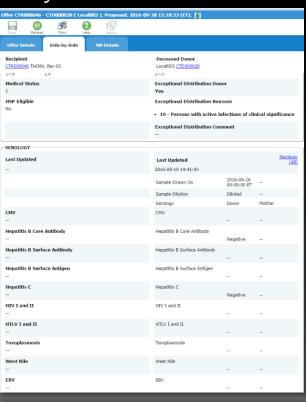


Advanced HLA



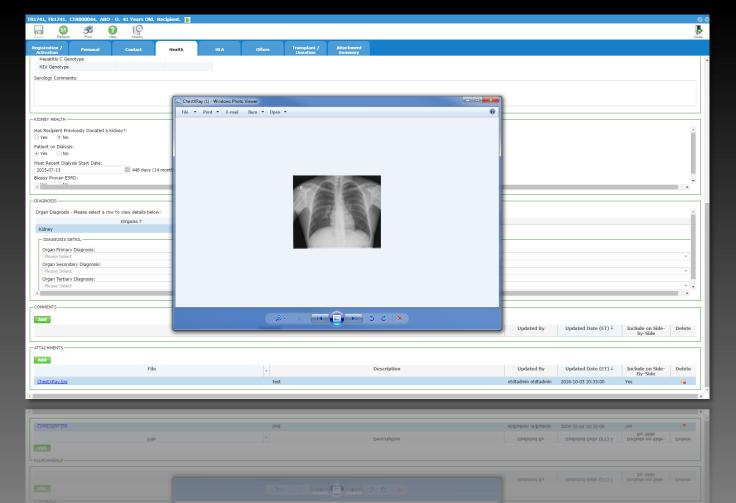
Decision Making Tools

Easy Offer Assessment

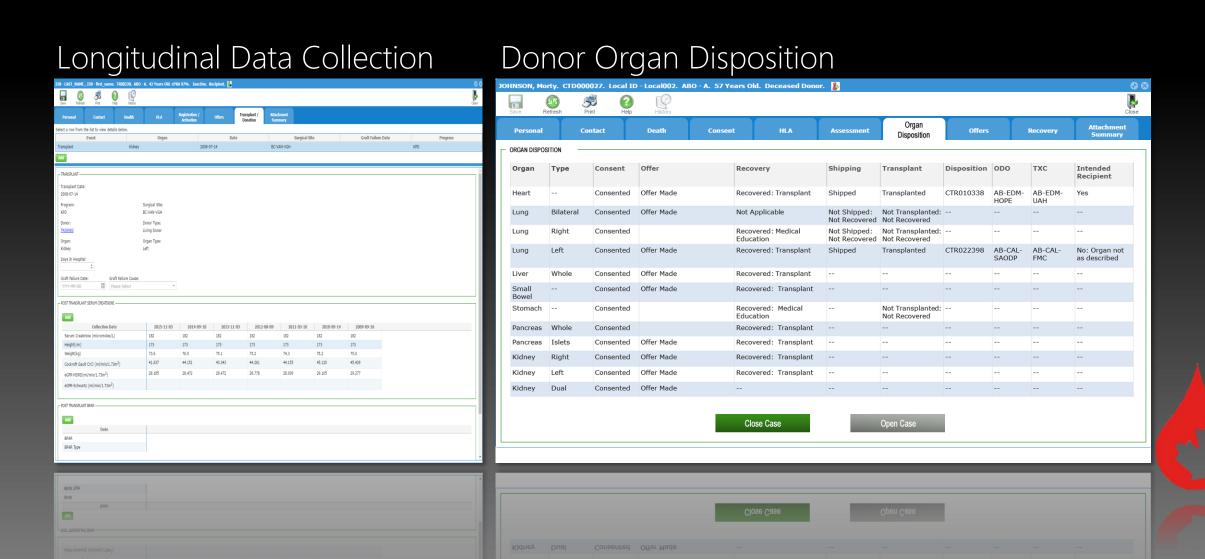


West Nile

Attachments

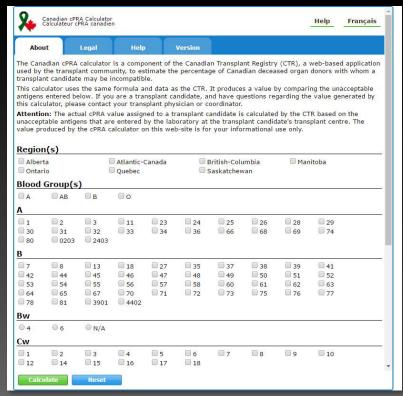


Comprehensive Data



Calculators

cPRA Calculator





MELD and MELD-Na calculator

Creatinine (µmol/L):	About
Bilirubin (µmol/L): 50 INR: 2 Sodium (mmol/L): 130 Had dialysis twice, or 24 hours of CVVHD, within a week prior to the serum creatinine test? Yes No MELD: 22 MELD-Na SRTR:	MELD-Na score is used to predict mortality pre liver transplant, for patients who are 12 years of age and older. The SRTR calculation is used to derive the score. The Model for End-Stage Liver Disease (MELD-Na) calculator is a numerical scale used to estimate relative disease severity and likely survival of patients awaiting liver transplantation for patients 12 and up. It is based on the MELD-Na calculator developed by the Organ Procurement and Transplantation Network. This calculator is intended for use by health care professionals. The results of this tool should never be used alone to determine a patient's medical treatment. It is not a substitute for an individual treatment plan developed by a doctor with personal knowledge of a specific patient. Version: 1.0.5.0
Calculated On: 2016-10-05	Formula
Calculate Clear	References

CTR Usage

		G					
	KPD	HSP	Local				
List transplant candidate and specify donor acceptance criteria							
HLA Data for cPRA, VXM & Allocation					•		
Recipient Data & Attachments			-	-	•	•	•
Deceased Donor Data & Attachments			•	•	•	•	•
Living Donor Data & Attachments					Dependent on data set	Dependent on data set	
Allocation			By request	Dependent on policy	Dependent on policy	Dependent on policy	Dependent on policy
Offer Management (incl. make offer, assessment, accept, decline)			•	•	•	•	•
General Ledger (Import & Export counts)			•	-	•	•	•





Listing & Allocation Services Fisting & Allocation Services

Listing & Allocation





Interprovincial Sharing



HLA

Crossing
Antibodies
cPRA Calculator



Kidney

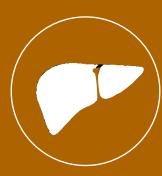
Advancing KPD

HSP Policy Evaluation



Heart

Policy Development

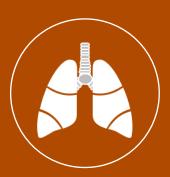


Liver

Leading
Practices Forum

Policy

Development



Lung

Data Impact
Assessment &
Feasibility Study



Pancreas

Pancreas Data Working Group Report

Antibodies cPRA Calculator

HSP Policy Evaluation

ncing KPD Policy

Developme

Policy Development

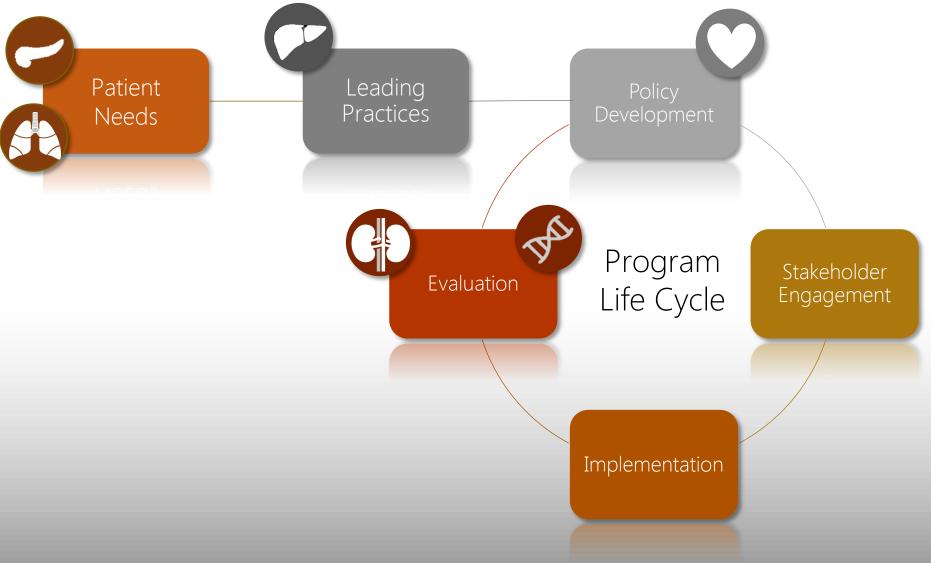
Practices Forum

Data Impact
Assessment &
Feasibility Study

Pancreas Data Working Group Report



Listing & Allocation Program Life Cycle

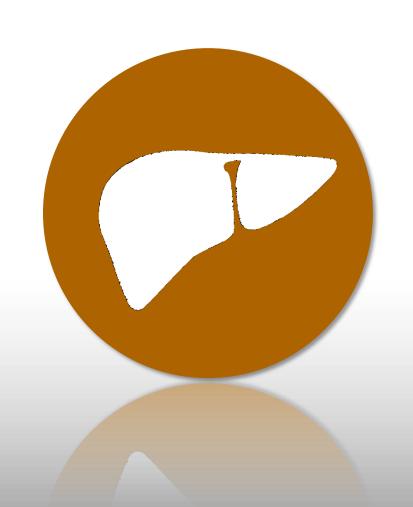


Policy Review and Approval Process

Policy Development Endorsement by impacted Committee Policy Signoff Off



Liver Listing & Allocation



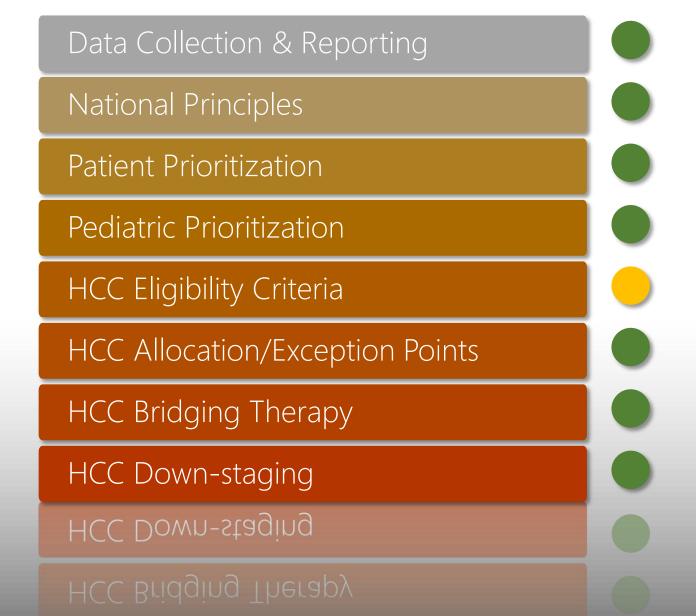


Liver Listing & Allocation Leading Practices Forum





Forum: Areas of Consensus



LTAC

- Launched Oct 26th
- Chair Susan Gilmour
- Surgical and medical reps from each liver program
- Priorities:
 - 1. Implementation of liver forum recommendations
 - 2. Import/Export imbalances



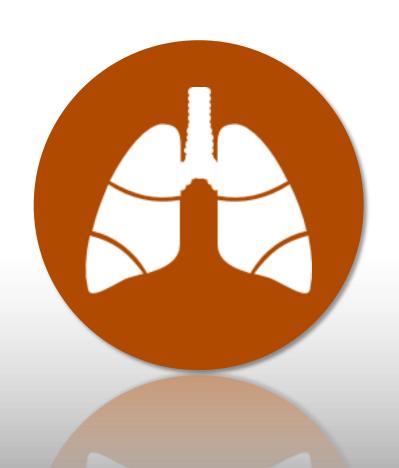
Heart Listing & Allocation



- 1 Recipient Eligibility Criteria
- 2 Requirement to Offer
- 3 Matching & Ranking
- Inter-provincial Balancing Protocol



Lung Listing & Allocation



Lung Data Collection Feasibility Pilot Project





Advancing Patient Care Advancing Batient Care Advancing Batient Care CLK Plant Ca

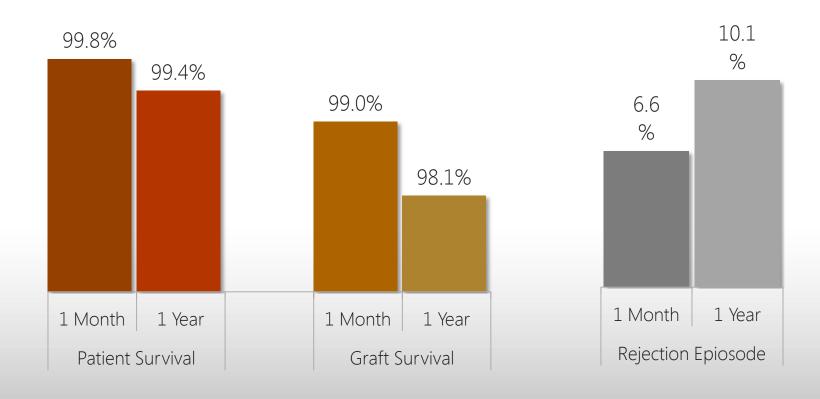


Match Cycles Executed	25 (Run on June 6, 2016)
Pairs Registered	884 (150 in last MC)
Candidates Registered	806 (138 in last MC)
NDADs* Registered	106 (2 in last MC)
Transplants Completed	460
Candidates Transplanted	375
Wait List Transplants	85

Next Match Cycle: October, 2016

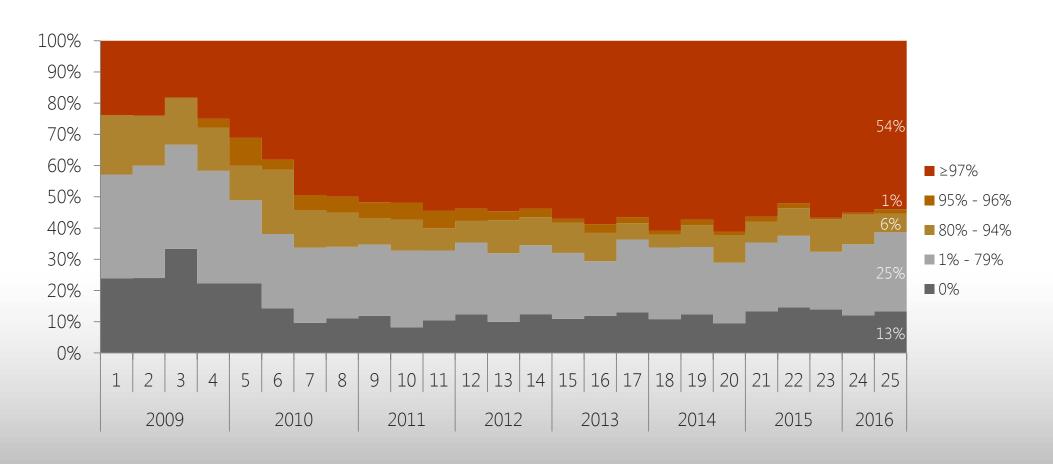


Outcomes: Patient and Graft Survival



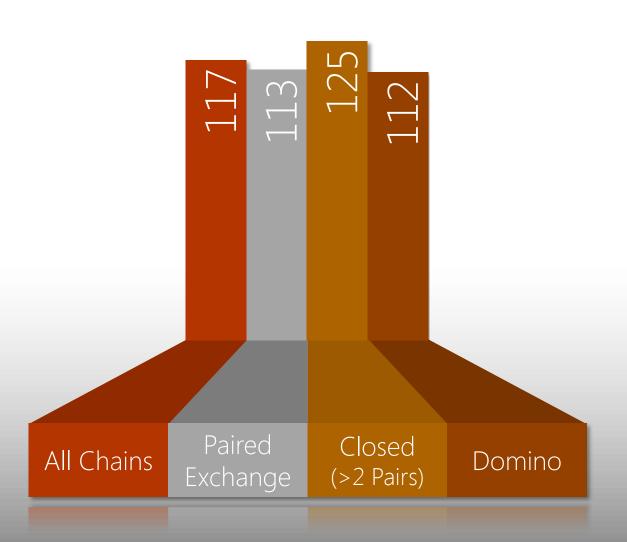


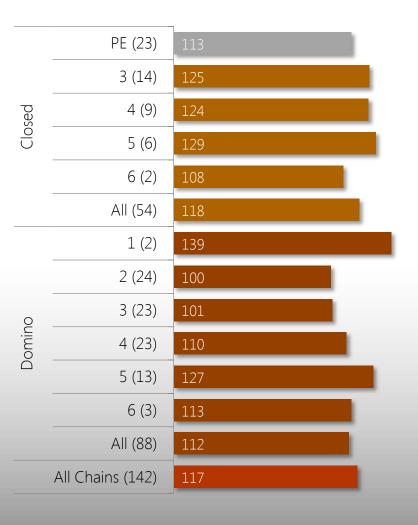
cPRA of Candidates Through Time





Median Days to Surgery from Date of Proposal by Chain Type



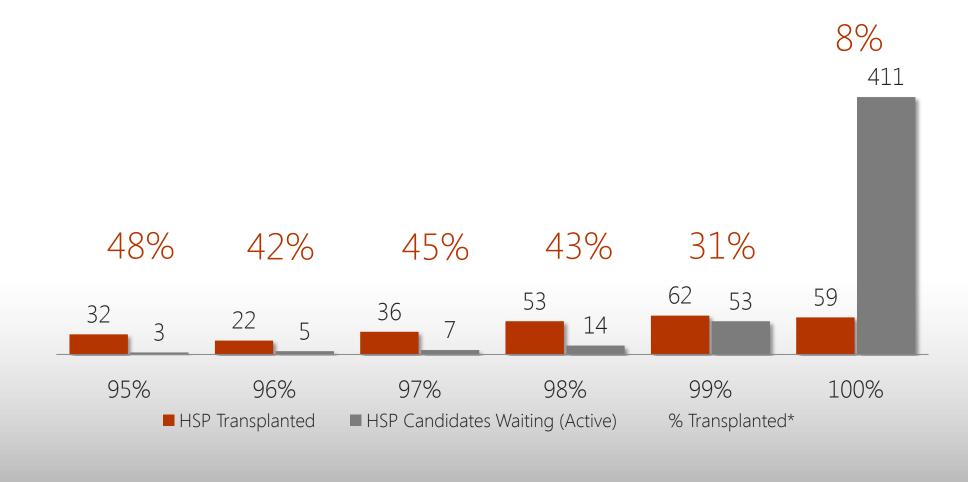






Data Activity Report Data Activity Report Data Activity Report Bata Activity Report Data Activity Report Highly Sensitized Latient (HSL) Logram

HSP Candidate Participation by cPRA





HSP Transplant Recipients by Years on Dialysis

0 to <4 years on dialysis

4 to <8 years on dialysis

28 8 to <12 years on dialysis

12 12 to <16 years on dialysis

16 to <20 years on dialysis

20+ years on dialysis

Max waiting time nationally

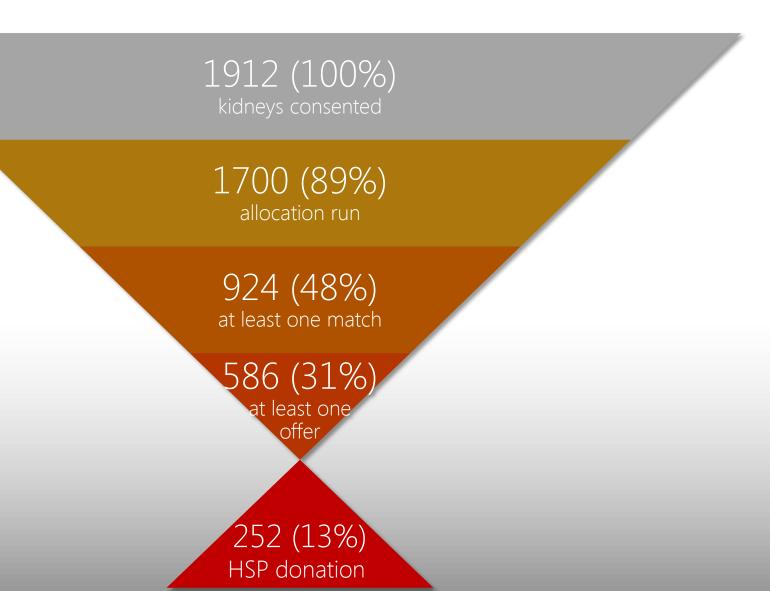
Max waiting time in Atlantic Canada



20+ years on dialysis



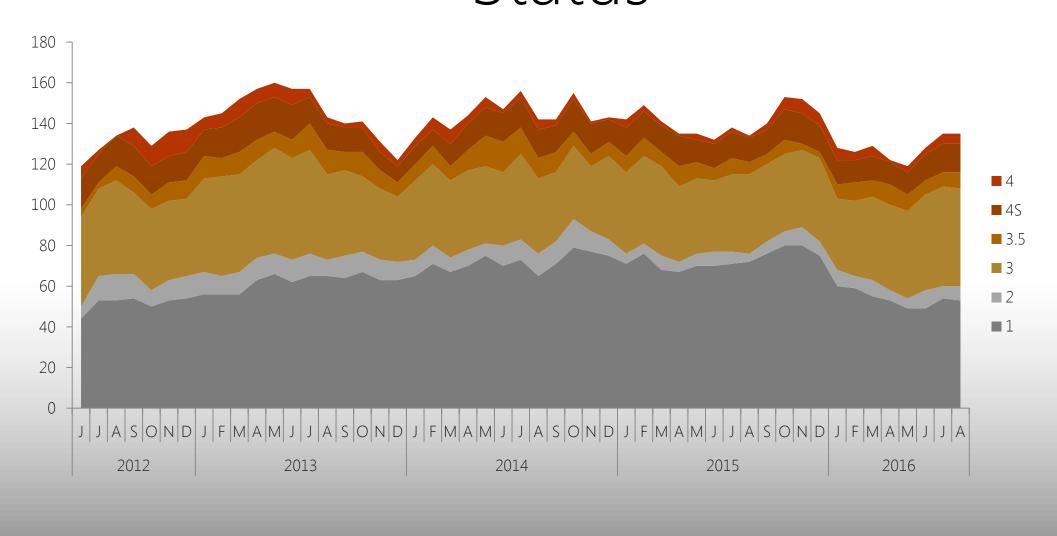
Overview of Donor Cases in CTR



Heart Waitlist Heart Maitlist



All Active Heart Patients by Medical Status



Unprecedented Access to Transplants and Data

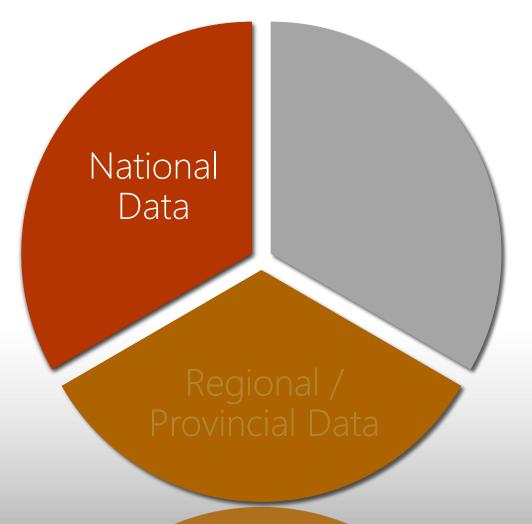


ODT Data in Canada: The Present, the Future, and the Path Forward



Current State





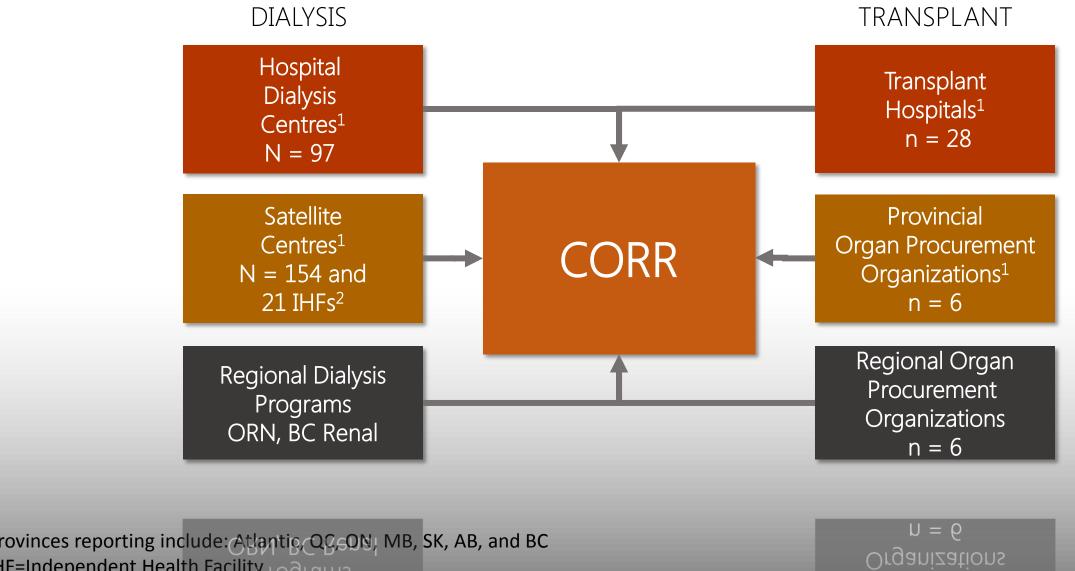
Proportions per liver onts arrive tibarts
Réplacement Régister
Brunswick
CORR
CIHI
Respersions production de la live of Newfoundland & Labrodor
Respersions productions of Newfoundland & Labrodor
Respersions productions of Newfoundland & Labrodor
Respersions productions of Newfoundland & Labrodor
Respective of Newfoundland & Labrodor





Provincial Data

CORR Data Sources





¹ Provinces reporting include: Atlantic, QC, ON, MB, SK, AB, and BC

² IHF=Independent Health Facility Logisms

Future State: Proposed Vision For A National Data System

- Accurate, timely, transparent, comprehensive, and standardized
- Enables the ODT system to evolve policy, system design, patient care, and generate new knowledge
- Appropriately resourced with skilled personnel:
 - Front line data collection services
 - IT (hardware, software, infrastructure)
 - Data and project management
 - Analytics
- Accessible to all relevant stakeholders in Canada



Data Sharing and Access Environmental Scan











Proposed Data System Principles

Data Governance

Working together to create and maintain a data system that responds to the needs of its users

Data Scope

Comprehensive, system-wide information generated throughout the entire ODT process

Data Compliance

Mandatory and timely comprehensive data collection and reporting

Data Standardization

Common definitions of data fields and documented standards

Data Quality

High quality, validated data (accurate, reliable, complete, and timely)

Data Stewardship

Patient and donor data that is collected by the system is protected

Data Accessibility

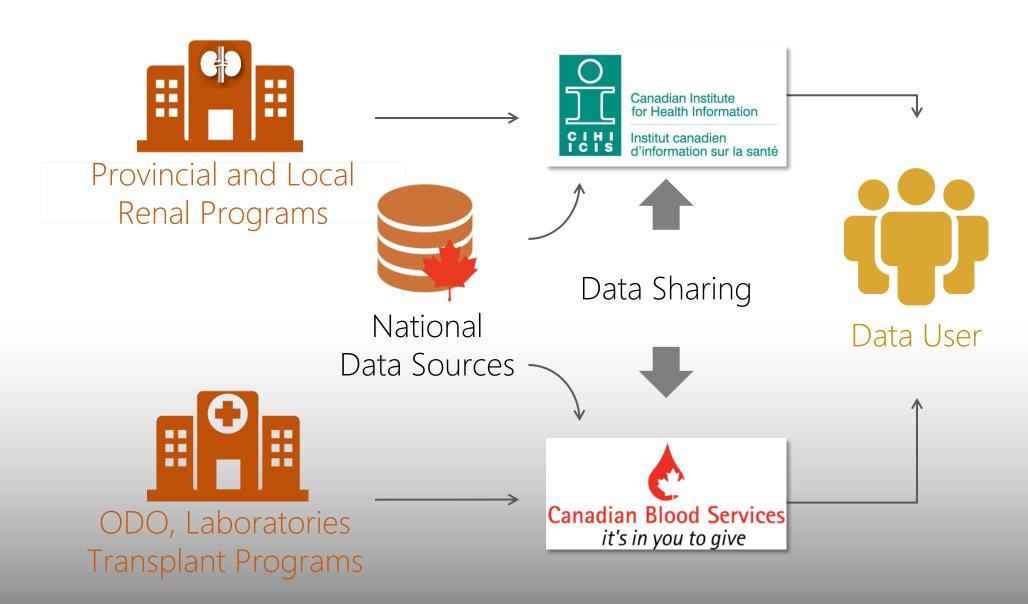
Data should be available to improve decision-making for the benefit of the ODT system

System Efficiency

Responsible use of public resources, as part of the public health care system



National Data Model



Predictive Analytics





Challenges and Opportunities

Engaging stakeholders at all levels

Standardize work flow to improve efficiency, removing redundancies in the data collection process

Having the Resources to improve the management of data at transplant centres

Technology is no longer the limiting factor



Thank You

