

<b>Methodist Dallas Medical Center Transplant Department</b>  <b>Departmental Guideline</b>	<b>Title:</b> Completion and Submission of Transplant Data (TIEDI) Forms	<b>Effective Date:</b> 5/1/2020
	<b>Section:</b> Liver	<b>Revision Dates:</b> 03/2016; 5/1/2020; 3/17/2021; 4/1/22

**Purpose:**

To provide guidance for accurate and consistent completion of the Transplant Data Collection Forms (commonly referred to as “TIEDI” forms), specifically the Transplant Candidate Registration (TCR) and Transplant Recipient Registration (TRR) forms. This guideline will be updated every 6 months with the SRTR release, if needed. Please refer to attached submission requirement document for guidance on deadlines.

**All fields in TCR and TRR must be verified and validated.** For a complete list of field descriptions, please refer to UNET- Screen shot below

**Records ?** ← **Click here**

**Adult Liver Transplant Candidate Registration Worksheet**

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 07/31/2020  
 Note: These worksheets are provided to function as a guide to what data will be required in the online TIEDI® application. Currently in the worksheet, a red asterisk is displayed by fields that are required, independent of what other data may be provided. Based on data provided through the online TIEDI® application, additional fields that are dependent on responses provided in these required fields may become required as well. However, since those fields are not required in every case, they are not marked with a red asterisk.

**Print**

Provider Information			
Recipient Center:			
Candidate Information			
Organ Registered:		Date of Listing or Add:	
Last Name:*	First Name:*	MI:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Previous Surname:			
<input type="text"/>			
SSN:	Gender:*	<input type="radio"/> Male <input type="radio"/> Female	
HIC:	DOB:*	<input type="text"/>	

[Home](#) > [Field Definitions](#) > [TCR - Transplant Candidate Registration](#) > [TCR - Liver](#)

**Liver Transplant Candidate Registration (TCR) Field Descriptions**

The Transplant Candidate Registration (TCR) record is generated when a candidate for transplant is added to the OPTN/UNOS waiting list.

If the candidate is already on the waiting list for a transplant, another TCR record will not be generated unless listed by a different center or for another organ type.

The TCR record must be completed within 30 days from the record generation date. See [OPTN Policies](#) for additional information. Use the search feature to locate specific policy information on Data Submission Requirements.

To correct information that is already displayed on an electronic record, call the UNet® Help Desk at 1-800-978-4334.

Provider Information
<b>Recipient Center:</b> The Recipient Center information reported in Waitlist displays. Verify that the center information is the hospital where the transplant operation will be performed. The Provider Number is the 6-character Medicare identification number of the hospital. This is followed by the Center Code and Center Name.
Candidate Information
<b>Organ Registered:</b> Verify the organ(s) displayed is/are the organ(s) listed for this candidate. If the candidate is listed for more than one type of transplant, both organs should be displayed. Separate records exist for certain multi-organ transplant candidates (e.g. Heart/Lung and Kidney/Pancreas).
<b>Date of Listing or Add:</b> The date the candidate was listed or added in Waitlist will display.
<b>Name:</b> The waitlisted candidate's last name, first name and middle initial will be displayed. If it is incorrect, corrections must be completed on the active waitlist. For a candidate who has been removed from the waitlist, the <b>Last Name</b> , <b>First Name</b> and <b>MI</b> fields will display. Corrections may be made directly in the record. These fields are <b>required</b> .
<b>Previous Surname:</b> If the candidate had a previous surname that is different from the name entered, enter the previous surname.
<b>SSN:</b> Verify the candidate's social security number. If the information is incorrect and the candidate is waitlisted, contact the UNOS Organ Center at 1-800-292-9537.

**TRR:**

**Medical Condition at Time of Transplant:** Indicate if in ICU, hospitalized but not in ICU, or not in the hospital

TCR:

**Patient on Life Support:** The patient’s status at the time of listing is documented in the EMR

- Ventilator – if candidate was on continuous invasive ventilation
- Artificial Liver- (we currently don't have this)
- Other Mechanism- includes CVVHD/CRRT/MARS (dialysis) and vasopressors such as Norepinephrine (Levophed), Epinephrine, Neosynephrine, Vasopressin and Angiotensin II (Giapreza)

**Functional Status:** The functional status that best describes the candidate’s functional status at the time listing is documented in the EMR.

- $\leq 60\%$  - Requires occasional assistance but is able to care for needs
- $\leq 50\%$  - Requires considerable assistance and frequent medical care. Include Lactulose for encephalopathy
- $\leq 40\%$  - Disabled
- $\leq 30\%$  - Severely disabled: hospitalization is indicated, death not imminent. Include Creatinine  $\geq 2.0$
- $\leq 20\%$  - Very sick, hospitalized: active treatment necessary
- $\leq 10\%$  - Moribund, fatal processes progressing rapidly. Include patients in ICU
- All others as assessed by coordinator

**Previous Transplants:** The 3 most recent transplants, indicated on the candidate's validated TRR will display. **Verify that the organ type, transplant date and graft failure date are correct. Ensure the 3 data points above match the information in the medical record.**

Depending on when the graft loss occurred, some patients may have an interim Graft Failure Transplant Recipient Follow Up form (GF- TRF). **Please ensure that the organ type, transplant date and graft failure date are correct in the GF-TRF (where applicable).**

Please see screenshot below on how to access the GF- TRF

- i. Click on Patient History Search



- ii. Enter the patient details and click “Search”

Manage Data ▶ Living Donors ▶ Extra Vessels ▶ Reports ▶ Help ▶

**Search** ?

I want to find:

Institution:

PX ID:

Donor ID:

Recipient SSN:

Recipient last name:

Recipient first name:

Transplanted organ:

Listing date: start date  end date

Transplant date: start date  end date

**Search**

iii. The patient records will populate. Click on the LI- GF TRF

PATIENT RECORDS				
Center	History	Record ID	Record Status	Patient Status
TXMC-TX1	LI- TCR	1144990	V - 02/27/2019	
TXMC-TX1	LI- TRR	811469	V - 05/16/2019	A - 03/07/2019
TXMC-TX1	LI- GF TRF	6570753	V - 10/23/2019	R - 07/27/2019

For liver transplant recipients, also ensure that a patient with a graft loss has either a re-transplant or a death reported in the subsequent TIEDI forms

**Ensure that the correct count of patient deaths and retransplants are reported in UNet as validated against the medical record**

**Primary Diagnosis:** Select the primary diagnosis for the disease requiring a transplant at the time of listing for this candidate. This is confirmed on liver explant when reviewing the Pathology Report. For patients with multiple diagnoses, please rank as follows:

1. Metabolic Diseases (OPTN Diagnosis Codes 4300-4315): Alpha-1-Antitrypsin Deficiency, Wilson's Disease, Hemochromatosis, Hyperlipidemia-II, Hyperoxaluria, etc

4300	METDIS: ALPHA-1-ANTITRYPSIN DEFIC A-1-A
4303	METDIS: GLYC STOR DIS TYPE I (GSD-I)
4304	METDIS: GLYC STOR DIS TYPE IV (GSD-IV)
4302	METDIS: HEMOCHROMATOSIS - HEMOSIDEROSIS
4305	METDIS: HYPERLIPIDEMIA-II, HOMOZYGOUS HYPERCHOLESTEROLEMIA
4308	METDIS: MAPLE SYRUP URINE DISEASE
4315	METDIS: OTHER SPECIFY
4307	METDIS: PRIMARY OXALOSIS/OXALURIA, HYPEROXALURIA
4306	METDIS: TYROSINEMIA
4301	METDIS: WILSON'S DISEASE, OTHER COPPER METABOLISM DISORDER

2. Non Cholestatic Cirrhosis (OPTN Diagnosis Codes 4200-4216): NASH, Hep A, B, C, D Cirrhosis, Chronic Alcoholic Cirrhosis, Autominnune, Ctryptogenic, etc
3. Malignant Neoplasms (OPTN Diagnosis Codes 4400-4430):HCC, Cholangiocarcinoma, etc
4. Cholestatic Liver Disease/Cirrhosis (OPTN Diagnosis Codes 4220- 4241): PBC, PSC, etc
5. Biliary Atresia (OPTN Diagnosis Codes 4270 - 4275)
6. Other (OPTN Diagnosis Codes 4280, 4285, 4290, 4450- 4520, 4597)

7. Acute Hepatic Necrosis (OPTN Diagnosis Codes 4100-4110, 4217, 4592, 4593): Drug Induced, Fulminant, Acute Alcoholic Hepatitis, etc

### **General Medical Factors:**

#### **Diabetes:**

- Type I: on insulin, documented in EMR
- Type II: on oral anti-hyperglycemic agents, documented in EMR
- Other: drug-induced

### **Liver Medical Factors:**

**History of Portal Vein Thrombosis:** If the candidate has a history of portal vein thrombosis at the time of listing, or if found during transplant. This will be documented in the medical record- in imaging, the operative notes, or the H&P notes

### **Data Review Period:**

SRTR uses data provided last day of September or March to create draft reports for programs to review during **October 1-31 or April 1-30**. To enhance data quality, we use a rolling data review process, reviewing one month data at a time. The monthly data review will be re-validated by both the Quality Manager and the Clinical Program Manager

### **Data Discrepancies**

All missing fields and implausible values will be corrected in the TIEDI form in UNet after verifying against the medical record. If the field is no longer editable in UNet, please call UNet at 800-978-4334 or the number provided on the website. You can also email UNet at [unethelpdesk@unos.org](mailto:unethelpdesk@unos.org). Once corrected, please review the TIEDI form to ensure that the error has been corrected.

To keep track of our program's data quality, please document any changes made on the provided worksheets and save them in the department's shared folder, so that the team can access them

T:\SRTR\Data Validation\Liver Data Validation

Reference: SRTR and UNOS