

POLICY NOTICE

Clarifications on Reporting Maintenance Dialysis

Sponsoring Committee:	Living Donor Committee
Policies Affected:	<i>Policy 1.2: Definitions; 18.5: Living Donor Data Submission Requirements; 18.6: Reporting of Living Donor Events</i>
Public Comment:	January 22, 2019 – March 22, 2019
Board Approved:	June 10, 2019
Effective:	Pending implementation and notice to OPTN members

Problem Statement

The problem is that current policy language is unclear as to how transplant programs should report chronic dialysis and acute dialysis when chronicling living donor events. This proposal clarifies when transplant hospitals should report chronic versus acute dialysis in sections of OPTN policy and brings consistency to terminology on OPTN forms. This will help hospitals accurately report living donor events, which will provide greater clarity in reporting and improve safety reviews and the understanding of clinical events after living donation.

Summary of Changes

Policy 1.2: Definitions currently defines “Native Organ Failure,” which is no longer mentioned in policy language and will be removed.

In Policy 18.5.A: Reporting Requirements after Living Kidney Donation, the term “maintenance dialysis” will be changed to, “regularly administered dialysis as an ESRD patient.”

In Policy 18.6: Reporting of Living Donor Events, Table 18-4: Living Donor Event Reporting “begins dialysis” will be clarified to “begins regularly administered dialysis as an ESRD patient.”

What Members Need to Do

Transplant programs will need to train data entry staff on terminology changes and changes to labels in both TIEDI® and the Patient Safety Portal. No data entry requirements have been added as a result of this proposal.

Affected Policy Language

New language is underlined (example) and language that is deleted is struck through (~~example~~).

1 **Policy 1: Administrative Rules and Definitions**

2 **1.2 Definitions**

3 **~~Native organ failure~~**

4 For living liver donors, native organ failure is defined as registering on the waiting list for a liver. For living kidney
5 donors, native organ failure is defined as registering on the waiting list for a kidney, or requiring dialysis.

Policy 18 Data Submission Requirements

18.5 Living Donor Data Submission Requirements

18.5.A Reporting Requirements after Living Kidney Donation

The recovery hospital must report accurate, complete, and timely follow up data for donor status and clinical information using the LDF form for at least:

- 60% of their living kidney donors who donate between February 1, 2013 and December 31, 2013
- 70% of their living kidney donors who donate between January 1, 2014 and December 31, 2014
- 80% of their living kidney donors who donate after December 31, 2014

The recovery hospital must report accurate, complete, and timely follow up kidney laboratory data using the LDF form for at least:

- 50% of their living kidney donors who donate between February 1, 2013 and December 31, 2013
- 60% of their living kidney donors who donate between January 1, 2014 and December 31, 2014
- 70% of their living kidney donors who donate after December 31, 2014

Required kidney donor status and clinical information includes *all* of the following:

1. Patient status
2. Working for income, and if not working, reason for not working
3. Loss of medical (health, life) insurance due to donation
4. Has the donor been readmitted since last LDR or LDF form was submitted?
5. Kidney complications
6. ~~Maintenance dialysis~~ Regularly administered dialysis as an ESRD patient
7. Donor developed hypertension requiring medication
8. Diabetes
9. Cause of death, if applicable and known

Required kidney laboratory data includes *all* of the following:

1. Serum creatinine
2. Urine protein

18.6 Reporting of Living Donor Events

Recovery hospitals must report these living donor events through the Improving Patient Safety Portal or the OPTN Contractor according to *Table 18-4* below.

Table 18-4: Living Donor Event Reporting

Recovery hospitals must report if:	To the:	Within 72 hours after:
A living donor organ recovery procedure is aborted after the donor has begun to receive general anesthesia.	Improving Patient Safety Portal and the OPTN Contractor	The aborted organ recovery procedure
A living donor dies within 2 years after organ donation	Improving Patient Safety Portal	The hospital becomes aware

Recovery hospitals must report if:	To the:	Within 72 hours after:
A living liver donor is listed on the liver wait list within 2 years after organ donation	Improving Patient Safety Portal	The hospital becomes aware
A living kidney donor is listed on the kidney wait list or begins <u>regularly administered dialysis as an ESRD patient</u> within 2 years after organ donation	Improving Patient Safety Portal	The hospital becomes aware
A living donor organ is recovered but not transplanted into any recipient	Improving Patient Safety Portal and the OPTN Contractor	Organ recovery
A living donor organ is recovered and transplanted into someone other than the intended recipient	Improving Patient Safety Portal	Organ recovery

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The Membership and Professional Standards Committee will review all cases reported according to *Table 18-4* above and report to the OPTN Board of Directors.

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