OPTN Membership and Professional Standards Committee
OPO Performance Monitoring Enhancement Work Group
Meeting Summary
January 11, 2024
Conference Call

Rick Hasz, Chair

Introduction

The MPSC OPO Performance Monitoring Enhancement Work Group met in open session virtually via Webex on January 11, 2024, to discuss the following agenda items:

1. Review of Workgroup Feedback on HRSA Requested Data Fields – Consensus Building
2. Next Steps

The following is a summary of the Work Group's discussions.

1. Review of Workgroup Feedback on HRSA Requested Data Fields – Consensus Building

OPTN staff reviewed the feedback received from individual Workgroup members on the proposed data fields. Some overall themes included that some data fields would not be known or collected on every ventilated referral and for many of the data fields, clear definitions and options would need to be developed. The Workgroup discussed the data fields where there was a lack of consensus in the individual Workgroup members to develop consensus on the feedback to be given to HRSA.

Summary of Discussion:

Decision #1: The Workgroup developed feedback for data elements contained in HRSA draft Ventilated Referral Form.

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The Workgroup reviewed the Workgroup member homework responses for each new data field that does not currently appear on the Death Notification Registration (DNR) form and developed consensus feedback for HRSA. The Workgroup provided feedback as to whether each data field could be collected, clarification is needed, or significant further investigation.

In the context of the first two data fields for height and weight, the Workgroup discussed suggesting an option of "not available" or "unknown" for the data fields that would not be available for all ventilated referrals, such as height and weight. Including an option for "not available" or "unknown" would allow the data field to be required but may not provide complete data if OPOs could opt out of providing that data with a "not available" or "unknown" option. The option the Workgroup would prefer is to limit when certain data fields like height and weight are required rather than require for all ventilated referrals and including a "not available" or "unknown" option. Generally, height and weight would not be collected by an OPO prior to OPO staff going onsite so collection should be limited to those referrals where the OPO goes onsite. Gathering height and weight prior to going onsite adds significant burden to the hospital staff communicating the referral, height is likely to be inaccurate since it is not used for clinical care, and these date fields do not seem to provide much benefit for referrals that are ruled out

as donors based on that initial conversation, such as a 95-year-old patient. Additionally, height and weight are not considered in determining potential.

HRSA suggested that the Workgroup could provide feedback regarding the process and at what point in the process certain data fields are collected and used to determine donation potential. HRSA further noted that the purpose of the data collection is to collect the relevant data and follow the referral through the evaluation process. HRSA noted that it is important to capture key process points and the information that is available at different process points.

The Workgroup developed consensus feedback on the following new data fields in the draft Ventilated Referral form for which the individual member feedback was divided:

- **Height and Weight**
  Not collected for all referrals. Available for collection on referrals for which the OPO goes onsite. Height and weight would not be collected by OPO staff until OPO goes onsite so include a choice for "not available" for referrals where OPO does not go onsite. If collected at the time of referral, very often the height and weight are estimates by patient care staff and therefore not accurate. When OPO staff go onsite, they measure and get accurate data points. Would be available for donors and could cascade for those. Height and weight do not affect the OPOs decision whether to further pursue the referral.
- **HIV Status**
  Not collected for all referrals. Captured on Deceased Donor Registration Form (DDR) on recovered donors. HIV test results captured on DDR. Not known until donor workup occurs which includes specific HIV testing. The Hospital may not have done HIV testing for purposes of patient care so it would be unknown for most referrals. HIV positive or negative would not be an absolute rule out of a referral so not needed as a stand-alone data field. HIV status by serologic or molecular detection could be included in a drop down of reasons for medical rule out of a referral.
- **Referral Type,** which has options for donation after circulatory death (DCD) versus donation after brain death (DBD).
  Cannot collect as described. DCD versus DBD is an outcome not finally determined until recovery, not a referral type. At time of referral an overwhelming majority have not yet been declared brain dead. Could collect Brain Dead versus Not Brain Dead at time of referral or collect DBD or DCD for donors which could cascade from the DDR.
- **Tissue Authorization**
  Not clear about the purpose of this collection. Tissue not within authority of OPTN. Not all OPOs do tissue procurement. OPOs that procure tissue would have documentation and could complete the field for tissue authorization. If included, it would need clear definition – tissue for research or just transplant and are eyes included.
- **Organ recovery center**
  Captured on other OPTN Office of Management and Budget (OMB) approved forms on all recovered donors so could be populated from other OPTN forms. Can provide data on transfer to organ recovery center (ORC) but will only know if it was a DBD versus a DCD for recovered donors. Need clarification on definition of organ recovery center. Would it include hospital-based recovery centers and stand-alone recovery centers? Additionally, is this intended to include use for tissue procurement or just organ recovery?
- **KDPI (Kidney Donor Profile Index)**
  The OPO does not have this data. The data necessary to calculate the KDPI is not known until the donor is registered and medical social history performed with family and OPTN Computer

System calculates. Could cascade for kidney donors. Do not have all the information to calculate for all referrals. KDPI is not used to determine whether to rule out a donor.

- **Payer Status**
  Not currently available to or captured by OPOs. Seems more like a research question versus an OPO performance metric/process. No correlation between having insurance and being a donor. Concern was raised by the workgroup that if ask for this information, it increases burden on donor clinician and could affect donor hospital staff view and public view of donation by raising concerns that not having insurance precludes an individual from donation. Not sure of purpose or value of this information.
- **Availability of Remote Electronic Medical Record (EMR) access**
  OPOs do not collect this on individual referrals; Not clear if this is intended for EMR access available or EMR remote access utilized. OPOs document this information by donor hospital so suggest could collect this information using a separate report of donor hospitals that provide remote EMR access rather than on individual referrals. The workgroup also noted that EMR access can vary: full chart or demographic page only and may have issues with all staff having access even if donor hospital offers or allows access. Alternative: Can collect mode of referral: phone, EMR access, other

The Workgroup provided some general feedback on those data fields that will need significant clarification and that would be important to discuss at the next meeting:

- Referral medically ruled out
- Allocation exhausted
- Cardiac arrest prior to OR
- Patient close
- Hospital interference data fields

Further conversation of the hospital interference data fields ensued. The Workgroup Chair noted that the OPO does not collect data and address the issue with the donor hospital on a per referral basis. The remediation plan may not happen for months after the referral. Submitting this information would require a rework of the OPO processes which would be a heavy burden for OPOs. HRSA asked whether information about donor hospital process problems is collected at some point during the referral so if there is a rule out for donation that is based on an issue with the donor hospital. The information is collected but OPOs collect this information in so many ways currently. The
Chair suggested potentially starting with just missed referrals and then developing a way to collect the other ways that a donor hospital's process breakdown may have resulted in the referral not proceeding to donation.

Next Steps

OPTN staff and the Workgroup Chair will put together proposed feedback on other data fields and provide it to the Workgroup prior to the meeting the following week so that the Workgroup can continue its review of the draft data fields.

Upcoming Meetings

Workgroup Conference Call, January 17, 2024, 1:30 – 2:30 pm ET

Attendance

Work Group Members

- Richard Hasz, Work Group Chair
- Jamie Bucio
- Ashley Cardenas
- Theresa Daly
- Micah Davis
- Chad Ezzell
- Kyle Herber
- Vicki Hunter
- Raymond Lee
- Scott Lindberg
- Paul MacLennan
- Debbi McRann
- Lori Markham
- Candy Wells

- **HRSA Representatives**
  - Adrianna Alvarez
  - Jim Bowman
  - Chris McLaughlin
  - Arjun Naik
- **SRTR Staff**
  - Jon Miller
  - Bryn Thompson
- **UNOS Staff**
  - Stephanie Anderson
  - Sally Aungier
  - Matt Belton
  - Marty Crenlon
  - Robyn DiSalvo
  - Nadine Hoffman
  - Houlder Hudgins
  - Krissy Laurie
  - Heather Neil
  - Melissa Santos
  - Sharon Shepherd
  - Marta Waris
  - Betsy Warnick
  - Joe Watson
  - Divya Yalgoori
- **Other Attendees**
  - None