

## **OPTN Membership and Professional Standards Committee (MPSC)**

### **Meeting Summary**

**September 27, 2023**

### **Virtual Meeting**

**Zoe Stewart Lewis, M.D., Chair**

**Scott Lindberg, M.D., Vice Chair**

### **Introduction**

The Membership and Professional Standards Committee (MPSC) met via Webex in both open and closed session on September 27, 2023. The Committee discussed the following agenda item during the open session portion of the meeting:

1. Require Reporting of Patient Safety Events Public Comment Feedback

The following is a summary of the Committee's discussions.

### **1. Require Reporting of Patient Safety Events Public Comment Feedback**

OPTN Contractor staff provided an overview of the purpose of the proposal and the public comment received on the proposal. Staff reviewed the themes of public comment and noted which public comment suggestions were within the scope of this project and would be addressed by the Committee and which were out of scope of a post-public comment change and, therefore, would not be addressed for this proposal but could be addressed in a future proposal. The topics that were determined to be out of scope included broadening the living donor requirement, expanding the transportation events to those that do not result in non-use, and adding Human Leukocyte Antigen (HLA) discrepancies after the discrepancy is confirmed. Broadening living donor requirements would need input from the OPTN Living Donor Committee. The change to living donor reporting requirements in the proposal was included at the request of the OPTN Living Donor Committee. The purpose of this proposal is to improve patient safety, so the events required to be reported must have a nexus to patient safety. Transportation events that do not result in non-use or in the intended recipient not receiving the organ do not have that nexus to patient safety. Finally, the OPTN Histocompatibility Committee is currently working on a project that could potentially include the reporting of critical HLA discrepancies. The OPTN Histocompatibility Committee members are the subject matter experts on what discrepancies are critical discrepancies, and therefore, is better suited for development of a policy on this topic.

The Committee will consider potential post-public comment changes:

- To expand the 24-hour reporting time frame to 48 or 72 hours
- Clarify what is meant by the "organ did not arrive when expected and resulted in the intended candidate not receiving a transplant from the intended donor."
- Add that an ABO typing error or discrepancy was discovered after the Organ Procurement Organization (OPO) has executed a match run in addition to after the OPO performed the verification required by Policy 2.6.C.
- Add that the deceit was related to transplant and the required reporting of evidence discovered of an attempt to deceive the OPTN or the Department of Health and Human Services

- Clarify the definition of “sanction” and “other professional body” for the required reporting of sanctions against a transplant professional.

Data Summary:

In response to a consensus poll conducted prior to discussion of the potential post-public comment changes:

- 68 % of the Committee respondents supported extending all of the 24-hour reporting time frames to 48 or 72 hours, 18% supported extending some of the 24-hour reporting time frames and 14% supported no change.
- 92% of Committee respondents supported clarifying “an organ did not arrive when expected” and 8% did not support.
- 71% of Committee respondents supported modifying the OPO ABO typing error or discrepancy provision to include “identified . . . and after the OPO has executed a match run” and 29% opposed.
- 92% of Committee respondents supported clarifying the definition of “sanction” and “other professional body” and 8% opposed.
- 58% of Committee respondents supported clarifying that an attempt to deceive the OPTN or the Department of HHS only if related to organ donation or transplant patient care and 42% opposed.

Summary of discussion:

Decision #1: The Committee supported changing the member reporting time frame to 72 hours.

Decision #2: The Committee considered but was unable to come to a decision on changes to the language for the provision regarding an organ not arriving when expected. The discussion will continue at the next MPSC meeting on October 16. Additional polling will be done before the October 16 meeting.

Decision #3: The Committee was unable to address changes to the provisions regarding OPO ABO typing and discrepancies reporting, sanctions on transplant professionals or attempts to deceive the OPTN or the Department of HHS. These issues will be discussed at the October 16 meeting. Additional polling will be done before the October 16 meeting.

**Decision #1:** The consensus poll demonstrated significant support for revisions to the member reporting time frame for all or some of the events. The majority of Committee members expressed concern that having different time frames for reporting events could create confusion leading to member failure to report on time. The majority of Committee members supported a 72-hour time frame noting that if an event happened on a weekend or holiday, the quality staff who would report on the event would not be available to investigate, evaluate, and report an event until Monday. The member would want to get the team together to discuss the event prior to reporting to gather enough information to be able to fully evaluate whether a reportable event occurred and to provide information to the OPTN in an organized fashion. In the first 24 hours, the clinical team will be dedicated to providing care to the patient. Some members reiterated the need for events that involve patient safety to be reported within 24 hours. Some expressed concern requiring reporting of these events within 72 hours and potential disease transmission reporting within 24 hours. Reporting of potential disease transmissions is required within 24 hours and is contained in a separate policy designed to ensure that notification is made to other

hospitals whose patients could be affected. It is out of the scope of this proposal, so the 24-hour required reporting for potential disease transmission could not be changed. Following discussion, the Committee voted on whether to change the reporting time frame to 72 hours or retain the 24-hour reporting time frame. Twenty-three Committee members supported the 72-hour time frame and five supported the 24-hour time frame.

**Decision #2:** The discussion of the clarifying language for the organ did not arrive when intended began with a poll to determine support for two options:

Option 1: An intended candidate was unable to receive a transplant from the intended donor because the organ arrived too late and was no longer viable.

Option 2: An organ did not arrive when expected and resulted in non-use of the organ.

In this initial polling, fifteen Committee members supported option 2 and ten supported option 1. A Committee member noted that the cleanest option is that the delay in an organ arrival resulted in no transplant. Another Committee member noted that situations where the intended recipient did not receive a transplant would not be captured by option 2. Following discussion, it became apparent that some committee members would have supported Option 1 if it did not include the language “and was no longer viable.” Consideration of this topic will be continued on the October 16 meeting with additional polling prior to the meeting.

**Decision #3:** The Committee did not have time to address the other three potential post-public comment changes to the proposal so additional polling on language will be done prior to the October 16 meeting and these changes will be addressed at that meeting.

#### Next Steps:

- Staff will post a survey in Poll Everywhere to gather information on preferred language for the remaining potential changes to the proposal language.
- Discussion of the remaining potential changes to the proposal language will continue at the October 16 MPSC meeting.
- A final vote on the proposal to be sent to the OPTN Board of Directors for approval will be held at the October 16 MPSC meeting.

#### **Upcoming Meetings**

- October 16, 2023, 2-3:00pm, ET, Conference Call
- November 1-3, 2023, Chicago, IL
- December 6, 2023, 2-4:00pm, ET, Conference Call
- March 5-7, 2024, Detroit,
- July 23-25, 2024, Detroit, MI

## Attendance

- **Committee Members**
  - Alan Betensley
  - Kristine Browning
  - Anil Chandraker
  - Hannah Copeland
  - Robert Fontana
  - Roshan George
  - Darla Granger
  - Lafaine Grant
  - Dipankar Gupta
  - Shelley Hall
  - Robert Harland
  - Rich Hasz
  - Kyle Herber
  - Victoria Hunter
  - Michelle James
  - Catherine Kling
  - Peter Lalli
  - Raymond Lee
  - Scott Lindberg
  - Melinda Locklear
  - Maricar Malinas
  - Deborah McRann
  - Nancy Metzler
  - Saeed Mohammad
  - Regina Palke
  - Martha Pavlakis
  - Deirdre Sawinski
  - Malay Shah
  - Zoe Stewart Lewis
  - J. David Vega
  - Mark Wakefield
  - Candy Wells
  - James Yun
- **HRSA Representatives**
  - Jim Bowman
  - Shannon Dunne
  - Marilyn Levi
  - Kala Rochelle
  - Daniel Thompson
- **SRTR Staff**
  - Ryutaro Hirose
  - Jonathan Miller
  - Jon Snyder

- Bryn Thompson
- **UNOS Staff**
  - Stephanie Anderson
  - Sally Aungier
  - Matt Belton
  - Rebecca Brookman
  - Katie Favaro
  - Liz Friddell
  - Asia Harden
  - Elias Khalil
  - Lee Ann Kontos
  - Krissy Laurie
  - Ann-Marie Leary
  - Jacqui O'Keefe
  - Rob Patterson
  - Liz Robbins Callahan
  - Melissa Santos
  - Laura Schmitt
  - Sharon Shepherd
  - Susie Sprinson
  - Juanita Street
  - Stephon Thelwell
  - Marta Waris
  - Betsy Warnick
  - Trevi Wilson
  - Claudia Woisard
  - Emily Womble
  - Karen Wooten
- **Other Attendees**
  - None