OPTN Membership and Professional Standards Committee
OPO Performance Monitoring Enhancement Work Group
Meeting Summary
January 17, 2024
Conference Call

Rick Hasz, Chair

Introduction

The MPSC OPO Performance Monitoring Enhancement Work Group met in open session virtually via Webex on January 17, 2024, to discuss the following agenda items:

1. Finish 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 informed the Workgroup of the OPTN Executive Committee's decision to postpone the release of the MPSC concept paper at the request of Health Resources and Services Administration (HRSA) to avoid confusion between the concept paper and the upcoming Health and Human Services (HHS) Secretarial Directive. There will be an opportunity to provide additional feedback on the upcoming data directive ventilated referral form during the Office of Management and Budget (OMB) Federal Register public comment process. OPTN staff then 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 feedback to develop the overall 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 continued to review 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 it requires significant further investigation.

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:

- **Cardiac Arrest Prior to OR and Time of Cardiac Arrest Prior to OR**
  The interpretation of the group was that this would be collected on patients for which the OPO has authorization and is medically managing, and the patient arrested prior to placement of organs so an organ donation opportunity was lost. However, it is not clear from the form provided. Data is available for collection but needs clarification on which referrals this data would be collected for: cardiac arrest prior to referral, after referral but prior to authorization, after authorization but prior to allocation. It appears from the wording that this would be authorized referrals and a yes or no question.

- **Closed Before OR and Time of Patient Close**
  Data is available for collection but needs significant clarification. The Workgroup is interpreting this to mean referral closed prior to OR. All OPOs have a process to close out a referral and would be able to provide data, but need clarification of what would be included in drop downs and for which referrals data would be collected - all referrals, authorized referrals, or allocated referrals. Cases might close for a lot of reasons, most of which are captured in other data fields. Add Date to Time field.

- **Allocation Exhausted and Time Allocation Exhausted**
  Need significant clarification. Currently OPOs do not collect data on this. Depending on definition, could collect data from the OPTN Donor Data and Matching System. Allocation Exhausted may not always mean match runs were exhausted completely and OPOs would interpret this differently. It could mean allocation attempted and unable to identify a recipient regardless of whether offers were made to everyone on the match run such as running out of time due to family constraints, donor instability, cold ischemia time, etc. Also, the OPO can exhaust the transplant list and recover for research. The Workgroup needs clarification as to whether those should be included and whether this would be collected if exhausted for all organs or by each organ. Add Date to Time field.

- **Closed in OR and Time of Patient Close**
  Data could be available, but this data field needs significant clarification. All OPOs have a process to close out a referral and would be able to provide data but need clarification of scope. Does this mean referral closed and not recovered in OR, such as based on the discovery of a clinical issue in the OR that resulted in medical rule out or a cardiac arrest in OR prior to recovery. As with closed prior to OR, most of the reasons for closure would be captured in other data fields in the form. This could also include referral closed because recovery completed. Would this only be included if closed for intent for transplant or also recovery for research (such as pancreas). Add Date to Time field.

- **Patient Did Not Expire**
  Data could be available but significant clarification is needed on the scope of this question. Is this only for patients that did not die after attempting DCD, authorized referrals only or all referrals if patient never became brain dead and not considered for DCD? For all referrals, collecting this data would be a heavy lift since if a referral is ruled out early in process, the OPO may not collect information on whether the patient died.

The Workgroup suggested that the feedback should be very clear what is available for ventilated referrals and what is available for donors. The Workgroup also revisited the Referral Medically Ruled Out (MRO) data field, noting that it is so vague that it could be interpreted differently by OPOs, as

demonstrated in other efforts such as the Region 8 pilot. The Workgroup noted that this data field needs a clear definition and noted that the data collected would not be useful if the reason/criteria for the rule out is not also collected. The Workgroup suggested that the question needs more granularity as this would comprise a substantial majority of referrals. The Workgroup noted that more meaningful data would be collected if this field is broken out into a number of separate data fields to capture mutually exclusive outcomes on donation after brain death (DBD), donor after cardiac death (DCD), donor rule outs, and organ rule outs. Otherwise, it could become a catch all with little meaningful data. The Workgroup also noted that meaningful data is important since data on OPO rule outs is the area most likely to contain opportunities for OPO improvement.

Next Steps

OPTN staff and the Workgroup Chair will put together proposed feedback on other data fields and provide it to the Workgroup for review prior to finalizing for delivery to HRSA.

Upcoming Meetings

TBD

Attendance

- **Work Group Members**
    - Richard Hasz, Work Group Chair
    - Jamie Bucio
    - Kristine Browning
    - Ashley Cardenas
    - Anil Chandraker
    - Theresa Daly
    - Micah Davis
    - Calvin Henry
    - Kyle Herber
    - Scott Lindberg
    - Paul MacLennan
    - Debbi McRann
    - Lori Markham
    - Candy Wells
- **HRSA Representatives**
    - Adrianna Alvarez
    - Marilyn Levi
    - Arjun Naik
- **SRTR Staff**
    - Jon Miller
    - Jon Snyder
    - Bryn Thompson
- **UNO Staff**
    - Stephanie Anderson
    - Sally Aungier
    - Matt Belton
    - Marty Crenlon
    - Robyn DiSalvo
    - Darby Harris
    - Nadine Hoffman
    - Houlder Hudgins
    - Sevgin Hunt
    - Robert Hunter
    - Krissy Laurie
    - Amy Minkler
    - Heather Neil
    - Samantha Noreen
    - Melissa Santos
    - Laura Schmitt
    - Sharon Shepherd
    - Joe Watson
    - Divya Yalgoori
- **Other Attendees**
  Richard Formica, OPTN Vice President