

**OPTN Operations & Safety Committee
Donor Support Interventions Workgroup
Meeting Summary
May 3rd, 2023
Conference Call**

Introduction

The Donor Support Interventions Workgroup (“Workgroup”) met via Citrix GoToMeeting teleconference on 05/03/2023 to discuss the following agenda items:

1. Project Overview
2. Discussion

The following is a summary of the Workgroup’s discussions.

1. Project Overview

Staff provided an introduction to the project and introduced workgroup members.

Data summary:

The new project proposed by the Operations & Safety Committee addresses the lack of data collection surrounding donor support therapies. It will create a standard reporting field to track these data.

2. Discussion

Staff posed questions for the Workgroup about the format and definitions of the data collected.

Summary of discussion:

1. Should the data be required to send an offer?

Members felt that this data should be required, as it was being captured in part to evaluate donor offers. A second member expressed concern that this could increase the burden on Organ Procurement Organizations (OPOs). They suggested splitting the field into two fields with the first assessing if any therapies were initiated on the donor. This could be formatted as a yes or no and would be a low requirement burden. A second field would then be required if the coordinator entered “yes”. Staff asked if this information should be required to generate a match run or required to send out offers. Members suggested that it could be required to generate a match run; staff noted that this information would not alter the appearance of a match run, so it may not be required to generate the match run.

2. How is this data currently captured within EMRs?

A member noted that these data are currently not captured in electronic medical records (EMRs) but were in development by some vendors.

3. How frequently does the information update?

Two members felt that the goal should be to accurately capture the broad type of intervention that was used, rather than create a longer list of more specific interventions. They felt that a broader list would require less maintenance over time as different therapies were developed.

4. What are the uses of these data?

A member clarified that these data would support the offer filters model. Staff agreed, but wondered if there were other areas, such as assessing outcomes, in which this information would be beneficial. This would also help inform how accurately this data should be reported and whether it should be transferred into the Data System for the OPTN.

5. Are there therapies not listed that should be included?

A member felt that the option for “Nitrox” should be “inhaled therapies”. A second member suggested adding intermittent hemodialysis. They also suggested that there should not be restriction for the start time based on the admit time tracked in the OPTN Donor Data and Matching System because some therapies may be started prior to the donor process. They suggested tracking interventions from the time of terminal event.

6. Should the indication for the support therapy be tracked?

A member felt that it could be beneficial to include a free text field to allow coordinators to include the indication for the support therapy. However, they also recognized that may be data that is not immediately necessary for evaluating the donor, as the transplant program can always assess the attachments.

A second member expressed concern that, if the data will inform offer filters, the indication may matter; a program may accept a donor who received continuous renal replacement therapy (CRRT) to manage acidosis, rather than heal a kidney injury, but may still refuse all future donors with CRRT. Another member responded that there will still be a change to the donor’s creatinine levels in that example, and so likely should still be tracked with this field. The first member also acknowledged that most donors would receive support therapies for the most likely indication.

Staff asked if all therapy options should be available for all donors; for example, if a program is not allocating the heart, should ventricular assist device options be available to suggest. Three members supported having all options available.

Next steps:

Upcoming Meeting

- TBD

Attendance

- **Workgroup Members**
 - Jessica Yokubeak
 - Meghan Muldoon
 - Sanjeev Akkina
 - Jackie Russe
 - Samantha Endicott
 - Vanessa Pucciarelli
 - Maria Helena Friday
- **HRSA Representatives**
 - Marilyn Levi
- **UNOS Staff**
 - Kerrie Masten
 - Isaac Hager
 - Joann White
 - Carlos Martinez