

OPTN/UNOS Membership and Professional Standards Committee (MPSC)
Report to the Board of Directors
November 12-13, 2012
St. Louis, MO

I. Action Items for Board Consideration

- The Board of Directors is asked to approve the following member-specific actions. (Item 1, Page 2):
 - Fully approve 3 new programs in existing transplant hospitals
 - Fully approve 4 non-institutional members
 - Changes in Program Status:
- Conditional approval of 6 program components in existing transplant hospitals
- Grant full approval to one program that reactivated.

- The Board is asked to approve a request for designation of a pancreas transplant program in an existing transplant hospital.

II. Other Significant Items

- Program-Related Actions and Personnel Changes: The Committee reviewed and approved 48 transplant program key personnel change applications. Additionally, the Committee reviewed and approved four applications for changes in primary laboratory directors; and was notified that the four OPO's had changed either their medical director or executive director. In addition to these changes, 11 programs or living donor program components inactivated, and four programs ceased performing organ transplants. (Item 3, Page 2).
- Update of Policy 12.8.4 (Submission of Living Donor Death and Organ Failure Data): As required in Policy 12.8.4 (Submission of Living Donor Death and Organ Failure Data), transplant programs must report all instances of live donor deaths and failure of the live donor's native organ function within 72 hours after the program becomes aware of the live donor death or failure of the live donors' native organ function. The Committee reviewed nine reported instances. (Item 5, Page 3).
- Modified Flagging Methodology: During the July 2012 meeting, the Committee reviewed and approved proposed bylaw language for the modified flagging methodology. A proposal will be distributed for public comment in the spring 2013 cycle. (Item 6, Page 3).
- Proposal to dissolve heart/lung program requirements: The Committee reviewed a proposal to remove the heart/lung program requirements from the bylaws and agreed that it should proceed to public comment. (Item 9, Page 4).

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Kenneth A. Andreoni, M.D., Chair
Alan I. Reed, M.D., Vice Chair

I. Regular Committee Meetings: The Membership and Professional Standards Committee (MPSC) met on July 24-26, 2012, in Chicago, Illinois and on October 30, 2012, by conference call. The Committee's deliberations and recommendations from the July meeting are provided below. The October meeting report will be submitted separately. For the purposes of this report all references to the bylaws cite the sections names and numbers in the June 2012 version.

1. Membership Application Issues: The Committee is charged with determining that member clinical transplant programs, organ procurement agencies, histocompatibility laboratories, and non-institutional members meet and remain in compliance with membership criteria. During each meeting, it considers actions regarding the status of current members and new applicants. The Committee took the actions reported below during its meeting.

The Committee recommends that the Board of Directors approve three new programs, and one new living donor component in existing member hospitals. In addition, the Committee recommends approval of applications for new and continued membership for existing non-institutional members.

The Committee also reviewed the following changes in status and recommends that the Board of Directors take the following actions:

- approve 1 previously inactive program/ living donor component in an existing member hospital for active status;
 - fully approve 1 existing transplant program/living donor components that had been conditionally approved; and
 - conditionally approve the living donor component of 6 liver programs for one-year.
2. Overview of Annual Committee Projects: Updates were provided to the Committee on the projects that were approved to be undertaken in 2011-2012 as well as the new projects that have been added for 2012-2013. Active projects are described in Sections 6-9 of this report.
 3. Program-Related Actions and Personnel Changes: The Committee reviewed and accepted 10 programs changing status by voluntarily inactivating or withdrawing designated program status and an extension of inactive status for one heart transplant program. Additionally, during the July meeting the Committee reviewed 60 Key Personnel Changes.

4. Interviews: During its July 2012, meeting, the Committee conducted three interviews with member transplant hospitals and organ procurement organizations. These interviews were convened as provided for in Appendix A of the Bylaws.
5. Update on Policy 12.8.4 (Submission of Living Donor Death and Organ Failure Data): As required in Policy 12.8.4 (Submission of Living Donor Death and Organ Failure Data), transplant programs must report all instances of live donor deaths and failure of the live donor's native organ function within 72 hours after the program becomes aware of the live donor death or failure of the live donors' native organ function. The Committee reviewed nine reported instances and is not recommending any further action to the Board of Directors. One program was permitted by the Committee to resume performing transplants and it is waiting for permission from CMS to reactivate. A work group will monitor its compliance with the corrective action plan.
6. Modified Flagging Methodology: Continuing the Performance Analysis and Improvement Subcommittee's (PAIS) goal to review existing performance metrics and the ongoing work with the SRTR staff in modifying post-transplant outcome flagging methods, UNOS staff conducted several retrospective analyses of the modified flagging criteria proposed by the SRTR. In summary, the analysis showed that using the proposed method, the committee would flag fewer programs overall, while flagging more medium and high volume programs. The analysis also showed that the proposed method would flag >80% of the programs considered "true positives" using the current flagging method and would flag fewer of the current false positives.

Over several meeting cycles, the Committee reviewed results from the retrospective analyses and SRTR simulations regarding small volume triggers. The Committee requested additional investigation into small and medium volume programs; this review was conducted by the PAIS and reported to the Committee during its March 2011 meeting. The Committee recommended a study of the modifications to the flagging methodology to determine if changes should be made to the Committee's thresholds and methodology. This study was conducted and the results were reported at subsequent Committee meetings.

During the March 2012 meeting, the Committee recommended adopting the proposed modified flagging methodology as the sole flagging method. During the July 2012 meeting, the PAIS and the full Committee reviewed proposed bylaw language for the modified flagging methodology. The Committee approved the language by a vote of 33 For, 0 Against, 0 Abstentions. These modifications will be distributed for public comment during the spring 2013 cycle.

7. Composite Pre-Transplant Metric (CPM): UNOS staff presented an overview of the CPM project and progress to date. The CPM is designed as a flagging tool for pre-transplant outcomes and process improvement. Feedback was positive, with many of the new Committee members in vocal support of the concept. Because many CPM work group members have rolled off the Committee, new members were asked to serve. The work group will reconvene when the analysis of the CPM survey of members is completed.
8. Compliance with Requirements for Director of Liver Transplant Anesthesia: On February 1, 2012, each of the 128 approved liver transplant programs was asked to supply the name of an individual who would meet the designation requirements as

director of liver transplant anesthesia. The Committee agreed that non-compliant hospitals would be sent a final notice informing the programs that failure to comply would result with referral to the Committee for discussion and possible consequences at the July meeting. During the July meeting, the Committee was informed that all of the liver transplant programs are in compliance with the requirement.

9. Proposal to Dissolve Combined Heart/lung Program Requirements: The Committee reviewed a proposal to remove the heart/lung program requirements from the bylaws. This proposal is being co-sponsored with the Thoracic Organ Transplantation Committee. The proposed change removes the bylaw for designating a single combined heart and lung transplant program. There are no such bylaws for designating other single combined organ transplant programs.

The Committee agreed by a vote of 32 For, 1 Against, 2 Abstentions that the proposed change should proceed to public comment in the September 21, 2012, release.

10. UNOS Actions: The Committee unanimously agreed during its July meeting that actions regarding Bylaws, Policy, and program-specific decisions made during the OPTN session would be accepted as UNOS actions.

** RESOLVED, that the Committee accepts those program specific determinations made during the meeting as UNOS recommendations. FURTHER RESOLVED, that the Committee also accepts the recommendations made relative to Bylaw and Policy changes.

Participation at the Membership and Professional Standards Committee Meetings

Name	Committee Position	July 24-26, 2012
Kenneth Andreoni, MD	Chair	Y
Alan Reed, MD	Vice Chair	Y
David Hull, MD	Regional Rep.	Y
Michael Shapiro, MD	Regional Rep.	Y
Charles Wright, MD	Regional Rep.	Y
W. Kenneth Washburn, MD	Regional Rep.	Y
Richard Perez, MD	Regional Rep.	Y
Viken Douzdjian, MD	Regional Rep.	Y
Julie Heimbach, MD	Regional Rep.	Y
Harvey Solomon, MD	Regional Rep.	Y
Lloyd Ratner, MD	Regional Rep.	Y
Marwan Abouljoud, M.D	Regional Rep.	Y
David Shaffer, MD	Regional Rep.	Y
Allen Anderson, MD	At Large	Y
Sharon Bartosh, MD	At Large	Y
Emily Blumberg	At Large	(phone)
A. Michael Borkon, MD	At Large	Y
Mindy Burchfield, RN, BSN	At Large	Y
Margarita Camacho, MD	At Large	Y
Steven Geier, PhD	At Large	Y
Richard Hasz Jr , MFS	At Large	Y
Hassan Ibrahim, MD	At Large	Y
Melinda Locklear, MS	At Large	Y
Lori Markham, RN, MSN, CCRN, CPTC	At Large	Y
Jennifer Milton, RN,BSN, MBA, CCTC	At Large	
Anne Murphy, MBA	At Large	Y
Isabel Neuringer, M.D.	At Large	Y
Kevin O'Connor, MS, PA	At Large	Y
Reinaldo Rampolla, MD	At Large	Y
Kathy Schwab, RN	At Large	Y
Craig Selzman, MD	At Large	Y
Lesley Smith, M.D., MBA	At Large	Y
James Spivey, MD	At Large	Y
Ann Walia, MD	At Large	Y
Jacquelyn Warn, MBA	At Large	Y
Debbie Williams, RN	At Large	Y

Name	Committee Position	July 24-26, 2012
Christopher McLaughlin	Ex Officio	
Robert Walsh	Ex Officio	Y
Raelene Skerda	Ex-Officio	Y
Nicholas Salkowski	SRTR Liaison	Y
Jon Snyder, PhD, MS	SRTR Liaison	Y
Sally Aungier	Committee Liaison	Y
David Kappus, MAS	Committee Liaison	Y
Jacqueline O'Keefe, MBA	Committee Liaison	Y
Rosey Adorno	Support Staff	Y
Rebecca Anderson, PhD	Support Staff	Y
Manny Carwile	Support Staff	Y
Betsy Coleburn	Support Staff	Y
Cynthia Coleman	Support Staff	Y
Erick Edwards, PhD	Support Staff	Y
Lee Goodman	Support Staff	Y
Jason Livingston	Support Staff	Y
Jamie Mack	Support Staff	Y
Joanne Malone	Support Staff	Y
Heather Neil	Support Staff	Y
Rob Patterson	Support Staff	Y
Sharon Shepherd, J.D., M.S.N., R.N.	Support Staff	Y
Brian Shepard	Support Staff	Y