

**Interim Report of the
OPTN/UNOS MEMBERSHIP AND PROFESSIONAL STANDARDS COMMITTEE
REPORT
October 27 - 28, 2010
Chicago, IL**

The Membership and Professional Standards committee met on October 27-28, 2010, and considered the following items:

I. Action Items for Board Consideration:

The committee will ask the board of directors to approve the following recommendations during the June 28 – 29, 2011, meeting:

- Fully approve 1 new transplant center;
- Fully approve 1 new program in a new transplant center;
- Fully approve 2 new programs in existing transplant centers;
- Fully approve 1 new living donor kidney component programs in existing approved kidney transplant centers;
- Conditionally approve 3 transplant programs for 12 months;
- Approve changes in program status:
 - Approve a 12 month extension for 1 conditionally approved program
 - Approve 4 programs to reactivate.

The committee will also notify the board of directors that four programs inactivated and four other members/programs withdrew from membership.

II. Old Business

- Annual committee Goals: The committee reviewed the activities presently underway and the progress made on each.
- Program-Related Actions and Personnel Changes: The committee reviewed 67 and approved 55 personnel change applications.
- Due Process Proceedings and Informal Discussions: The committee conducted four interviews and one informal discussion with member transplant centers.
- Live Donor Adverse Events Reporting: 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 two reported instances.

- Confidential Medical Peer Review: Staff presented an overview of the committee's confidential medical peer review system and its legal background and presented a summary of best practices for maintaining the confidentiality of committee matters.
- OPO Performance Metrics: Staff presented a refresher and a summary of the progress made by the joint work group on the OPO metrics. The MPSC approved the recommended thresholds for flagging OPOs approved by the joint work group. These are as follows: a) two-sided p-value < 0.05. O/E ratio of observed organs transplanted per donor to expected organs transplanted per donor of < 0.9. c) O-E per 100 donors < -10. Additionally, the MPSC approved bylaw language, which will be distributed for public comment in January 2011.
- Composite Pre-Transplant Metric (CPM): Staff presented an update on the latest data requested by the CPM work group. Reviewed were analyses on the impact of removing the mortality O/E ratio from the CPM for kidney programs, implications for including a "delta CPM" in the flagging algorithm, and the distribution of CPM for single surgeon vs. multiple surgeon programs. The work group will meet early next year to discuss how to operationalize the pilot.
- Qualifications for Directors, Liver Transplant Program Anesthesiology: The committee discussed the regional and other public comments received to date for the proposal to amend the bylaws introducing qualifications for directors of liver transplant anesthesia. This proposal was developed by an MPSC work group based on recommendations from the American Society of Anesthesiology (ASA). The committee will consider all of the comments at the conclusion of the public comment period.
- Living Donor Related Bylaws: The committee discussed the regional and other public comments received to date for the proposal to modify the requirements for surgeons who perform living donor kidney recoveries. The committee will consider all of the comments at the conclusion of the public comment period. A joint work group will continue to work on a similar proposal for surgeons who perform living donor liver recoveries.
- Separate Transplant Hospitals Seeking Single Program Approval Together: A work group reviewed this matter in August. It recommended to the committee that each transplant hospital facility, at which a same organ type transplant is being performed, must have the required organ transplant program designation approved for that facility. The committee endorsed this recommendation and instructed the work group to propose revised language defining transplant hospital and transplant program. This endorsement was communicated to HRSA.
- Site Survey and Allocation Analysis patterns and trends: The committee reviewed policy violations found on site surveys and types of allocation deviations found during allocation analysis. In addition, staff introduced to the committee other ways in which potential policy violations are reported to UNOS and a review of committee

actions on past potential policy violations. The committee formed a workgroup to develop a possible path for future trend analysis.

- Review of Living Donor Kidney Pilot Surveys: The committee reviewed the second group of five pilot surveys of living donor kidney transplant programs. The committee provided input to the staff on the pilot survey methodology and the format of the pilot survey reports. The committee formed a workgroup to explore and develop options to provide living donor kidney programs with further education regarding OPTN/UNOS bylaws and policies pertaining to living donor programs and dissemination of best practices to those programs.
- Review Bylaws for Currency: The committee discussed the bylaws pertaining to primary surgeon and primary physician qualifications and agreed that the work group previously tasked with reviewing the nephrology training requirements should also review the bylaws pertaining to urology board certification and the physician experience pathways.
- Performance Analysis and Improvement Subcommittee (PAIS) Report: The PAIS met on October 19, 2010, and continued its review of transplant programs that exhibited lower than expected patient and/or graft survival rates; small volume programs that experienced at least one death and/or graft failure within one year of transplant; and functionally inactive programs. The Subcommittee made its recommendations to the full MPSC during the October 2010, meeting.
- Policy Compliance Subcommittee Report: The Policy Compliance Subcommittee (PCSC) met on October 26, 2010. The PCSC discussed general issues as well as standard, periodic site surveys; member complaints; observed or reported potential policy violations, and organ specific committee referrals. The PCSC also considered the second group of five pilot surveys of living kidney donor programs that were conducted in May through September 2010. In addition, the PCSC received updates on members that are continuing in monitoring. The PCSC made its recommendations to the full MPSC during the October 27-28, 2010 meeting.

III. New Business

- UNOS Actions: The committee members agreed that actions regarding Bylaws and Policy, and program-specific decisions made during the OPTN session would be accepted as UNOS actions.

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