

**INTERIM REPORT of the  
OPTN/UNOS ORGAN PROCUREMENT ORGANIZATION COMMITTEE**

March 8, 2012

Chicago, Illinois

1. **Review of Public Comments** The Committee reviewed and drafted responses to comments received on their two public comment proposals that were distributed on September 16, 2011.
  - *Consent to Authorization* - This proposal changes the terminology in the OPTN policies and makes them consistent with actual usage in the donation and transplantation community of practice. Consent is most commonly known as informed consent in a medical setting while authorization refers mostly to gift law.
  - *Alternate Labels for Perfusion Machines* – This proposal will align deceased donor shipping policy with that of living donor shipping policy, eliminate the ability to use an alternate label for preservation machines, and require the OPTN contractor distributed standardized label. The comments received were mostly in support of this proposal although there was one suggestion to create an adhesive label and a label that can be attached via zip tie. The comment agreed and noted that the current labels do have an eyelet for utilizing zip ties.
2. **Data Review** UNOS Research staff provided a summary of the data requested during the September 2011 meeting.
  - *Donor-Related Data Review* – Review of the progress that DSAs are making in the recovery of all types of donors as well as organs transplanted from these donors. The data requested was to continue to provide the donor data update with the following additions: Include information about donors from whom no organs were transplanted and information that show the trends over time.
  - *Eligible and Imminent Neurological Death Data Review* - In January 2008, the OPTN began collecting eligible and imminent neurological death data on an individual patient level basis. The development of the imminent neurological death definition was a significant and lengthy project of the OPO Committee and they continue to monitor and review the results of this data collection effort.
3. **OPO Metrics Webinar** The Committee briefly discussed the webinar that was held on December 13, 2011 that provided an overview of the OPO metrics and the OPO yield calculator available on the SRTR website.
4. **Flush Solution Recommendations** The Committee reviewed the flush solution questions located on the Deceased Donor Registration (DDR) form. The Committee recommended a few modifications to the form and recommended having separate dropdown selections for the initial flush, back table flush, and final flush/storage. UNOS Research staff noted that IT staff is still evaluating the effort required to make these changes.
5. **Imminent and Eligible Death Definitions – Post Public Comment Review** The Committee submitted this proposal for public comment on September 16, 2011. The purpose of the proposal was to make the data collection more consistent because the definitions are being interpreted differently throughout the country. Additionally, some state laws or hospital

protocols require two or more brain death exams while others only require one. Following the public comment period the Committee began reviewing comments and determined that additional changes needed to be made to the definitions. A subcommittee was formed to begin drafting revisions to the definitions. The Committee will work to finalize modifications to the definitions and have several OPOs “pilot test” the proposed changes to the definitions to analyze the impact.

6. **Rerunning the Match Run** The Committee reviewed a memo from the MPSC and DEQ that requested the formation of a joint working group with the Operations and Safety Committee to discuss the issue of rerunning the match run when new serology results are received. The Committee appointed four members to the working group.
7. **DTAC/OPO Sharing Updated Donor Information Subcommittee Update** The Committee was provided with an update from the initial conference call of this subcommittee on February 10, 2012. The main focus was the post recovery reporting of culture results. This issue was initially discussed at the November board meeting and a recommendation was made that verbal communication be required to share updated donor information such as culture results. The subcommittee made an initial recommendation to highlight the patient safety contact list and OPO console with a guidance document to help educate the OPO community rather than changing policy.
8. **Effective Screening Work Group** This project initially started out as the tiered acceptance project in 2007, soon after DonorNet was implemented. This group has recently been reviewing effective screening practices since DonorNet was implemented. The group has developed some specific recommendations that they would like to share with various committees. The Committee agreed to schedule a conference call in May to review the recommendations.
9. **Organ Tracking & Traceability Project** The Operations and Safety Committee is evaluating a standardized donor code or identification system that could help with organ tracking and traceability from donor to recipient. The plan is to develop a multi-committee work group and to discuss the risks and benefits of such a system.
10. **OPO Scorecard Threshold Subcommittee Report** This subcommittee was formed in the fall of 2011 following a request from the MPSC to help establish a threshold for scorecards used during site survey visits. Currently transplant centers have specific thresholds that are used for performance improvement measures. When UNOS performs an OPO site visit and considers the compliance with policies they score the OPO based on various criteria. However, to be more effective in identifying OPO performance improvement needs, specific thresholds need to be established. The subcommittee did not have a formal recommendation to present to the committee at this time. They will continue to work on this issue and present their findings and recommendations at the next meeting in the fall.
11. **Packaging and Labeling Subcommittee Update** The subcommittee continues to address questions related to Policy 5. Issues include the R-value used for shipping containers and whether labels are required when shipping specimens commercially. The subcommittee will continue its review of the policy language and determine if changes are necessary in order to provide more clarification.

12. **Uncontrolled DCD Survey** The Committee is developing a survey that is intended to provide some baseline information about currently practices in the OPO and transplant community with regards to uncontrolled DCD. The Committee reviewed and modified a draft survey that will be distributed through the Association for Organ Procurement Organizations (AOPO).
13. **Committee Project Process** The Committee was provided with an overview of the committee project review process that was implemented last year by the Board of Directors.
14. **Evaluation Plan** The Committee briefly discussed the issue of site survey visits and concerns about how the policies are being interpreted and what is expected during the visits. UNOS staff noted that there is an evaluation plan located on the OPTN website that outlines how members can comply with each policy and how member compliance is monitored. The Committee recommended forming a subcommittee to review the evaluation plan and possibly reach out to DEQ in order to get a better understanding of the process.
15. **Cannulation Fields on the Deceased Donor Registration Form** The Committee discussed the recommendation to update the DDR field labels to reflect the initiation of core cooling. The original intent of the cannulation fields was not to get the date and time when the cannulation actually occurred, but the time at which the initiation of core cooling took place. It was noted that each field on the DRR has an edit range designed to prevent the entry of data that falls outside what is common practice in the field. The current edits list a minimum time of 15 minutes before withdrawal of life sustaining measures and a maximum time of 60 minutes after clamp date/time. After discussion, the Committee agreed that the minimum time should be the date/time of death since core cooling cannot be initiated until pronouncement of death. They also recommended changing the maximum time to 4 hours to allow for scenarios where core cooling is delayed for whatever reason.

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