OPTN Operations and Safety Committee
Meeting Summary
June 22, 2023
Conference Call

Alden Doyle, MD, MPH, Chair
Kim Koontz, MPH, Vice Chair

Introduction

The OPTN Operations and Safety Committee met via Citrix GoToMeeting teleconference on 06/22/2023 to discuss the following agenda items:

1. Review and Discussion: *Deceased Donor Support Therapy Data Collection* Proposal
2. Discussion: Offer Filters in Continuous Distribution
3. Thank You/Recognition of Member Service

The following is a summary of the Committee's discussions.

1. Review and Discussion: Deceased Donor Support Therapy Data Collection Proposal

The Committee reviewed the final language for the Deceased Donor Support Therapy Data Collection proposal. The purpose of the proposal is to create a standardized format for tracking donor support interventions.

Summary of discussion:

> Decision 1: The Committee anonymously voted in support of the proposed modifications to the Deceased Donor Support Therapy Data Collection proposal. The proposal will go out for public comment in July 2023.

Vote: Yes- 12; No- 0; Abstain-0.

Terminal Event Date Field

The Committee elected to use admission date rather than terminal event in the data field.

Using admission date would be consistent with what is currently collected in the OPTN Computer System and is already a known definition in the community. A member expressed concern that there is variability in understanding admission date, as some healthcare providers may view it as original admission date and others may interpret it as hospital transfer date. With this, the member suggested labeling the data fields clearly when defining what "admission date" means. A member expressed that they should include time and date of the original hospitalization, as well as when donor therapy commenced, however they recommended that having a data field showing donors moving from one facility to another would be useful. This would be for overall clarity, showing the date or adding a second field where subsequent admissions to other facilities could be inputted. The main goal is to include data about any donor therapies that are used from admission date until cross clamp.

Terminal event was the alternative option proposed to the Committee. This was suggested, as it would be able to track multiple hospital admissions. However, a disadvantage in using this term is that there is no existing definition for what a "terminal event" is.

Proposed Removal of Current ECMO data field

Currently, there is data being collected in the Data System for the OPTN for heart, specifically Extracorporeal membrane oxygenation (ECMO) for donors. To avoid redundancy, it was recommended that the current ECMO data field be removed. The ECMO data field would instead be collected with all other donor support therapies as proposed. The Committee was asked about the usage of the current flow rate field that is collected with the ECMO data. The Chair stated that their program was entering the flow rate in the deceased donor registration (DDR) form; therefore, it would not be available until after the offer. The Chair believes that it will be helpful to solicit community input, to better evaluate how this field is analyzed by other programs. A member asked what the benefit is to remove the ECMO field. Contractor staff responded that removing the ECMO field and adding it to the proposed list of donor support therapies will allow collection of this information in one central location, making it easier to find. A member asked if this changes anything for patients. A staff member said that during public comment, the Committee intends to collect data, specifically to consider how ECMO data is collected and analyzed, which would include patient impact.

Donor Support Therapy Selections

The Committee was asked for clarification on the terms used to describe some of the donor support therapies. A member commented that using continuous renal replacement therapy (CRRT) is a term that most programs understand and supported to leave the language as it stands. When asked if using "balloon pump" should be specified further to say "intra-aortic balloon pump" (IABP), a member stated that the term IABP was the same thing, and just referring to it as "balloon pump" is a shorter way of saying it. With this, the member agreed that the data field should specifically refer to IABP. The Committee was asked if "inhaled therapies" should be further specified, to which a member suggested it be specified to "nitric oxide", as it is used for more ill patients and specifying that would reflect the level of illness a patient is enduring. The Vice Chair and another member voiced their support, as this would make the policy clearer.

Start and End Date/Time

Although the start date/time is a required field, the end date/time was not required initially. The Committee was asked if there are any instances in which the end time may not be known and if no, how should this data be collected? A member said they do not think the actual time of day would make a difference in therapies. Specific time for therapies was considered, as there was a concern about the impact it may have on lab levels, for example, if a patient received hemodialysis and the impact it would have on creatinine levels. A member stated that creatinine is not drawn during dialysis, thus it would not impact lab levels, and therefore using specific date and time is not needed. The Vice Chair said it would be easier to indicate if it was ongoing to cross clamp, rather than assuming if the data is not completed, that it went to cross clamp. It was decided that there will be a new data field that will allow the OPO to indicate that the support invention duration is on-going until cross-clamp. This field would not be required on the OPTN Donor Data and Matching System. In the Data System for the OPTN either the end date and time or the on-going until cross-clamp field must be selected to validate the deceased donor registration form. If the checkbox is selected, then the duration will say "ongoing until cross-clamp".

Display of Data Fields

It was suggested to the Committee that the proposed support therapy data fields are displayed in the meds and fluids tabs for organ procurement organizations (OPOs) and transplant centers, as this contains information related to donor management. A member disagreed with the suggestion, as they do not believe it is a broad enough term, and having meds and fluids will be difficult for people to find.

The Vice Chair recommended putting the data fields under organ data. A member suggested putting the data field with vital signs and donor management indicators. It was determined that the Committee will solicit feedback from the community about where the data fields are displayed during the public comment period.

Next steps:

The proposal will go out for public comment on July 27, 2023.

2. Thank You/Member Recognition

Outgoing Committee members were thanked for their service and dedication to the Committee.

There were no additional questions or comments. The meeting was adjourned.

Upcoming Meeting

- July 27, 2023 (teleconference)

Attendance

- **Committee Members**
  - Andy Bonham
  - Christopher Curran
  - Jennifer Smith
  - Jillian Wojtowicz
  - Julie Bergin
  - Kimberly Koontz
  - Laura Huckestein
  - Mony Fraer
  - Norihisa Shigemura
  - Sarah Koohmaraie
  - Susan Stockemer
  - Stephanie Little
  - Greg Abrahamian
- **HRSA Representatives**
  - Jim Bowman
  - Marilyn Levi
- **SRTR Staff**
  - Katherine Audette
- **UNOS Staff**
  - Betsy Gans
  - Bonnie Felice
  - Carlos Martinez
  - Elena Liberatore
  - Isaac Hager
  - Joann White
  - Kerrie Masten
  - Kim Woodard
  - Laura Schmitt
  - Lauren Mauk
  - Lauren Motley
  - Robert Hunter
  - Sara Moriarty
  - Sharon Shepherd
- **Other Attendees**
  - Neha Bansal
  - Anja DiCesaro
  - Annemarie Lucas
  - Kaitlyn Fitzgerald