

OPTN Transplant Coordinators Committee

Meeting Summary

November 17, 2022

Conference Call

Stacy McKean, RN, Chair

Natalie Santiago-Blackwell, RN, MSN, Vice Chair

Introduction

The OPTN Transplant Coordinators Committee (the Committee) met via Citrix GoToMeeting teleconference on 11/17/2022 to discuss the following agenda items:

1. Welcome
2. 2022 Calculated Panel Reactive Antibody (CPRA) Project Update
3. Waitlist Report Feedback
4. Volunteer Request: Waitlist Form Burden Estimate
5. Vice-Chair Nomination Update
6. Reminders and Closing Remarks

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

1. Welcome

Committee leadership and staff welcomed the Committee.

Summary of discussion:

The Committee had no questions or comments.

2. 2022 Calculated Panel Reactive Antibody (CPRA) Project Update

Staff presented an update on the OPTN Histocompatibility Committee CPRA project.

Presentation summary:

Staff explained that entering the unacceptable antigens will look the same as it currently does in production. If no unacceptable antigens are entered, a null value will be reported instead of the current zero. Also, CPRA will be calculated and stored for all organs type candidates, and this can be seen in the user interface on Waitlist.

Based on cross-comparison of 100,000 test cases with an outside research person, the CPRA calculators were shown to give the exact same results. The CPRA calculation produced in the OPTN Computer System is accurate and validated. The data report for change in CPRA is available on the Data Services Portal.

Summary of discussion:

There was no discussion.

3. Waitlist Report Feedback

Staff presented metrics for waitlist reports regarding simultaneous heart-kidney and lung-kidney transplants and solicited feedback.

Presentation summary:

Staff explained that some of the new reports will closely mirror reports seen for liver-kidney. One report shows candidates who are currently eligible based off the diagnostic criteria and candidates who are ineligible with a reason why they are ineligible. Another report shows priority for a previous transplant recipient, also known as the safety net report. Staff explained that they are looking for feedback on if it is most useful to end users to combine these reports or keep them separate.

A snapshot of the current simultaneous liver-kidney (SLK) candidate report was shown. Staff explained that if the data was combined into one report, additional security measures may be necessary to ensure the right people were accessing the right information. One such measure may be to have an initial page allowing a user to indicate who they are and what information they need.

One report would condense the information but may also add a layer of user complexity. Multiple reports may allow users from different programs to find the exact report they need.

Staff also demoed the current safety net report and explained the functionality. Staff asked members if it makes sense to include candidates who are eligible for the kidney safety net because of prior lung or heart transplants (in addition to the prior liver recipients) or keep them on a separate report.

Summary of discussion:

A member explained that in their experience, different people would be accessing the information for different purposes, so the reports may make more sense as separate. Another member explained that in their experience, transplant coordinators serve multiple purposes, so a single report makes sense. Two other members stated they would prefer multiple reports. A member explained that they have separate coordinators for lung, liver, and heart. Some members stated that information in Waitlist is entered for multi-organ candidates by the kidney coordinator, while others stated that at their centers, this is not true.

A member asked if there would be a way to build an integrated report for the triple-organ candidates. Staff answered that the data reports would also apply to simultaneous heart-lung-kidney transplants, but that adding in another organ, such as heart-liver-kidney, is not supported by the current functionality. Information Technology is looking into creating a custom report generator. The member then asked if a patient is listed for a heart, liver, and kidney, if they would appear on both the heart-kidney and liver-kidney reports. Staff responded that this is how it currently works.

Regarding the safety net priority report, a member responded that lung and heart candidates should appear on a separate report because separate coordinators look at the different organs. A member explained that they would prefer it on one report because at their center, coordinators handle multiple organs. A member asked if the report would be separated by organ type. Staff explained that the candidates would appear in categories by which organ they received. A member suggested that a unified report makes sense because the kidney coordinators are mainly responsible for the kidney patients, regardless of which prior transplant made them eligible for the safety net, and some members agreed. A member also suggested that if coordinators prefer to see the information separately, the report can be exported to a spreadsheet.

Next Steps

The committee will provide additional feedback if necessary.

4. Volunteer Request: Waitlist Form Burden Estimate

Staff asked for a volunteer for the Waitlist Form Burden Estimate

Presentation Summary:

Staff explained that the OPTN Transplant Administrators Committee (TAC) are leading a project to estimate the time it takes to complete each form in Waitlist. The TAC is looking for 2-3 Committee members to participate in this effort. Staff explained members can demonstrate interest by email.

Summary of Discussion:

A member asked if the survey is only looking at listing forms, and staff responded that all forms, including re-listing and PDF forms, are included. A member asked if this project is led in coordination with the OPTN Data Advisory Committee's (DAC) Holistic Data Workgroup which is also looking at waitlist forms. Staff explained that the Waitlist Burden project came from Data Governance and is separate from the DAC effort but that the projects are in coordination.

5. Vice-Chair Nomination and Selection Process

Staff presented an update on the Vice-Chair nomination process.

Presentation Summary

Staff explained that the Committee had received three applicants, all former members of the Committee. Because there are only three, the applicants will move directly to the interview process. Committee members can provide any feedback regarding the applicants to staff, the Chair, or Vice-Chair. After the interview process, the final approval will be in January 2023 and the OPTN Vice-President will do the final appointment.

Summary of Discussion

There was no discussion.

6. Reminders and Closing Remarks

Staff provided a few reminders and concluded the meeting.

Presentation Summary

Staff reminded members of the next meeting dates and thanked members.

Upcoming Meeting

- December 15, 2022 (Teleconference)

Attendance

- **Committee Members**
 - Stacy McKean
 - Natalie Santiago-Blackwell
 - Angele Lacks
 - Ashley Anne Hamby
 - Ashley Cardenas
 - Brenda Durand
 - Donna Campbell
 - Karl E. Neumann
 - Heather Bastardi
 - Heather Miller-Webb
 - Madison Salazar
 - Paul Franklin
 - Robin Petersen-Webster
 - Sergio Manzano
 - Rachel White
 - Valinda Jones
- **HRSA Representatives**
 - Megan Hayden
 - Vanessa Arriola
- **UNOS Staff**
 - Amelia Devereaux
 - Kieran McMahon
 - Robert Hunter
 - Ross Walton
 - Taylor Livelli
 - Kevin Daub