OPTN Organ Procurement Organization Committee
Meeting Summary
December 14, 2022
Conference Call

Kurt Shutterly, RN, CPTC, Chair
PJ Geraghty, MBA, CPTC, vice-Chair

Introduction

The OPO Committee ("Committee") met via Citrix GoToMeeting teleconference on 12/14/2022 to discuss the following agenda items:

1. DAC – Project Idea to Update Discard Reasons
2. OSC – Dialysis and CRRT Data Collection
3. Imminent/Eligible Death Data

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

1. DAC – Project Idea to Update Discard Reasons

The Committee heard a presentation from the OPTN Data Advisory Committee (DAC) on a potential project idea to update organ discard reasons. This project has not been presented to the Policy Oversight Committee (POC) and was presented by staff supporting the DAC.

Data summary:

Discarded organs are those recovered for transplant but not transplanted. These are tracked on by the OPO on the Deceased Donor Registration (DDR) form.

The DAC considers that organ utilization can be better understood by revising the existing discard codes for increased clarity and granularity. To that end, they requested the Committee provide feedback on why specific codes are determined as "most appropriate", how instances when the codes do not align with the listed reasons are dealt with, and what factors are considered when selecting discard reasons.

Summary of discussion:

A member noted that, frequently, the discard reasons are chosen based on the decline codes input into the OPTN Donor Data and Matching System. They suggested that the system could analyze the refusal codes and choose a possible reason for discard to help minimize the variance from "most appropriate" selection. A second member contributed that it was frequently the last piece of information provided to a transplant program that drove the refusal reason (e.g. pump numbers, biopsy, CT scan). They agreed that it was difficult to choose the most important refusal reason as a discard reason when there were a number of different refusal codes input.

It was suggested that the approach could be to look "upstream" when considering organ discard, as frequently factors contribute to an organ being refused, which sometimes converts into programs refusing based off of cold time. The Chair agreed, noting that this would apply to organs that are conventionally thought of as turned down "late". A number of members agreed that a large issue is when programs accept and import an organ, which is then subsequently refused. Often times programs

refuse the re-allocated organ because of the time it would take to receive it; however, the true discard reason should reflect the initial refusal reason by the formerly accepting organization.

A member wondered if there should also be tracking of organs that are difficult to place but are eventually accepted – they considered that those organs represent the benchmark for the "legitimacy" of refusal reasons. Additionally, as organ support devices become more advanced, formerly non-recoverable organs will be recovered. It would be beneficial to track the quality of organs recovered to ensure that refusal reasons capture the increasing usage of medically complex organs.

Another member wanted a better way to tie organ discard to transplant programs when they previously accept.

Staff asked if the "Other, Specify" field were removed, how that would impact a coordinator's choice for the discard reason. A member suggested that the free text field for "Other, Specify" could be analyzed to determine what is being written to support the choice. They wondered if there would be a pattern among programs using that response option that could show a misuse of discard codes. A second member suggested correlating match runs with a high number of "Other, Specify" refusal reasons and organs that were discard with the discard reason being "Other, Specify"; they felt that the discard reasons should be informed by the refusal reasons.

Next steps:

Staff will update the DAC on the Committee's feedback.

2. OSC – Dialysis and CRRT Data Collection

The Committee heard a presentation from the OPTN Operations & Safety Committee (OSC) on a potential project idea to collect data on donor dialysis and CRRT interventions. This project has not been presented to the Policy Oversight Committee (POC) and was presented by staff supporting the OSC.

Data summary:

The OSC is looking to collect this data to support their efforts with Offer Filters, as well as to improve the efficiency of allocation. This data is impactful to programs considering organ offers, but is not tracked in a standardized location.

Summary of discussion:

A member supported the collection of this data, and suggested also collecting donor ECMO interventions. They also considered that tracking this in a standardized location would improve safety and may decrease late declines. It was suggested that, because this is information easily available in most electronic health records (EHR), an application programming interface (API) may be the best solution. They expressed frustration that there was not more mapping of EHR fields to fields in the OPTN Donor Data and Matching system, and wondered if there could be a five year plan laid out to create API linkages.

A second member did not support the collection of patient position at time of arterial blood gas measurement or peak inspiratory pressure.

It was suggested that normothermic regional perfusion (NRP) could be added as a donor support intervention. Staff replied that NRP status will be tracked in the proposal sponsored by the Committee which was recently approved by the Board of Directors.

Next steps:

Staff will update the OSC on the Committee's feedback.

3. Imminent/Eligible Death Data

The OPTN has collected data on imminent and eligible deaths to identify potential missed opportunities for donor recoveries and provide better performance modeling. The Committee has considered that this information may not be as useful as true donor potential and supports the development of new metrics.

Data summary:

Feedback from the Health Resources and Services Administration (HRSA) tentatively supports the change, but wants to ensure that an adequate replacement measure is in place before stopping tracking imminent and eligible deaths.

The Committee was requested for feedback on what measures could be considered in place of imminent and eligible death.

Summary of discussion:

A member suggested having a portal to report hospital level death and parameters.

Another member asked how this endeavor was different than the analysis done by the SRTR. SRTR clarified that the publication mentioned was an investigation into whether there were better was to identify potential donors, and, if so, what additional data would need to be gathered by OPOs for quality improvement. They suggested that in this current effort, any additional data for metrics should support the comparison of one OPO's performance across all others (e.g. performance on weekends, performance on medically complex organs). A member noted that eligible death measurements have been frustrating because they do not reflect the efforts of OPOs and instead measure the potential missed opportunities.

Next steps:

Upcoming Meeting

- January 19, 2022

Attendance

- **Committee Members**
  - Kurt Shutterly
  - PJ Geraghty
  - Bruce Nicely
  - Chad Ezzell
  - Clint Hostetler
  - David Marshman
  - Debra Cooper
  - Donna Smith
  - Doug Butler
  - Erin Halpin
  - Judy Storfjell
  - Kevin Koomalsingh
  - Malay Shah
  - Meg Rogers
  - Nicolas Wood
  - Samantha Endicott
  - Sharyn Sawczak
  - Sue McClung
  - Valerie Chipman
  - Larry Suplee
- **HRSA Representatives**
  - Adrianna Martinez
- **SRTR Staff**
  - Ajay Israni
  - Katherine Audette
- **UNOS Staff**
  - Katrina Gauntt
  - Isaac Hager
  - Robert Hunter
  - Eric Messick
  - Kayla Temple
  - Krissy Laurie
  - Lauren Mauk
  - Ross Walton