

**OPTN Membership and Professional Standards Committee
Performance Monitoring Enhancement Subcommittee
Meeting Summary
April 18, 2025
Conference Call**

Deborah Maurer, Chair

Introduction

The MPSC Performance Monitoring Enhancement Subcommittee met in open session virtually via Webex on April 18, 2025, to discuss the following agenda items:

1. Welcome & Agenda
2. Post-implementation evaluation of post-transplant graft survival MPSC review process
3. Next Steps

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

1. Welcome & Agenda

OPTN staff welcomed the Subcommittee members and reviewed the agenda for the meeting.

2. Post-implementation evaluation of post-transplant graft survival MPSC review process

The Subcommittee reviewed the post-transplant outcomes questionnaire and the MPSC staff summary to identify any needed revisions to support the Committee's review of programs flagged by either of the post-transplant graft survival metrics.

Summary of Discussion:

Decision #1: The Subcommittee recommends that the following changes be made to the post-transplant outcomes questionnaire:

- Section I. Administration/Institutional Support: Combine questions B and D on institutional commitment into one question and remove question C regarding COVID-19 pandemic impact on the program.
- Section II. Transplant Program Staff, A. Administrative: Change time frame for providing information on changes in key personnel from "period under review" to include the last three years.
- Section II. Transplant Program Staff, B. Surgeons and C. Physicians: Request surgeon and physician professional time dedicated to other hospitals as well as transplant programs at the flagged program.
- Section II. Transplant Program Staff, C. Physicians: Add "fellowship training program," in addition to "medical/pediatric residency" that provides house staff coverage to the transplant program.
- Addition to Section II. Transplant Program Staff: Add a subsection to collect information about transplant program's use of Advanced Practice Providers (APPs).
- Section II. Transplant Program Staff, D. Clinical Coordinators and other staff: Request job description rather than requesting a description of the responsibilities for clinical nurse

coordinators, associate coordinators and/or administrative staff; add “inpatient patients” to question regarding whether coordinators manage preoperative patients, postoperative patients or both; and add a question about whether the transplant program provides protected time for coordinators to transition patients from pediatric care to adult care.

- Section III. Support Services: Change the time period for reporting any changes to support services from “review period” to past three years, consistent with changes in key personnel.
- Section V. Quality Assurance and Performance Improvement: Combine questions B, D, & E to ask for comprehensive quality plan including process, meetings, how the program is using available data and what data is reviewed on what frequency and by whom; and include a request in question C for what has recently been reported/shared with hospital quality including performance concerns, in addition to the relationship between the transplant program quality program and hospital quality.
- Activity report: Streamline the report to request the number of referrals, the number of evaluations, and the number of candidates added to the waiting list and remove the number that entered evaluation, completed evaluation, and were found to be suitable candidates. Also, remove the requests for number of transplants performed, number of patients who died on the waiting list, and the number of active and inactive patients on the waiting list.

Decision #2: The Subcommittee supported streamlining the staff summary by making the following changes:

- Move information about whether a transplant program has participated in an informal discussion, interview or peer visit or has pending personnel changes from the current review section to the Things to Note section, if applicable.
- Move information on past performance reviews to Things to Note section, if applicable
- Remove the proposed recommendation from the bottom of the staff summary as it already is included in the voting instructions section.

Decision #1: The Subcommittee recommends that the following changes be made to the post-transplant outcomes questionnaire:

- Section I. Administration/Institutional Support: Combine questions B and D on institutional commitment into one question and remove question C regarding COVID-19 pandemic impact on the program.

Staff noted that questions B and D are combined in the most recent questionnaire drafted for programs flagged by the pre-transplant mortality metric. Subcommittee members supported combining the questions noting that it promotes consistency between questionnaires.

Staff noted that when this questionnaire was developed in 2022, the SRTR COVID-19 carve out period was still in effect and the outcomes reports still included transplants from the first year of the pandemic. Subcommittee members supported removal of this question as the overall impact of the pandemic was no longer relevant to review of post-transplant outcomes.

- Section II. Transplant Program Staff, A. Administrative: Change time frame for providing information on changes in key personnel from “period under review” to include the last three years.

Subcommittee members supported retaining the question about changes to key personnel but recommended including a three-year time period rather than the “period under review.”

Subcommittee members noted that key personnel changes prior to the period of review may be related to an increase in post-transplant graft failures as well as to improvements following increased graft failures.

- Section II. Transplant Program Staff, B. Surgeons and C. Physicians: Request surgeon and physician professional time dedicated to other hospitals as well as transplant programs at the flagged program.

Subcommittee members suggested that the table that gathers the percentage of time a surgeon or physician spends on the flagged program and other transplant programs should also include a percentage for programs at other hospitals. Although it is not common for physicians to provide care at multiple hospitals, it does exist at some hospitals, so the Subcommittee recommended adding the request for physicians as well.

A Subcommittee member asked whether there were non-accredited surgical fellowships referring to a question that asks whether a transplant fellowship program at the hospital is accredited. Other Subcommittee members noted that there are nonaccredited heart and lung transplant fellowships, and in addition, there are transplant programs that hire fellows that are not accredited such as foreign trained surgeons. Therefore, the Subcommittee did not support removing that question.

- Section II. Transplant Program Staff, C. Physicians: Add fellowship training program, in addition to medical/pediatric residency that provides house staff coverage to the transplant program.

A Subcommittee member noted that house staff coverage for the transplant program may be provided by fellows, as well as residents.

- Addition to Section II. Transplant Program Staff: Add a subsection to collect information about transplant program’s use of Advanced Practice Providers (APPs).

Subcommittee members supported adding a subsection to request information about APPs involvement in the transplant program, including whether there is APP support and how many, which programs the APPs support, do they provide care to inpatient or outpatient or mixed, and the percentage of the APPs’ time that is dedicated to the transplant program.

- Section II. Transplant Program Staff, D. Clinical Coordinators and other staff: Request job description rather than requesting a description of the responsibilities for clinical nurse coordinators, associate coordinators and/or administrative staff; add “inpatient patients” to question regarding whether coordinators manage preoperative patients, postoperative patients or both; and add a question about whether the transplant program provides protected time for coordinators to transition patients from pediatric care to adult care.

Subcommittee members supported requesting the job descriptions of these staff rather than requesting that the program develop a separate description of responsibilities. This would decrease the transplant program’s burden in completing the questionnaire and still provide the reviewers with the information needed.

Subcommittee members noted that some transplant programs have coordinators that are dedicated solely to inpatient care, so it was requested that “inpatient patients” be added to the table column for noting if an individual coordinator manages preoperative patients, postoperative patients, or both.

Finally, a Subcommittee member suggested that it was relevant to request information on whether the transplant program provides protected time for coordinators to transition patients from pediatric care to adult care, if applicable. She noted that some pediatric patients with complex disease are surviving into adulthood and there should be a focus on transitioning those patients from pediatric care to adult care. She acknowledged that it is a small population but noted that they are also a vulnerable population because there is a high incidence of graft loss.

- Section III. Support Services: Change the time period for reporting any changes to support services from “review period” to past three years, consistent with changes in key personnel.

No discussion on this topic.

- Section V. Quality Assurance and Performance Improvement: Combine questions B, D, & E to ask for comprehensive quality plan including process, meetings, how the program is using available data and what data is reviewed on what frequency and by whom; and include a request in question C for what has recently been reported/shared with hospital quality including performance concerns, in addition to the relationship between the transplant program quality program and hospital quality.

Subcommittee members supported combining questions B, D, and E to request a comprehensive detailed description of the transplant program’s quality program and quality plan, including process, meetings, how program is using data, what data is reviewed, how often the data is reviewed and who reviews the data. The Subcommittee also supported requesting what has recently been shared with the hospital quality staff including the performance concerns, in question C. Subcommittee members noted that often the information received about the quality program does not provide sufficient information to evaluate whether the program’s quality program or response to the performance issues is appropriate.

Subcommittee members were asked whether they still want to receive the transplant program’s protocols for evaluation, selections, immediate postoperative care, follow-up care, rejection, and immunosuppression. The Subcommittee did not express concerns with this question, or the volume of pages received in response to the question.

- Activity report: Streamline the report to request the number of referrals, the number of evaluations, and the number of candidates added to the waiting list and remove the number that entered evaluation, completed evaluation, and were found to be suitable candidates. Also, remove the requests for number of transplants performed, number of patients who died on the waiting list, and the number of active and inactive patients on the waiting list.

The Subcommittee felt that much of the information on pre-listing activities was not helpful to the review of graft failure and suggested removing requests for the number of patients that entered the evaluation process, the number that completed evaluation, and the number that were found to be suitable candidates. Subcommittee members noted that the patients included in the numbers for each of the questions in the pre-listing section would likely be different patients based on the length of time it takes a patient to move through the process from referral to listing. The Subcommittee limited the requests to the number of referrals, the number of evaluations that occurred, and the number of candidates added to the waiting list. The Subcommittee supported removing the request for the number of transplants performed, the number of patients who died on the waiting list, and the number of active and inactive patients on the waiting list as this information is provided by contractor staff in the staff summary so there is no need for the program to provide this information.

Decision #2: The Subcommittee supported streamlining the staff summary by making the following changes:

- Move information about whether a transplant program has participated in an informal discussion, interview or peer visit or has pending personnel changes from the current review section to the Things to Note section, if applicable.
- Move information on past performance reviews to Things to Note section, if applicable
- Remove the proposed recommendation from the bottom of the staff summary as it already is included in the voting instructions section.

The Subcommittee supported the above changes with little discussion. The Subcommittee did not support removing the data on the transplant program's performance on the other metrics. The Subcommittee finds the specific data useful, not just whether the program is flagged for one of the other metrics, for a big picture perspective of the program.

Next Steps

- The Subcommittee Chair requested an opportunity for the Subcommittee to review the changes once made before the questionnaire and staff summary are taken to the full Committee for review and a vote.
- The Subcommittee will review the functional inactivity questionnaire and staff summary next.

Upcoming Meetings

MPSC Meeting – Friday, April 25, 2025, 11 am – 2 pm ET

Attendance

- **Subcommittee Members**

- Deb Maurer, Subcommittee Chair
- Clifford Miles, Committee Chair
- Mitzi Barker
- Megan Bell
- Chad Denlinger
- Nahel Elias
- Roshan George
- Michelle James
- Kevin Koomalsingh
- Malay Shah

- **HRSA Representatives**

- Ray Lynch
- Joni Mills

- **SRTR Staff**

- Jon Miller
- Jon Snyder

- **UNOS Staff**

- Sally Aungier
- Katie Favaro
- Melissa Gilbert
- Krissy Laurie
- Heather Neil
- Melissa Santos
- Erin Schnellinger
- Sharon Shepherd
- Betsy Warnick