

**OPTN/UNOS Transplant Coordinators Committee (TCC)**  
**Meeting Summary**  
**October 15, 2014**  
**Chicago, Illinois**

**Laurie Williams RN, BSN, MSN, Chair**  
**Jamie Bucio EMT-P, CPTC, Vice Chair**

*Discussions of the full committee on October 15, 2014 are summarized below and will be reflected in the committee's next report to the OPTN/UNOS Board of Directors. Meeting summaries and reports to the Board are available at <http://optn.transplant.hrsa.gov>.*

**Committee Projects**

**1. Tiedi® Documentation**

The Tiedi® documentation project began in April 2011 and a comprehensive review of all Tiedi® forms was completed in July 2014. The goals of this project, and the role of this Committee in the project was to improve the accuracy and completeness of OPTN data by:

1. Identifying problems with existing documentation
  - The Work Group was able to identify existing problems that had insufficient detail or descriptions that were confusing or inappropriate and resolved those issues.
2. Providing recommendations for educating users
  - The Work Group reviewed the documentation by asking the following questions:
    - Is the description clear?
    - Is the description complete?
    - Is the description accurate? Up-to-date?
  - Based on the discussion, recommendations on how to ensure the documentation was clear, complete, accurate, and up-to-date were made.
3. Situations where input from other groups (such as internal UNOS staff, clinical experts, or organ-specific committees) was needed were also identified.

The Work Group reviewed 1,162 fields and 757 fields (65%) do not need any further review due to one of the following reasons:

- The Committee didn't feel that any changes to the field or the documentation were necessary, or because
- Any changes the Committee recommended have already been completed

Currently, UNOS staff is reviewing all the suggestions and any suggestions that need to be discussed further by an organ specific or constituent committee will be sent to those committees for review and comment. There are plans to develop instruction for UNet<sup>sm</sup> over the next several years and the Data Advisory Committee (DAC) will be responsible for future form reviews.

## **2. Proposal to Notify Patients Having and Extended Inactive Status**

The history of the proposal was reviewed and future efforts related to this project were discussed. Since the Committee voted not to submit the proposal to the Board, it will partner with the Patient Affairs Committee (PAC) to write a section for inclusion in the *What Every Patient Needs to Know* brochure regarding the inactive waitlist and what it means to be inactive. Three committee members volunteered to work with the PAC on this effort. The Committee also formed a Work Group that will create a survey to collect information on effective patient notification and waitlist practices. This Work Group will use that information to begin writing effective practices articles for posting to NATCO's newsletter and other transplant professional newsletters/websites to include the OPTN website and TransplantPro.

### **Committee Projects Pending Implementation**

None

### **Implemented Committee Projects**

None

### **Review of Public Comment Proposals**

#### **3. Proposal to Implement Pre-Transplant Performance Review by the Membership and Professional Standards Committee (MPSC)**

The Committee received a presentation on the proposal and requested clarification regarding if this waitlist mortality model includes active and inactive patients. The presenter clarified that the model includes both active and inactive patients. A member also had concerns that this proposal could affect centers listing practices by deterring them from listing higher risk patients, and therefore, limiting this population's access to transplant. This could also lead to centers listing patients earlier and transplanting them earlier than medically necessary to control outcomes; as patients who are not as sick, at the time of transplant, tend to have better outcomes post-transplant. The presenter stated that this issue has been considered by the MPSC and is addressed to some degree in the risk-adjustment. It was also noted that there is potential for the model to be refined based on comments received. Another concern raised was that post-transplant data already limits patient selection criteria and the center's decision to list or not to list patients. The member was unsure if this proposal will actually help that process. The Committee did not vote on this proposal but would like the MPSC to consider the concerns raised.

#### **4. Proposal to Allow Collective Patient and Wait Time Transfers (Operations and Safety Committee)**

The Committee considered this proposal during its meeting, and had some concerns regarding the transferring patients who are potentially placed in an inactive status. A committee member commented that there needs to be a process in place for both inactive status follow up and patient notification describing what it means to be inactive. Another member commented that patients should be notified/ updated on their current status within 90 days of the transfer. There also needs to be a more detailed plan on reporting further progress on the transition, beyond the initial 90 days, for both the

governing body and patients involved. The presenter commented that this proposal did not specify any new patient notifications. Another concern brought forth was the concern of how taking on a collective transfer could affect a center's pre and post-transplant metrics data, and this member felt strongly that provisions need to be put in place to protect these centers who agree to take on these large transfers. The Committee did not vote on this proposal but would like the MPSC to consider the concerns raised.

**5. Proposal to Reduce the Reporting Requirements for the Deceased Donor Registration Form (Organ Procurement Organization (OPO) Committee)**

The Committee reviewed and supported the proposal with no questions or concerns. The Committee did not vote on this proposal but will submit comments through the public comment process.

**Other Significant Items**

**6. SRTR Updates**

The Committee received an update from SRTR on the fall 2014 Program-Specific Report (PSR) timeline and changes, transition to Bayesian Methodology, and the new kidney risk-adjustment models that will be released in early 2015.

**7. Disease Transmission Advisory Committee (DTAC) FMEA Project**

The Committee member that represents the TCC on this project provided a brief overview and update on the progress of the DTAC FMEA Project.

**8. Operations and Safety Committee (OSC) Infectious Disease Verification Work Group**

The Committee member that represents the TCC on this project provided a brief overview and update on the progress of this Work Group.

**9. Policy Oversight Committee (POC) Update**

The Committee Vice-Chair reviewed the charge of the POC and informed the Committee that the POC will be reviewing new OPTN projects during its October in person meeting.

**10. Instructional Innovations (II) Update**

UNOS Instructional Innovations staff provided an update on the 2015 instructional plan and requested the TCC Educational Work Group to review the plan and provide feedback. II also presented a virtual tour of instructional resources and their locations on the OPTN website, Transplant Pro, and Transplant Living.

**11. Kidney Allocation System (KAS) Update**

The Kidney Transplantation Committee chair and liaison provided an update on the KAS and its implementation. After some discussion, the Committee's main concern was that

KDPI is difficult to understand and would like UNOS to develop patient resources that can be used to educate patients and patients can understand.

## **12. Regional Updates**

Regional representatives highlighted discussions at their regional meetings.

### **Upcoming Meeting(s)**

- Standing conference call at 3:00pm ET on the third Wednesday of every month through June 2015
- March 10, 2015 (Chicago, Illinois)