Discussions of the full committee on March 8, 2016 are summarized below. All committee meeting summaries are available at [http://optn.transplant.hrsa.gov/](http://optn.transplant.hrsa.gov/).

**Committee Projects**
1. None

**Committee Projects Pending Implementation**
2. None

**Implemented Committee Projects**
3. None

**Review of Public Comment Proposals**

4. *Simultaneous liver-kidney allocation 2016 (Kidney Committee)*
   
   The TCC asked the following questions/comments that were answered/discussed during this meeting. Overall, the Committee supported the proposal as written.
   
   - Can you still list kidneys that don't meet medical criteria?
   - When an OPO sees a match run and you have someone with a Status 1 or MELD >35 who happens to be listed for this kidney but does not meet the criteria. How does the person know at the OPO?
   - For those entering data, will reports be generated to know when you are supposed to be updating information?
   - For kidneys with a GFR that is 20 and below. The GFR requirement looks lowered, why is it not required the GFR be 20 and below for SLK?

5. *Adult heart allocation changes 2016*
   
   The TCC asked the following questions and made the following comments that were answered and discussed during the meeting. Overall, the Committee supported the proposal. The Thoracic Committee will work with TCC to discuss what period is reasonable to transition patients before policy changes.
   
   - This is a great change in the system, but there could be a few unintended consequences.
   - If you have the ability to frequently change patient statuses, there is a concern that the centers are going to have to be mindful about updating that information or there will be many requests to rerun the match.
   - From a transportation/logistics perspective, in the old system you may have seen a center in California come up for the next four patients on the heart list. If they were interested in a heart, you would assume they were getting the transportation/logistics
figured out, but I anticipate there will be many single-center offers. It may add a degree of challenge where there was not one in the old system.

- One committee member stated that all of the multi-organs are listed as Status 5, but from an allocation standpoint, that practically means that none of them will get a heart and a lung. It is odd that there is not criteria to assign heart/lung as well. Why aren't all multi-organ transplants together?
- There was concern that with heart placement as it stands now, very rarely is there a true back up for thoracic organs. If we are moving forward with this, it should seriously be considered to make calls beyond the primary offer, not stop, because realistically you may be stopping allocation with a center that is 1000 miles away, and lose the chance to replace the organ if that center has to pull out for any reason.
- This would be most important with local donors.

Other Significant Items

6. Effective Practices Project Idea Discussion

UNOS Instructional Innovations staff reviewed the Instruction Innovations process for developing effective practices, resources, and toolkits. Examples of current UNOS effective practices, an explanation of available dissemination platforms, and what is needed for a UNOS Instructional Innovations request were reviewed with the Committee. Committee members made effective practice topic suggestions and discussed other ways to collect topic ideas to include: surveying the targeted audience, review of reoccurring topics from TCC Listserv, and collaborating with NATCO. This project would not go through the POC for approval, but the Committee agreed it was a good idea to consider topics that align with the OPTN strategic goals and use the goals as one way to prioritize the topics. Instructional Innovations and TCC liaison would need make sure other committees are not currently working on an effective practice for topics that are being considered.

7. Learning Management System (LMS) Update

UNOS Instructional Innovations staff provided a live demonstration of the new UNOS LMS and responded to Committee member questions.

8. UNOS Instructional Innovations Update

UNOS Instructional Innovations staff reviewed past, current, and upcoming events and how to access them online.

9. Data Quality Improvement Opportunities

UNOS Research and SRTR staff requested the TCC’s feedback on ways to improve OPTN data integrity, timeliness of submission, and reliability of data. There is lack of trust in accuracy and completeness of OPTN data that is used for decision-making purposes. UNOS staff and SRTR staff are working on ways to address this issue. Committee members had several questions and comments for UNOS staff and SRTR. It was decided to form a work group to continue this discussion with research, SRTR, and the OPTN/UNOS Data Advisory Committee (DAC). A separate call will be scheduled in April with members from the above-mentioned groups.

10. UNOS IT DonorNet® Mobile Demonstration

UNOS staff demonstrated and fielded questions on the new DonorNet mobile application for OPOs and transplant centers.
11. TCC Effective Practices Discussion

Barbara Bavery, RN, CCTC provided a presentation on the changes Froedtert and Medical College of Wisconsin has made to its liver program that positively impacted their patient population. She described their service line organizational flow chart, adult recipient characteristics, their multidisciplinary team initiatives, and described their transplant mental health team composition and duties.

Marlene Abe, RN discussed how the University of California, Irvine’s Transplant Center and OPO agreement was developed to prevent the loss of imported kidneys. She presented case scenarios and described the OPO action and the development of a new practice model.

Upcoming Meeting

- May 17, 2016 (Conference Call)