

OPTN/UNOS Organ Procurement Organization Committee
Meeting Summary
December 8, 2015
Teleconference

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Discussions of the full committee on December 8, 2015 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

No committee project discussions

Review of Public Comment Proposals

No review of public comment proposals

Other Significant Items

- 1. Simultaneous Liver-Kidney (SLK) Allocation** – The Committee was provided with an update on the SLK proposal from the Kidney Transplantation Committee. This proposal was distributed for public comment from August 14 – October 14, 2015 with plans for a revised proposal being distributed during the January 27 – March 27, 2016 public comment period. The update focused on the allocation changes that impact OPOs. Under current policy, OPOs are required to offer the kidney to local multi-organ candidates who are registered for heart, lung, liver, or kidney pancreas before allocating to the kidney alone list. The proposed change would expand this requirement to regional liver-kidney candidates who meet that medical eligibility criteria and also have a Share 35 or Status 1A. The OPO will follow the match run to decide which combination to offer and in what order. This proposal does not require that the OPO allocate a liver-kidney combination before offering the kidney as part of a different type of multi-organ combination locally.

One committee member noted that the guidance document distributed in 2014 following the change to the pancreas policies states that “if the potential recipient who is eligible for extra-renal organs outside of the local area, the OPO must first offer the kidney and pancreas match through the local recipients, then offer kidneys to mandatory shares before allocating a kidney to a non-local multi organ.” The language in the guidance document would conflict with the new policy. UNOS staff noted that there were other sections of the pancreas guidance document that need to be updated as this policy change moves forward.

There was a question raised about how to handle an expedited donor. For example, if an OPO runs a kidney match run because there is concern about not having enough time to get serology results back but then end up recovering the liver as well, does the OPO need to rerun the match run? A committee member noted that in that scenario you would not be required to rerun the kidney list. If the OPO runs a liver match and there is a liver-kidney candidate at the top of that list, the OPO would be required to allocate one of the kidneys with the liver.

The OPO Committee supported the changes to the proposal and will review it again during the public comment period.

2. **Innovations Project** – UNOS Customer Innovations staff requested feedback from the OPO Committee on an initiative to create an electronic method for OPOs to share post-transplant results with transplant hospitals. This issue has been discussed for several years due to the variability in OPO practice for communicating information either by phone, fax, or emails. This project will give OPOs the ability to enter post-recovery results into DonorNet® with the ability to upload the corresponding documentation for the transplant hospitals. This will utilize the same technology used to send organ offer notifications to the transplant centers.

One committee member had a question about the timeliness of notifications. OPTN policy requires OPOs to notify transplant hospitals about positive culture results within 24 hours of receipt. If an electronic system is implemented, will it fall within this required timeline? Additionally, will there be a way to determine which results to report based on the seriousness or relevance of the culture? For example, reporting a positive blood culture to the transplant hospital should be done right away. There was also concern about removing the “human element” when it comes to reporting critical information that might get lost using only electronic communications. There was a suggestion to create some sort of confirmation that the information was delivered to the appropriate person at the transplant hospital.

UNOS staff noted that the plan is to create a location in DonorNet® where OPOs can get a report that shows all the notifications sent to the transplant hospital for a particular donor. This will include a date and time stamp of when it was sent as well as when the recipient of the information logs in. UNOS staff asked if it would be beneficial to create a separate notification if the individual does not log in and review the information within a certain timeframe. Committee members noted that it really comes down to taking responsibility for conveying important post-transplant information to the transplant hospitals. The Committee was reminded that the Ad Hoc Disease Transmission Advisory Committee is distributing a proposal for public comment in January 2016 that further addresses this issue.

Committee members agreed that it is important to be aware of the variability of when OPOs change a provisional yes to an acceptance because that is one of the key components. Additionally, having the ability to document the cross clamp time is important because that is the point at which culture collecting and reporting is initiated. Currently that information is only collected on the deceased donor registration form and not in DonorNet®.

UNOS staff noted that the next step is to further identify and finalize the requirements, program the solution, and then develop a pilot of the system with a limited number of OPOs. Several OPO Committee members expressed interest in participating in the pilot.

3. **TransNetsm Proposal** – The Committee was provided with an update on the TransNetsm proposal that will be distributed for public comment in January 2016. The Committee members reviewed the policy language and did not have any comments or concerns. The Committee will review the proposal again during public comment.

The Committee had several questions about the TransNetsm system:

- *iOS operating system availability* – The system was initially designed for use with Android tablets. Based on feedback from the community, a new application was developed, recently approved by Apple, and will soon be available for use on iPads. There are no plans at this time to develop a Microsoft platform for use with Surface tablets but it could be part of a future enhancement.

- *24-hour support* – The plan is for UNOS to provide 24 hour call center support which will include on call programmers. This will be initiated in advance of the effective date for mandatory use by OPOs.
- *Cost* – There has been concern in the OPO community about the cost of this “mandatory” system. The cost for each OPO depends on how many setups are required for their coordinators. UNOS staff noted that survey comments about the “budget” were most likely related to the current budget and most OPOs are looking ahead and budgeting for the cost of purchasing the necessary equipment to be in compliance with future mandatory use of TransNetsm.
- *Two-person validation* – Is there concern about the lack of a requirement to have a second person log in to verify the information? UNOS staff noted that OPOs have the option to use the remote validation feature which requires a second person to log onto the website to verify the information.
- *Verification form* – Does the use of TransNetsm eliminate the need to document the verifications using the form? Policy 16.5 states that “each OPO must establish and then implement a protocol for verifying the accuracy of organ and vessel packaging labels by an individual other than the individual initially performing the labeling and documentation.” Does that mean that OPOs are still required to have someone verify the labels that are generated out of TransNetsm and then documenting the verification on the form? The Committee agreed that the important thing is to make sure the correct organs get in the correct box with the correct label. It was noted that the current form could be reduced based on the verification sheet being developed and produced in TransNetsm.

New Business

- None

Upcoming Meeting

- April 12, 2016