

**OPTN/UNOS Operations and Safety Committee**  
**Meeting Summary**  
**February 24, 2015**  
**Conference Call**

**Theresa Daly, Chair**  
**David Marshman, Vice Chair**

*Discussions of the full committee on February 24, 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**

**1. TransNet<sup>sm</sup> /Electronic Tracking and Transport Project**

Twenty OPOs have signed up for TransNet<sup>sm</sup> through July 2015. Along with the eight OPOs currently using the system, half of all OPOs will be using TransNet to some degree by mid-2015.

Transplant hospital discovery is continuing with road trips to transplant hospitals and OPOs in three areas: New York, Chicago, and California. The feedback has been positive. It appears that printing recipient ID bands will not be an issue. Coordinators who work from home can print to network printers using Citrix. Transplant hospitals will need to develop their process for how the printed band will be put on the intended recipient.

Transplant hospitals see the value in using the system to meet and enhance ABO requirements and processes. TransNet<sup>sm</sup> staff had a meeting scheduled with CMS last week that had to be cancelled due to weather. This will be rescheduled and the purpose is to work together to make sure that the system can meet both OPTN and CMS requirements.

Transplant hospitals also see the potential for using the system to manage and document extra vessels. The system could calculate expiration dates and send notices when vessels need to be destroyed. If vessels are scanned upon storage and destruction, the system could create a log.

Discussions continue on how to handle cases where the recipient is not on a match run. Currently, there are about 60 cases per year. Discussions are also continuing on whether to limit printing of recipient ID bands to the accepting recipient only and have OPOs authorize printing for alternate recipients. This issue will continue to be considered.

**2. Proposal to Allow Collective Patient and Wait Time Transfers**

This proposal was developed within a framework of promoting safety and efficiency to promote order in what is often a difficult situation when transplant programs have to close or enter long-term inactivity. The OSC has received constructive suggestions from the UNOS Member Quality team seeking clarity in some definitions to enable monitoring and requesting that tools and templates be developed to assist with the process. The sub group revisited a debate that the OSC had earlier in the development of the

proposal: Which party should have the responsibility for changing patient status (the closing/inactive hospital or the accepting hospital). Pros and cons exist for both sides. The closing/inactive program may not have the resources and the OPTN has diminished ability to enforce. The accepting hospital may not have the ability and it may not be the best solution in terms of efficiency. UNOS had been asked to consider changing all to inactive at the time of transfer. This had been deemed an inappropriate role for the OPTN. The public comment proposal did put this responsibility on the accepting hospital. For the challenges inherent in closing, Member Quality can monitor actions of accepting hospital.

The Committee acknowledged that there are so many extenuating circumstances in this situation. One member commented that the proposal should continue to put the burden on the accepting center because there is no redress on the closing center. The sub-group will meet again and provide recommendations for OSC. It was decided to keep the responsibility on the accepting hospital. The plan is to vote on the proposal at the OSC March 24<sup>th</sup> teleconference. If necessary, the proposal could be voted on at the April 14<sup>th</sup> in-person meeting.

## **Collaborative Committee Projects**

### **3. Simultaneous Liver-Kidney Allocation**

The Kidney Committee liaison presented an update on the Simultaneous Liver-Kidney (SLK) Allocation project progress to date. Three OSC members have been serving on this work group. The liaison explained that there are currently no rules or medical criteria for SLK and the lack of standard rules is contrary to the Final Rule, which requires the OPTN to set policies to avoid futile transplants. There are no rules beyond the local level. SLK rules have been considered in the past (2006-07 consensus conference and 2009 non-adopted public comment proposal). With the advent of the new Kidney Allocation System (KAS), which included the elimination of paybacks and variances as well as the associated complex programming, the Kidney and Liver Committees along with representatives from other groups have formed a work group to revisit this issue.

The proposal will include medical criteria geared to make sure that SLK does not divert from kidney-alone candidates who have greater medical needs yet to keep an increased priority for liver transplant recipients who continue to experience kidney issues post-transplant (called the safety-net). The OPOs support having rules as opposed to having to make these allocation decisions themselves without guidance. There are about 500 SLKS performed per year, approximately 50-65 did not have any pre-transplant dialysis, and 100-120 recipients received their kidneys within two months of the liver transplant.

The proposed medical criteria will use qualifications that are more in alignment with kidney-alone requirements as applicable. At a high level, the qualifications will be based on certain diagnoses with defined medical criteria (chronic kidney disease, sustained acute kidney non-function, and metabolic disease) taking into account dialysis and GFR data. If a transplant recipient was eligible for a SLK under these criteria than they could get local and regional offers. The group has not come to a consensus on national rules.

The suggested safety net will prioritize liver recipients and ensure some period of waiting proposed to be 2-12 months post-liver transplant.

The OSC was asked to provide feedback on these recommendations. The kidney and liver committees have endorsed these principles and are seeking feedback from numerous groups with the aim to go out for Fall 2015 public comment. Two OSC members made comments. One explained that the data show post-transplant kidney



## **Other Significant Items**

### **7. Disease Transmission Advisory Committee (DTAC) Request: OSC Feedback on potential project for screening results timing**

The Operations and Safety Committee (OSC) considered the DTAC request on whether new policy should be developed that would require infectious disease testing (with certain exclusions such as NAT and EBV) be completed within a defined timeframe. The Committee questioned the number of circumstances under which testing was not being completed prior to transplant. While the number is small and the cases do not appear to be related to “crashing donors”, additional information could not be shared with the Committee as these cases are currently in due process.

Operations and Safety OPO representatives did indicate that the timing suggested “prior to release of the organ by the Host OPO to the transplanting hospital” would seem reasonable. One OPO representative shared that they have recovered organs in “crashing donors” without testing results. Their policy is not to release organs until tests have been resulted. One site does face serious geographic limitations, yet manages to maintain this internal policy. The OSC while agreeing that the suggested timing is reasonable did not favor policy development at this time. The reasons for this were not having enough information about the cases that spurred the question; concerns over “crashing donor” cases and potential organ wastage; and not desiring to make policy based on outliers which could unintentionally result in organ discard due to results not being available for legitimate reasons.

## **Upcoming Meeting**

- March 24, 2015 (teleconference meeting)