

**OPTN/UNOS Transplant Administrators Committee
Report to the Board of Directors
December 1-2, 2015
Richmond, VA**

**Amy Peele, RN, Chair
James Pittman, RN, MSN, Vice Chair**

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This report reflects the work of the OPTN/UNOS Transplant Administrators Committee from April – November 2015.

Action Items

None

UNOS Projects

1. 2016/2017 UNOS Transplant Management Forum (TMF)

During its July in-person meeting, the Committee reviewed the 2015 TMF meeting evaluations and began planning for the 2016 TMF. The group also reviewed revenue and expenses from the 2015 TMF, potential improvements, and other meeting logistics. The 2015 TMF had an increase in profit when compared to previous years and one important improvement made to the 2016 TMF includes TAC members working closely with speakers on ways to make sessions more interactive for attendees. Speakers will also receive a slide template and speaker guidelines to assist them when preparing their presentations. In addition, speakers will receive a speaker evaluation after the meeting to assess speaker satisfaction.

The Committee continues to work on 2016 meeting logistics that include securing speakers and obtaining nursing contact hours through the Virginia Nurses Association (VNA). The 24th annual TMF will be held April 4-6, 2016 in Indianapolis, Indiana.

The TMF Financial Work Group continues to discuss future TMF financial management as needed. This Work Group works with UNOS Finance Department staff to develop a structured budgeting process in an attempt to better manage forum cost and profitability. This Work Group will also address any TMF planning financial issues that arise in the future to include but not limited to cost options regarding hotel/location, amount spent on speakers, and fee increases associated with registrations and exhibitor/sponsorships.

The 2017 TMF venue has not been determined at the time of this report. UNOS Meeting Partners continues to evaluate cost effective, eastern meeting sites and will provide the TAC with choice of three to four eastern venues that fall within the provided TMF budget.

2. 2014 UNOS Staffing Survey

The annual UNOS Transplant Administrators Committee Staffing Survey examines the size and scope of each transplant program. It also identifies the type of personnel working at the center, as well as how many people perform in each role. Collection of the 2014 Staffing Survey ended on June 30, 2015. Ending a trend of increasing participation in recent years, the survey response dropped slightly compared to the previous year, but still good overall. As shown in Figure 1, response rates range from 55% of heart programs to 65% of lung programs. The Staffing Work Group continues to enhance the strategy to increase participation to the desired 75% level. In addition to the normal channels of advertisement

(the Transplant Pro eNewsletter, regional meetings, UNOS Transplant Management Forum, Transplant Administrator listserv messages, and UNetSM system notices), the Committee will consider reaching out to various professional organizations. The survey deadline will be pushed up to May 15, 2016 continuing the strategy of a shorter deadline to incentivize timely submission. The Staffing Work Group is enhancing several definitions and labels on the survey in an effort to ensure clarity and consistency. In addition, the Work Group has created a tutorial and worksheet template to help users gather data in a consistent manner across programs. Over the next year, the Work Group will reassess the purpose and usage of the Survey data and consider more substantive enhancements for future surveys.

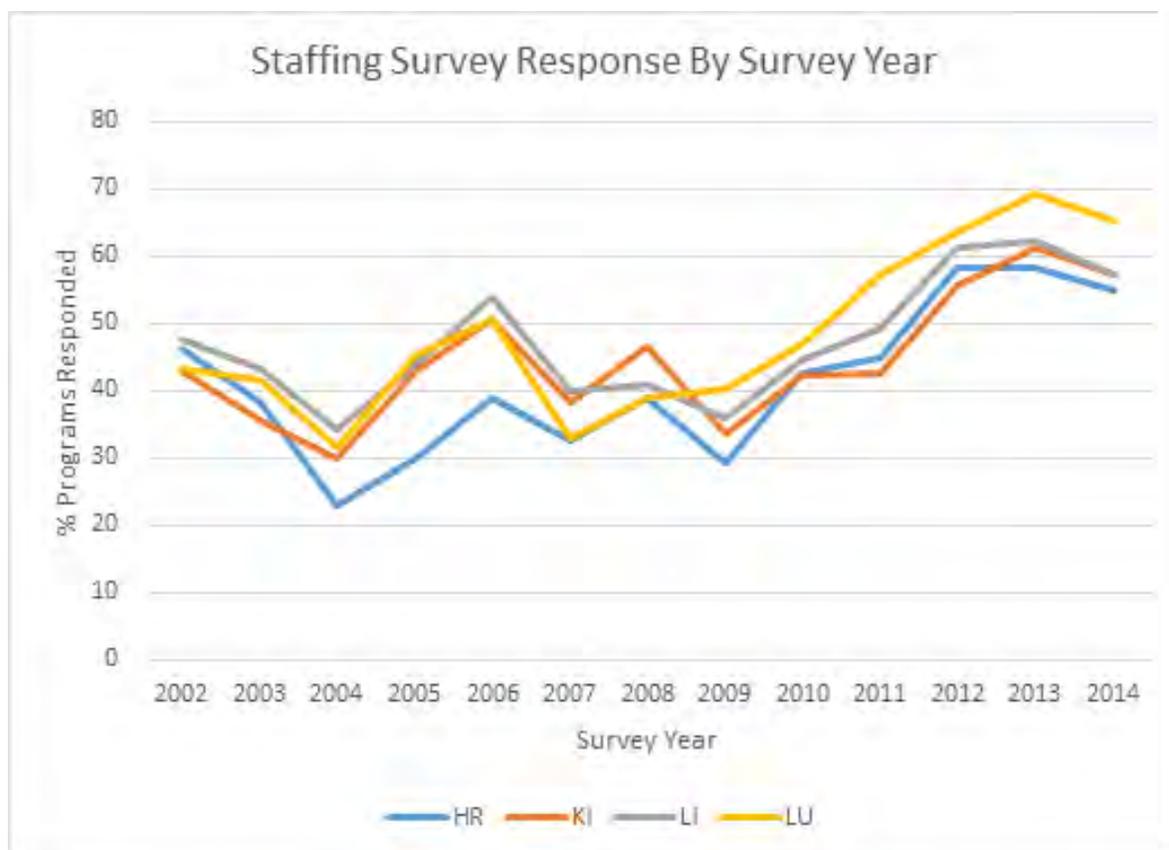


Figure 1. Staffing Survey Response by Survey Year

3. 2015 UNOS Request For Information (RFI)

The Committee continues to explore how the UNOS RFI could assist the Committee in understanding the perspectives and concerns of payers while balancing the needs of transplant centers for adequate reimbursement. The purpose of the RFI is to provide transplant centers the efficiency of entering essential organ transplant program information and data in one location for payers to review and is located within the Transplant Administrators application in UNetSM.

The Work Group had a conference call with the payers in June to further discuss RFI data format. The payers requested the data in RFI forms be made available in a more user-friendly format where it could be uploaded directly into their system. UNOS staff determined the data could be exported into an excel file for the 2016 release and the TAC Payer Relations Work Group members had hoped this update would decrease the need for payers

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to require addendums to the UNOS RFI. After further discussion with the payers, it was determined that the alternate format was not beneficial for the majority of the payers and it was decided to continue using the current PDF format.

For the 2016 RFI updates, the Work Group requested the dates on the forms be updated to the current year and removal of the SRTR data release button. There were a few enhancement requests made that would involve moving information that is asked on each program form to the transplant administrative profile section of the forms. This will eliminate the need for centers to enter duplicative information on each program form.

4. Transplant Administrators Listserv

The Committee established the Transplant Administrators Listserv in 1999. A working subgroup of the TAC comprises the listserv moderators who oversee access and content of the listserv. The objective of this listserv is to facilitate the sharing of information regarding the practice of transplant operations and administration. Membership is open to transplant administrators or managers of UNOS approved (or pending approval) transplant providers within the United States. Membership is also open to employees of UNOS, HRSA, and other governmental or governmental contract agencies that participate in the management or oversight of organ transplantation. As of October 30, 2015, there are 647 listserv members with individuals requesting membership daily. Current work of the Listserv workgroup includes:

- Reviewing requests for new memberships
- Approve/decline membership requests according to listserv guidelines
- Work to develop better ways to manage archives

OPTN Committee Projects

None

Committee Projects Pending Implementation

None

Implemented Committee Projects

None

Review of Public Comment Proposals

The Committee reviewed three of the 12 policy proposals from August 14, 2015 – October 14, 2015.

5. Foreign Equivalent in Bylaws (Membership and Professional Standards Committee (MPSC))

The Committee confirmed that these proposed Bylaws would not impact any currently approved transplant programs or key personnel. Rather, these proposed Bylaws will be used to evaluate transplant hospital applications submitted after the Bylaws implementation date. The Committee also confirmed that key personnel applicants who are certified by the Royal College of Physicians and Surgeons of Canada may only submit transplant cases from OPTN-designated transplant programs to meet the case volume requirements for each respective key personnel pathway. With this clarity, the Committee did not provide any further recommendations or express any concerns with this proposal.

6. Reduce Documentation Shipped with Organs (Organ Procurement Organization Committee (OPO))

The Transplant Administrators Committee was in support of this proposal and thanked the OPO Committee for its efforts. There was one concern the Committee would like addressed in the policy language.

The proposed language in 16.5.A Organ Packaging Documentation Requirements states:

Each external deceased and living donor transport container holding an organ must be sent with ~~the complete deceased and living donor record that includes all~~ of the following source documentation.

However, policy 16.2 (3) Organs Recovered by Living Donor Recovery Hospitals states:

Instead of the list of documents in *Policy 16.5: Documentation Accompanying the Organ or Vessel*, living donor organs must contain the blood type source documents, donor informed consent form, and the complete medical record of the living donor. Vessels that are shipped separately from living donor organs must include the same documents as are required for shipping living donor organs.

Since these two policies are in conflict, the Committee suggested adding the following language to 16.2 (3):

In addition to the items listed in *Policy 16.5: Documentation Accompanying the Organ or Vessel*, living donor organs must contain the blood type source documents, donor informed consent form, and the complete medical record of the living donor. Vessels that are shipped separately from living donor organs must include the same documents as are required for shipping living donor organs.

The Committee noted that living donor information is not entered into DonorNet and the paper chart would still be required.

7. Simultaneous Liver Kidney Allocation (SLK) (Kidney Transplantation Committee)

The Committee reviewed this proposal and had the following questions and concerns:

In terms of medical criteria that has to be met, there is no disagreement with the premise of having consistent criteria to follow. However, a committee member had some concerns about the following operational issues. This proposal would require the center to document every 7 days that the GFR is at a certain level and if the patient is not hospitalized or being dialyzed in your unit, then they would be required to come into the clinic or local lab every 7 days. This requirement is difficult to meet if patients are non-compliant. The member questioned if there was any leeway in this requirement.

The following scenario was posed and questioned if the cost impact on centers was considered for this proposal. A center has a patient who received a liver transplant and it was decided that the patient does not need a kidney right away. The patient does not do well afterward the transplant, ends up in renal failure, requires dialysis, has an increased length of stay, and placement issues arise.

The region 9 representative asked how this proposal would affect region 9 being as they have a region wide list for liver transplant.

Other Committee Work

8. Committee Feedback

Operations and Safety Committee (OSC)

The TAC has two representatives assigned to the OSC Infectious Disease Verification Work Group. These representatives provide feedback regarding possible policy development that would add requirements for infectious disease test results verification for donor and recipient and/or time outs prior to transplanting an organ.

At its July in-person meeting, the Committee received a presentation from the OSC on patient safety data reporting. The Patient Safety Advisory Group reviews patient safety data incident reports twice a year to identify trends or key areas where system improvements, educational products and policies can be developed. This group also prioritizes the data and receives safety topic referrals from the MPSC. The presenter reviewed the primary data source used by this group, overall trends and patterns in patient safety situation reporting to the OPTN, how the OSC prioritized the events reported, and actions taken by the group on referrals made by the MPSC. The Committee agrees this is valuable information for this group and community and would like to continue to receive updates from OSC.

UNOS staff also updated the Committee on policy 16.7.B Vessel Storage that was approved by the OPTN/UNOS Board of Directors in November 2012. This policy was implemented on October 22, 2015. Policy requirements were reviewed with the Committee along with changes that were made for reporting extra vessels disposition and new reporting features and requirements. For more information, see the **OSCs Report to the Board**.

Liver and Intestinal Organ Transplantation Committee

During its July in person meeting, Committee members that attended the Liver Forum in June 2015 briefed the full committee on the discussions that occurred. Similar to the discussions at the Forum, TAC members had conflicting opinions on liver distribution. Members also questioned if MELD/PELD is the appropriate allocation system to predict survival and that commented that underutilization of livers is an issue. Some members thought additional evaluation for liver distribution is necessary while others thought change needs to occur now. However, all agreed that a change that is right for patients and the regions is needed.

An overview of the Liver and Intestine Committee's liver redistricting initiatives and discussions that occurred at the Liver Forum in June 2015 was provided to the full committee during its August conference call. The potential redistricting solutions were reviewed with the TAC and it was noted that there is no policy proposal immediately forthcoming regarding this project. The presenter informed the TAC that the Liver and Intestinal Committee is not ready to present a proposal based on the ideas and questions raised by the community and further work is needed. The Committee will continue to provide updates to the TAC as the requested analyses become available. For more information, see the **Liver and Intestinal Organ Transplantation Committee's Report to the Board**.

Thoracic Organ Transplantation Committee

A member of the Thoracic Committee provided a brief overview and status update on the Adult Heart Allocation Policy Revision project. The goal of this project is to better stratify adult heart candidates based on their medical urgency, and expand access to donors for the most critically ill patients. Options that have been considered, steps take to date, and next steps were presented. For more information, see the **Thoracic Organ Transplantation Committee's Report to the Board**.

Kidney Transplantation Committee

The chair of the Kidney Transplantation Committee provided a brief background, overview, and update on the KAS six month data collection. Trends in the kidney waiting list,

distribution of transplants since KAS implementation, longevity matching, geographic distribution of kidney transplants, and other findings were presented. In summary, for the first six months, KAS has been meeting key goals and increased transplant volume by 1%. However, there are several effects that deserve further attention and the Kidney Committee will continue to monitor. For more information, see the **Kidney Transplantation Committee's Report to the Board**.

9. TransNetSM

The Committee continues to provide feedback on the TransNetSM project. A committee member questioned if there has been any concern with putting another armband on the recipient. TransNetSM will not designate where the armband should be placed on the patient or the color of the armband and the center will be able to choose the color. Another concern raised was the issue of generating recipient armbands for patients that are located throughout the facility.

10. UNOS Research Updates

UNOS Research staff presented data from a study that looked into the increase in transplant from 2013 to 2014 in the United States and a display of macro-level metrics at national and regional levels to show where increases were found in the number of transplants and donors. Staff also demonstrated a new data tool called Tableau and discussed ways this tool would be useful to transplant centers. The Committee was notified that this data could be requested through the OPTN website and UNOS Research department. The Committee requested that they continue to receive updates on this topic.

UNOS Research staff also provided an overview of the Research Department's current and future functions. Committee members had questions regarding the billing process for new data requests and it was explained as follows: there would be a data request made to UNOS Research, a statement of work would be drafted and sent to the requestor for approval, a contract with a set amount would then be sent to the requestor, once signed and received by UNOS an invoice would be sent. Some committee members suggested the administrator be copied on the contract and invoice. It was also suggested that UNOS highlight this information at UNOS exhibit booths.

Another presentation and request for feedback was provided to the Committee during its October in person meeting. In this presentation, it was explained that UNOS Research is looking to provide centers with their own data on metrics that UNOS uses or collects, and allow them to compare their own performance to typical performance in the US from centers with similar sizes and geographical areas. The first phase of this report is to begin a conversation with members as to what this report should contain, what it should or should not be used for, and how it should be disseminated. A member asked if this data was restricted to TCR, TRR, and TRF and if there have been discussions regarding data definitions. Some members stated they would like to see 30-day readmission rates and that the analysis needs correlation. Another concern voiced by all Committee members was that this data be for internal use only and not made available to payers.

11. UNOS Instructional Innovations – Learning Management System (LMS)

UNOS Instructional Innovations staff provided a demonstration of the LMS that UNOS has purchased. The UNOS LMS will be used to centralize all UNOS instructional efforts and is expected to be available in January 2016. It will also provide members with an educational tracking system that will allow them to keep track of trainings they have completed as well as progress and training scores. Committee members were informed that their organization's staff training reports could be provided to their supervisors. Members were

interested in how much access to the LMS will cost centers and how they will be charged for this access. The Committee also agreed that UNOS should collaborate with other organizations to post competencies to the LMS. The TAC Education Work Group will continue to work with Instructional Innovations to provide feedback on content and ways the LMS would be beneficial to the transplant community. Committee members also volunteered to complete LMS user testing. Updates on this topic will be provided on future committee calls.

12. Request for a Permanent Transplant Administrator Position on the Board of Directors

On various conference calls and during its in person meetings, the Committee has continued to discuss its request to add a permanent transplant administrator position on the OPTN/UNOS Board of Directors. This request was made to UNOS leadership in March 2015 and a response was received in May 2015. At that time, UNOS leadership denied the request noting that the current size of the Board is too large and prevents the Board from being more responsive to the needs of the community. The Executive Committee is considering restructuring the Board and encouraged the TAC to continue to pursue early and active involvement in policy development process.

Committee members agreed that early involvement in the policy development process is important but still believe the transplant administrator perspective is crucial at the Board level. The Committee would like to remain informed of the Executive Committee's decisions regarding this topic.

13. Educational Work Group

The TAC Education Work Group continues to provide structural and content feedback on OPTN/UNOS educational efforts and committee projects regarding policy and their impact on practice.

The Work Group volunteered to review the learning modules that will be available through the UNOS LMS and will recommend a list of learning modules transplant administrators should assign to their staff.

The Work Group Chair will continue to work on the Alliance's Quality Resource guide project. This project is to review materials that are pertinent to transplant administration and will be made available on a common free internet site that is managed by the Alliance. The project should be complete by spring 2016. Going forward the TAC will have the opportunity to send materials/resources to the Alliance for inclusion on this site.

The group discussed the idea of an on-line "town hall" with representation from the four transplant administration constituencies to address questions about their organizations as well as topics relevant to transplant administration. The Work Group Chair will coordinate a conference call to discuss further.

The group will also partner with other transplant organizations in efforts to decrease the redundancies and increase collaborations at the 2016 TMF. To further the collaboration effort, the Education Work Group will share the work of the TAC Education Work Group more broadly via the TAC listserv.

14. Committee Project Brainstorming

The Committee dedicated time during its meeting on October 20 to brainstorming project ideas that meet the OPTN strategic goals. While the goal to increase the number of transplants was the focus of the session, ideas for the other goals were also collected. The top two ideas for increasing the number of transplants were to develop standardized educational materials and public awareness aimed at increasing the number of living donor

transplants and optimizing donor conversion and organ recovery in the acute care setting through improved measurement and increased accountability.

The problem identified for developing living donor educational materials and public awareness was that there is not enough information available for living donation. Many transplant programs continue to struggle with living donation while other programs are successful; therefore, making distribution of effective practices beneficial. It was also thought that better materials providing guidance on how people should talk to their families about living donation and better explain paired donation should be developed.

As for the second brainstorming idea of optimizing donor conversion and organ recovery in the acute care setting through improved measurement and increased accountability, the current system for evaluating hospital performance as it relates to deceased donor conversion and organ recovery is not aligned with current practice. New metrics and definitions that account for all potential deceased donor types should be utilized. This would meet strategic goal number one to increase the number of transplants by providing hospitals a clear picture to actual performance with data that reflects current deceased donor conversion and organ recovery practices. Increased transparency will provide an opportunity to raise expected levels of performance, thereby increasing deceased donor conversion and organ recovery throughout the United States.

Meeting Summaries

The committee held meetings on the following dates:

- May 27, 2015
- July 22, 2015
- August 26, 2015
- September 30, 2015
- October 20, 2015

Meetings summaries for this Committee are available on the OPTN website at: <http://optn.transplant.hrsa.gov/converge/members/committeesDetail.asp?ID=28>.