

OPTN/UNOS Transplant Administrators Committee
Meeting Summary
October 20, 2015
Chicago, IL

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

Discussions of the full committee on October 20, 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. None

Committee Projects Pending Implementation

2. None

Implemented Committee Projects

3. None

Review of Public Comment Proposals

4. None

Other Significant Items

5. Presentations

OPTN/UNOS President's Address

Carl Berg, MD, OPTN/UNOS Immediate Past President, presented progress on the following UNOS activities:

- Kidney Allocation System (KAS) implementation
- IT upgrades
- TransNet
- Development of the new strategic plan
- Deceased Donor Potential Study

Modifications of the Heart Allocation System Project Update

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.

TransNetSM

The Committee continued to provide feedback on the TransNetSM project. A committee member questioned if there has been any concern with putting another armband on the recipient. TransNet 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.

UNOS Research Updates

A presentation and request for feedback was provided to the Committee. 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.

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.

6. Committee Project Brainstorming

The Committee dedicated time during this meeting 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.

Upcoming Meeting

- November 16, 2015 (Conference Call)