

OPTN/UNOS Transplant Administrators Committee
Meeting Summary
September 30, 2015
Conference Call

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

Discussions of the full committee on September 30, 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. Foreign Equivalent in Bylaws (MPSC)

The Transplant Administrators 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 Transplant Administrators 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 Transplant Administrators Committee did not provide any further recommendations or express any concerns with this proposal.

5. Reduce Documentation Shipped with Organs (OPO Committee)

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.

6. Simultaneous Liver Kidney Allocation (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 in to 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.

The Committee generally supported the proposal after receiving responses to the above questions.

Other Significant Items

7. Policy Oversight Committee (POC) Update

The Committee vice-chair provided an update on current activities of the POC. The POC met on September 29th in Chicago, IL and discussed new committee project submissions. Five of the seven committee projects that were submitted for POC review were approved to move forward for Executive Committee approval. The Executive Committee will meet on October 19, 2015.

Upcoming Meetings

- October 20, 2015 (Chicago, IL)
- November 16, 2015 (Conference Call)