

**OPTN/UNOS Transplant Administrators Committee (TAC)**  
**Meeting Summary**  
**November 17, 2014**  
**Conference Call**

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

*Discussions of the full committee on November 17, 2014 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>.*

**Review of Public Comment Proposals**

**1. Proposal to Establish a Quality Assessment and Performance Improvement Requirement for Transplant Hospitals and Organ Procurement Organizations by the Membership and Professional Standards Committee (MPSC)**

The Committee received a presentation and requested clarification on several aspects of the proposal. Questions and concerns raised by committee members included:

1. When the analysis was conducted to implement and require QAPI plans, what percentage of transplant programs did you find were not currently CMS approved?
2. It was noted that for 85% of transplant centers there will be duplicative QAPI requirements with CMS and OPTN. With that in mind, will there be another crosswalk developed between the CMS and OPTN QAPI requirements? This will be critical because the CMS QAPI requirements are very prescriptive where the OPTN requirements are not. A crosswalk would reduce centers having to interpret the requirements for the OPTN QAPI plan.
3. Did the MPSC discuss the following alternative when developing this proposal? If the OPTN found a quality issue with a program, the OPTN would file a formal complaint with CMS and CMS would have to substantiate the complaint with the center's QAPI plan.
4. Please develop a checklist and sample forms so requirements are not misinterpreted. Also, dissemination of effective practices would be helpful.
5. There was also concern that if CMS or the OPTN changes their requirements then each program will have to be in compliance with two different set of requirements.
6. Members felt that this proposal is similar to the correction plans centers have to submit. Does the MPSC not consider plans of correction and follow up from MPSC or site surveyors sufficient?
7. One committee member stated that this proposal is subjective. The proposal does not specifically state what situations the MPSC would require a program to provide a QAPI plan. Centers should not be required to adhere to subjective requirements. They should be specific.

The Committee did not vote on this proposal but will submit the above comments through the public comment process.

## **Other Significant Items**

### **2. Policy Oversight Committee (POC) Update**

The Committee Vice-Chair reviewed the new committee projects that were approved at the POC's October meeting.

### **3. Instructional Innovations (II) Update**

UNOS Instructional Innovations informed the Committee that the Kidney Allocation System (KAS) will be implemented on December 4, 2014. All KAS resources can be found on the OPTN site.

### **4. Educational Work Group Update**

The Committee received an update on the Education Work Group's progress. The group provided feedback on the 2015 UNOS instructional plan and to the Patient Affairs Committee (PAC) on waiting time transfer education. The Work Group will continue to provide educational feedback to other OPTN/UNOS committees upon request and also discuss collaborative educational efforts with other organizations.

## **Upcoming Meeting(s)**

- Standing conference call at 3:00pm ET on the fourth Wednesday of every month through June 2015
- July 21-22, 2015 (Chicago, Illinois)