

**OPTN/UNOS Organ Procurement Organization Committee**  
**Meeting Summary**  
**April 12, 2016**  
**Chicago, Illinois**

**Sean F. Van Slyck, MPA/HSA, CPTC, Chair**  
**Jennifer K. Prinz, RN, BSN, MPH, CPTC, Vice Chair**

*Discussions of the full committee on April 12, 2016 are summarized below. All committee meeting summaries are available at <http://optn.transplant.hrsa.gov/>.*

### **Committee Projects**

#### **1. System Optimizations to Expedite Organ Allocation and Increase Utilization**

The Committee was provided with an update on this new project being led by the OPO Committee. The initial conference call for the work group was held on March 21, 2016. The work group consists of representatives from the following committees:

- Liver and Intestinal Organ Transplantation Committee
- Thoracic Organ Transplantation Committee
- Pancreas Transplantation Committee
- Kidney Transplantation Committee
- Operations and Safety Committee
- Transplant Coordinators Committee

During the initial call the work group identified the following next steps:

- Establish a work group charge
- Clearly define “inefficient placement of organs”
- Compile a list of reasons/causes for inefficient organ allocation
- Categorize and prioritize
- Review the entire process flow for organ allocation to identify failure points

The Committee agreed this will be a large and challenging project. There are OPO and transplant hospital practices that influence the efficient placement of organs and collaboration will be imperative as this project moves forward.

### **Committee Projects Pending Implementation**

#### **2. Imminent and Eligible Death Data Definitions**

This proposal was approved by the Board of Directors in 2013 and the effective date is currently set for January 1, 2017. The Committee will continue to work with Health Resources and Services Administration (HRSA) staff in an effort to encourage Centers for Medicare and Medicaid Services (CMS) to accept the new OPTN definitions.

### **Implemented Committee Projects**

#### **3. Reduce Documentation Shipped with Organs**

This proposal was approved by the Board of Directors in December 2015. The intent of the proposal was to limit the documentation that gets shipped with the organs to blood type source documentation and infectious disease testing results. OPOs will continue to provide all other pertinent donor information electronically. While this OPTN policy

change went into effect on March 1, 2016, OPOs are still required to send complete donor records with each organ due to CMS regulations. The Committee will continue to work with HRSA and CMS in an effort to update the regulations.

The Committee is also working with UNOS IT to improve the current process for managing DonorNet® attachments. This includes ensuring the information is easy to find with consistent file names and contents of the files. The Committee agreed to identify a list of attachment categories and get feedback from the Ad Hoc Disease Transmission Advisory Committee, Operations and Safety Committee, and the Transplant Coordinators Committee.

## **Review of Public Comment Proposals**

Spring 2016 public comment proposals were reviewed during a February 29, 2016 conference call.

## **Other Significant Items**

### **4. Task 17 Update**

The Committee was provided with an update on the OPTN Task 17 study examining the feasibility of the OPTN collecting ventilated referral data. Initial research questions include standardized definitions, availability of patient-level data, level of effort to collect the data, verifying data, and data collection tools. The Committee continues to support this effort but did have concerns about self-reported OPO data and the rationale for limiting the data collection to hospitals with at least 150 beds. The Committee requested another update on this project in July 2016.

### **5. Policy Oversight Committee Update**

The Committee was provided with an update from the March 21, 2016 POC meeting. The POC reviewed ongoing and new committee projects in an effort to produce a committee project work plan for the Executive Committee. All OPTN Committees continue to work on identifying projects that focus on increasing the number of transplants. The POC discussed the multi-organ project for a second time based on feedback from the Executive Committee. The POC again recommended that the project move forward based on the importance of clarifying existing policy language. The Executive Committee met on April 11, 2016 and once again did not approve the project.

The POC also discussed the fiscal impact project that will eventually provide the Board of Directors with a high level estimate of the financial impact OPTN proposals have on members after they are approved and implemented. The OPO Committee expressed interest in assisting with the collection of estimates from OPOs.

### **6. DonorNet® Mobile Demonstration**

The Committee was provided with a demonstration of the DonorNet® Mobile application being developed by UNOS Customer Innovations. The timeline for this project is programming “phase one” (OPO functionality) in July 2016 with an anticipated release date by the end of 2016. Phase one will allow OPOs to perform the second verification of ABO as well as uploading attachments to DonorNet® using a mobile device. This includes the ability to upload images and video files up to 50 MBs. There was concern about allowing a second ABO verification to be completed without the ability to review the source documentation. The Committee also recommended adding the functionality to print from the phone.

Programming for Phase two will begin in early 2017 and be released during the middle of 2017. This second phase will provide OPOs with the ability to perform match runs, send additional offers, and view all donor information that is currently available on the laptop version. There was a suggestion to create a timer to track the status of organ offers. There was a question raised about text messaging the transplant center contact person. UNOS staff noted that the system currently does not distinguish between mobile phones and office phones but they will evaluate this functionality. Following the first two phases, programming will begin on the transplant center application which will allow for the viewing of offers received, donor attachments, donor information, candidate information, and allow transplant programs to accept or decline offers. There was tremendous support for this project and several committee members expressed interest in participating in the beta testing.

UNOS Customer Innovation staff also provided an update on the UNOS external API (application programming interface) project. This effort will allow two systems to connect and share information, such as UNet<sup>sm</sup> to OPO electronic donor records. This will eliminate the need to download a file from the electronic donor record (EDR) and then upload it into UNet<sup>sm</sup> (e.g. deceased donor registration form).

## **7. SONU Presentation**

The Committee was provided with an update from a SONU presentation to better visualize TransNet<sup>sm</sup> data. TransNet<sup>sm</sup> data is currently contained in spreadsheets which makes it difficult to track trends over time. Tableau<sup>®</sup> allows for customized reports and better visualization of the data. For example, users can view individual OPO, donor, and organ data. This reporting is not currently available to external users but the plan is to eventually make this available to OPOs.

## **8. Additive and Preservation Solution Documentation**

Policy 2.15.B states the host OPO must “document in the deceased donor record, flush solutions and additives with lot numbers, along with organ anatomy, organ flush characteristics, flush solution amount, and flush solution type.” However, there are times when the solutions are brought to the donor location by the procurement team. If the procurement teams do not bring the required solution information, including the lot numbers, the OPO is required to spend resources obtaining that information in order to remain compliant with OPTN policy or in some instances has been out of compliance because of the inability to secure the information.

The OPO Committee sent a memorandum to the Transplant Administrators Committee and Transplant Coordinators Committee to make them aware of the issue, solicit feedback, and possibly collaborate on potential solutions. Both committees provided valuable input that the OPO Committee considered. The Committee agreed to request information from UNOS Member Quality on the frequency of this problem, identify best practices, and provide this information to the community.

## **9. Medically Urgent Kidney Allocation**

The MPSC continues to be concerned that OPTN policy surrounding medically urgent kidney allocation is vague and open to interpretation. This issue had previously been discussed by both the Kidney Transplantation Committee and the OPO Committee. The OPO Committee had previously opined that the policy could be clarified and provided that recommendation to the MPSC. The MPSC is now requesting that the OPO Committee lead this effort since OPOs manage the organ offers. The Committee was concerned about moving this project forward due to the current resource allocation in the

committee project portfolio. This project would fall under the “efficient management of the OPTN” goal and therefore would not be approved by the POC or Executive Committee at this time. The Committee was also concerned about taking on a project where the number of events are small and where “medically urgent” is defined by the transplant hospitals. The Committee will recommend to the MPSC that this project be put on hold until resources are available within the committee project portfolio.

#### **10. Committee Project Brainstorming**

During its September 23, 2015 meeting, the Committee identified 18 project ideas that focus on “increasing the number of transplants.” This list was narrowed down to 10 projects and the committee completed an online survey to rank the top three projects. The Committee briefly discussed the survey results and narrowed the project ideas down to two projects: increased utilization of DCD organs and facilitated organ placement for all organs. The Committee agreed that these two project ideas should be further broken down by organ type. The Committee agreed to allow a smaller group of committee members to meet by teleconference to clearly define the problem and identify potential solutions in order to submit the project forms to the POC in July 2016.

#### **Upcoming Meeting**

- TBD