

OPTN/UNOS Transplant Coordinator Committee (TCC)
Meeting Summary
June 20, 2016
Conference Call

Jamie Bucio, EMT-P, CPTC, Chair
Sarah Nicholas, BSN, RN, Vice Chair

Discussions of the full committee on June 20, 2016 are summarized below. All committee meeting summaries are available at <https://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. **Data Reports Discussion**

UNOS Research staff reviewed the data reports that are available on the data services portal. Committee members were interested in how UNOS would notify members that these reports are available. A member also asked questions regarding access to specific reports such as, will only OPOs have access to the deceased donor information and transplant centers only have access to transplant information or will these reports be available to the whole community?

Per UNOS staff, access to the reports will be based on current access, therefore, transplant centers will not be able to see a listing of all the donors that were recovered at the OPO. However, transplant center reports will have detailed information about the deceased donors that were transplanted at their institution.

Another questioned if there will be a report the transplant center can use to review organ outcome and was very interested in seeing the deceased donor organ outcomes report.

UNOS staff is creating a different report that will be available with the ROO enhancements. Those updates will occur after these reports reviewed in the presentation are made available. There are also plans to add two additional reports to the ROO. One report would be for a three year time period with just a listing by donor ID and match ID, where at least one offer was received and then it would have the most recent recipient for outcomes for those organs.

6. TCC Effective Practices Discussion

Nebraska Medical Center shared their K/P inactive waitlist practices with the full committee. The reason why they developed an inactive waitlist program was that they found they were bringing in patients, admitting them, but those patients did not turn out to be transplant candidates. This practice added cold time on the kidney and another patient is potentially losing out on receiving a kidney. The program was also started in order to better understand the center's patients and patient population.

A review of Nebraska Medical Center's K/P waitlist practices are below:

- 1st waitlist management clinic February 2, 2011
- All patients are seen in clinic either 6 months or at 1 year
- Clinic appointments include: H & P, Nutrition, Social Work, Pharmacy Financial Counselor, Financial Counselor, Education Class, Nurse Coordinator, Labs, Cardiac Testing

Benefits of Nebraska Medical Center's K/P waitlist practices are listed below:

- 3 Actions: Continue to stay Active on the list, Place on Status 7 or Delist
- Very low waitlist mortality on the list
- Reinforce transplant education and responsibility
- Reevaluates the patient and their care partner
- Face to Face interactions with the team

Upcoming Meetings

- August 16, 2016 (Conference call)
- September 21, 2016 (Chicago, IL)