

OPTN/UNOS Membership and Professional Standards Committee (MPSC)
Meeting Summary
July 12-14, 2016
Chicago, Illinois

Jeffrey Orlowski, Chair
Matthew Cooper, M.D., Vice Chair

Discussions of the full committee on July 12-14, 2016, are summarized below. All committee meeting summaries are available at <https://optn.transplant.hrsa.gov>.

Committee Projects

1. Transplant Hospital Definition

The Committee was reminded that this proposal is being distributed for public comment on August 15.

2. Transplant Program Performance Measures Review (Outcome Measures)

The Committee was reminded that this proposal is being distributed for public comment on August 15.

3. Task Force to Reduce Disincentives to Transplantation

The Committee was reminded that this proposal is being distributed for public comment on August 15.

4. Joint Society Work Group Projects Report

The Committee was reminded that the following four proposals are being distributed for public comment on August 15.

- Consider Primary Transplant Surgeon Requirement- Primary or First Assistant on Transplant Cases
- Elimination of OPTN Bylaws Regarding the Approval of Transplant Fellowship Programs
- Updating Primary Kidney Transplant Physician Requirements
- Subspecialty Board Certification for Primary Liver Transplant Physicians

5. Living Donor Follow up Reporting

Policy 18.5.A (Reporting Requirements after Living Kidney Donation) requires that hospitals report accurate complete and timely follow-up donor status and clinical information for at least 60% of living kidney donors and report laboratory data for at least 50% of living kidney donors who donated between February 1 and December 31, 2013, and these thresholds increase by 10% for 2014 and 2015 donors. The Committee will be reviewing new cohorts of data once a year at each July meeting, to monitor members' progress.

The Committee reviewed data on all programs with data submitted on 2013 two year follow-up forms, 2014 six month forms, and 2014 one-year forms. The Committee believes that the purpose of the policy was to encourage follow-up, increase the available data on living donors, and make sure that the donation process was safe. Overall, data submission compliance has improved, and the Committee is interested in monitoring member progress. However, at this time, over half of the existing living donor

recovery programs were below the policy threshold for at least one of these form groups. The Committee discussed the best way to stratify member compliance, in order to focus on the members that may need the most help to come into compliance. For this group of forms, the Committee chose to focus its efforts on hospitals that were below the thresholds on all three groups of forms and had previously submitted a corrective action plan (CAP), and those that had not previously submitted a CAP and were below thresholds on the 2014 one year forms.

The Committee also discussed some issues that may be important during the individual program review. If a member continues not to meet the thresholds, but has increased its level of follow-up, the Committee will consider that in its review. In addition, the Committee may look at whether the issue with a donor is no contact at all or a single field error. Since the donor data is all or nothing, any one field marked unknown or collected outside the appropriate time frame means that nothing counts for that donor. In addition, the Committee is planning to consider how the program's ability to meet the thresholds may be impacted by the number of donors with expected data. The UNOS Research Department will be creating reports for the Committee to use in its review of programs, to try to show compliance and progress.

The Committee leadership is planning to meet with the Living Donor Committee leadership, to discuss the impact of this policy, determine whether they are getting the information they need, and whether the policy requirements are still appropriate.

6. Collaborative Innovation Improvement Network (COIIN)

The MPSC received an update on the COIIN project work, including the Advisory Council and the results of visits to participating Practice Model Hospitals. The MPSC then reviewed the concepts associated with the next phase of COIIN, including the application process and selection criteria for pilot hospitals and pilot hospital performance monitoring. The MPSC considered and approved a resolution to exempt pilot hospitals from MPSC outcomes review, provided they participate in the COIIN Accelerated Intervention Process, and to consider COIIN participation as needed during kidney outcomes reviews. The MPSC approved the resolution by a vote of 33 yes, 1 no, and 1 abstention.

Committee Projects Pending Implementation

None

Implemented Committee Projects

None

Review of Public Comment Proposals

None

Other Significant Items

7. Member Related Actions and Personnel Changes

The Committee is charged with determining whether member clinical transplant programs, organ procurement organizations, histocompatibility laboratories, and non-institutional members meet and remain in compliance with membership criteria. During each meeting, it considers actions regarding the status of current members and new applicants. The

Committee reviewed the applications and status changes listed below and recommend that the Board of Directors take the following actions:

New Members

- Fully approve 2 new transplant hospitals
- Fully approve 1 individual member
- Fully approve 5 medical/scientific organizations

Existing Members

- Fully approve 8 transplant programs and 1 living donor component
- Fully approve reactivation of 1 transplant program
- Fully approve 1 living donor conditional component
- Fully approve 3 transplant programs conditional to full program status changes

The Committee also reviewed and approved the following actions:

- 65 applications for changes in transplant program personnel
- 4 applications for changes in histocompatibility lab personnel

The Committee also received notice of the following membership changes:

- 5 transplant programs and 2 living donor components inactivated
- 3 transplant programs and 3 living donor components withdrew from membership
- 3 histocompatibility labs withdrew from membership
- 5 OPO key personnel changes

8. Living Donor Adverse Events

The Committee reviewed two reported living kidney donor deaths within two years of donation, one redirected organ, and four recovery procedures canceled after the patient received anesthesia. The Committee is not recommending any further action to the Board at this time for any of the issues.

9. Due Process Proceedings and Informal Discussions

During the meeting, the Committee conducted three interviews with two member transplant hospitals and an OPO.

10. OPO Metrics

The OPO Metrics Focus Group provided an update to the Committee. The Focus Group recommended that the Committee approve a ranking system for decreasing the number of donors that an OPO needs to address in its response to an inquiry regarding liver, heart or lung yield. The Committee approved this recommendation.

11. Site Survey Scorecard Revisions

The MPSC reviewed and approved updates to the site survey scorecards. Updates reflected recent monitoring changes associated with the new Kidney Allocation System and new ABO verification policy, as well as other changes to the site survey monitoring process. The MPSC approved the updated scorecards by a vote of 30 yes, 0 no and 0 abstentions.

12. Member Quality Performance Improvement Initiatives Update (Site Survey)

The MPSC received an update on improvement initiatives in Member Quality's site survey processes. Key initiatives include combining the living kidney and/or liver donor surveys with the kidney and liver transplant program surveys, shifting the focus of site

surveys from data validation to process reviews and creating formalized toolkits for education, and piloting a regional site survey model.

13. Request to consider whether MPSC wants to sponsor the American Society of Transplantation (AST) requested revision to Bylaws' Transplant Pharmacy Requirements

The MPSC reviewed a memo dated April 25, 2016, from the AST to the OPTN/UNOS Board of Directors requesting revisions to the Bylaws requirements regarding transplant pharmacists. The MPSC voted to refer the issue to the OPTN/UNOS Operations and Safety Committee by a vote of 30 yes, 1 no, and 0 abstentions. Specifically, the MPSC asked the Operations and Safety Committee to provide data on patient safety risks associated with insufficient transplant pharmacist involvement, and whether any such risk could be improved by changes to the Bylaws requirement.

14. Pancreas Functional Inactivity

The Committee had a preliminary discussion regarding the number of pancreas programs with low volume that the Committee is reviewing for functional inactivity. Following a brief discussion of the issue, the Committee requested data on pancreas volumes to be discussed at the next Committee meeting in October 2016.

Upcoming Meetings

- September 8, 2016, conference call
- October 17-19, 2016
- February 28-March 2, 2017
- July 11-13, 2017
- October 17-19, 2017