

OPTN/UNOS Transplant Coordinators Committee (TCC)
Meeting Summary
September 21, 2016
Chicago, IL

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Discussions of the full committee on September 21, 2016 are summarized below. All committee meeting summaries are available at <https://optn.transplant.hrsa.gov>.

Committee Projects

1. TCC Learning Series

The Committee received an update on the progress of the Learning Series project. Increasing the number of transplants is a top priority goal in the OPTN strategic plan. One way to address this goal and other OPTN strategic goals is to provide broader sharing of OPO and transplant center practices. Sharing practices allows transplant professionals to learn strategies that are being utilized in the community to address common issues and barriers to transplant.

This learning series will seek to address processes that aid to mitigate waitlist mortality while increasing the number of transplants performed. The end product of this project will provide transplant professionals with information/tools/and resources that they can implement in order to facilitate process changes within their organization.

The Work Group completed a survey to prioritize all topic categories the Committee had brainstormed at its March in-person meeting. After reviewing the survey results, the Work Group decided to produce a four part series for the first year and agreed on the following topics for the first series:

1. Transplant Coordinator roles and responsibility video
2. Intro on how to manage patients on waitlist (active and inactive)
3. Training on how to take organ offer calls
4. Coordinator retention

The full committee was asked to review the first video and provide Instructional Innovations with feedback. The Work Group also requested volunteers from the full committee to assist with the development of the third topic, training on how to take organ offer calls.

The projected timeline for the release of the TCC Learning Series instructional offerings was also reviewed with the Committee. The timeline is as follows:

- Fall (November)
- Winter(February)
- Spring (May)
- Summer(August)

The Work Group will meet again on September 28th to discuss feedback received from the full committee on the first instructional offering video and to review the syllabus. Planning for the future offerings will also be discussed.

Committee Projects Pending Implementation

2. None

Implemented Committee Projects

3. None

Review of Public Comment Proposals

4. Infectious disease verification to enhance patient safety (Operations and Safety Committee)

The Transplant Coordinators Committee reviewed and provided the following feedback:

- Pre-OR area verifications would make the process easier and best place to do the verification
- The timing of this proposal may not be optimal due to the challenges that centers are facing due to the recent implementation of the ABO verification policy. This increases the number of forms that are required to be completed by staff and it's difficult for staff to maintain.
- There was some concern that policy is being changed due to one incident occurring.
- How will the surgeon attestation be verified from an audit perspective? What will be source documentation be for verification?
- Increase risk donors issue – if you have an infected organ and recipient has agreed to accept those what needs to occur based on this policy?
- Can infectious disease verification occur prior to the organ arrival with source documentation in DonorNet? How early can this information be verified? Does it have to be within a certain timeframe before the surgery? Has there been any recommendations on how close the verification should occur prior to surgery?
- A member stated this is a very good concept and needed but the process is more difficult than it should be in reality.
- Requested a standardized process for doing verifications that would be used across all transplant programs
- Discussion that organ verification link would be modified so there is only one source document for all required verifications.

5. Changes to informed consent requirements for potential living donors (Living Donor Committee)

The Transplant Coordinators Committee reviewed and supported this proposal. A committee member had the following questions:

- What is meant by follow up rates? Is it how many patients actually followed up or results of the follow up data?

6. Redesigning Liver Distribution (Liver & Intestine Committee)

The Transplant Coordinators Committee reviewed and had the following questions and comments about this proposal:

- How will redistricting affect allocation of other organs?
- When you look at the region 6 MELD/PELD vs. donation rates, why do the estimates go from what appears to be the lowest MELD to the highest MELD with the proposed changes, this magnitude of change is concerning. The degree of

change predicted would mean the region will be exporting 60-70% more livers. Additionally when livers are transported over longer distances, the chances of losing a liver become greater (it becoming non-transplantable due to recipient or transportation issues).

- An OPO member commented that an issue with Share 35 was centers experiencing simultaneous livers offered from multiple donors for a single top patient on the list. This caused multiple difficulties such as delays and the need to replace livers that were later declined. The changes to liver allocation as proposed are likely to magnify those problems.
- Will patients still be able to multi-list?
- How will multi-visceral and combined liver/kidney and liver/lung transplants be affected by liver redistricting?
- What is the OPTN plan to continue to review this proposal?
- Once approved, how often will the policy data be reviewed by the committee?

7. Modify adult Heart Allocation System 2016 2nd Round (Thoracic Committee)

The Transplant Coordinators Committee reviewed and had the following questions and comments about this proposal:

- A committee member commented that hopefully this policy and the additional tiers will help with the concerns about centers “gaming the system”.
- There is still concern about this providing a disparity for some patients because there are some larger centers that have access to more devices and able to choose what device they are going to use in order to “game the system”.
- There were questions about Calculated PRA data only being collected for future evaluation. Does the committee have concerns that this information will be unreliable because it is left up to the center to decide what they will and won't accept? Even in the future, there could be a lot of resistance to enter mandatory data.
- How will this affect multi-listing candidates and where they fall on the list?

8. Transplant Program Outcomes Review System Changes (MPSC)

The Transplant Coordinators Committee reviewed and had the following questions and comments about this proposal:

- There were some concerns that small volume programs, pediatric, pancreas, and intestine programs might be flagged quicker because of smaller volumes.

9. Transplant Program Performance Measures (Outcome Measures) (MPSC)

The Transplant Coordinators Committee reviewed and had the following questions and comments about this proposal:

- If this model is successful with kidneys, will it be applied to other organs?
- What is the percentage of centers that are actually already doing this verses those that are not as it seems this is a behavioral issue? It was suggested that it would be useful to have further data on particular scenarios as to why kidneys were turned down when this proposal is evaluated in the future.

Other Significant Items

10. TCC Member Effective Practice Discussion

A committee member presented an effective practice implemented at her OPO and with transplant centers in her OPO's DSA. They developed a thoracic exception for highly sensitized patients. In October 2013, a local transplant center identified an increase in sensitization of patients as a result of increased number of re-transplants and VAD patients. These patients were not receiving many offers and were screened off the match run because they were highly sensitized. The transplant center approached Donor Network West and asked if they could implement an exception for highly sensitized patients. The OPO and all transplant centers in that DSA defined and agreed on the parameters for the thoracic exception. Currently, they have had a total of 11 thoracic exception requests, all were approved, and three are currently active. Out of those 11 requests, four have been transplanted and four have died with exception status. This practice has been very effective in these highly sensitized patients receiving more offers.

11. ABO Verification Follow-up

The Committee provided the Operations and Safety Committee feedback on the ABO verification process at their centers. Several members commented that there needs to be more education or training for OR staff on the ABO verification policy changes and requirements. Centers are having a difficult time training OR staff on how to complete verification forms due to having to revise the forms multiple times. Training staff on how to use DonorNet® for the verification process has also been a challenging process. There was a lot of concern regarding the outcomes of future UNOS audits due to the complexity of this policy and its requirements.

Also, there continues to be challenges with organ check-in requirements. Members commented that organ check-in should only apply to import organs, not those that are in-house (donor and recipient at the same hospital) or in cases where the organ never leaves the custody of the recovering team and is delivered directly to the OR. Other issues noted were difficulties with verification during off hours/ weekends and the redundancy of in-room verification on multiple forms.

12. Heroin Epidemic Discussion

The Committee briefly discussed the heroin epidemic and would like to have UNOS research present its research findings on the next conference call.

Upcoming Meeting

- October 18, 2016 (conference call)