

**OPTN/UNOS Transplant Coordinators Committee**  
**Meeting Summary**  
**November 15, 2016**  
**Conference Call**

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

*Discussions of the full committee on November 15, 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 decided to produce a four part series for the first year. Below are the topics for the first series:

1. Role of a Transplant Coordinator 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 projected timeline for the release of the TCC Learning Series instructional offerings is as follows:

- Fall (November 1, 2016)
- Winter(February)
- Spring (May)
- Summer(August)

The focus for February 2017 will be a Waitlist Management Education Series. The presentation will use data that was proposed for the 2016 UNOS Primer. Information from Liver, Heart, Lung, Kidney, and Pancreas will be reviewed. The group decided to have a multi-organ presentation that will focus on both how to manage the active waitlist, as well as the inactive waitlist, which will also incorporate how to utilize the UNOS reports that are available to us in UNet<sup>sm</sup>.

There will be a Work Group meeting on December 12<sup>th</sup>. During that meeting, the group will look at the original UNOS Primer presentation and gather feedback on any modifications that need to be made. Following that, the goal for May of 2017 will be to develop a general guide to how to take organ offers. That guide will be utilized as general information for new coordinators or possibly coordinators that are new to call,

understanding that transplant centers in the United States vary by who takes primary call, or having different organ answering services handle initial calls.

The goal for the August 2017 topic will be coordinator retention. The format for this has not yet been developed but have a group of TCC members that will work to develop the content for this session.

### **Committee Projects Pending Implementation**

2. None

### **Implemented Committee Projects**

3. None

### **Review of Public Comment Proposals**

4. None

### **Other Significant Items**

#### **5. Data Services Portal Overview**

UNOS staff reviewed the new kidney waitlist management tool that has been added to the Data Services Portal. This tool is a custom waitlist report that centers can access through Tableau. UNOS staff provided a demonstration on how to use the tool. One way centers can use this tool is by filtering for “inactive” and focus on patients that have a high likelihood of receiving offers if they were made active. Centers can also filter by inactive code and focus on patients with specific inactive codes or filter by those patients with high total allocation points. There is also information available on a center’s waiting list by estimated post-transplant score (EPTS) score and blood type as well as by calculated panel reactive antibodies (CPRA). Centers can also focus on active patients as well. For more information, go to Data Services Portal in UNet, My Data Files, My Visual Analytics and then Documentation. Under Documentation, there’s a PDF with screen shots and directions. At this time, this tool is only available for the kidney waitlist.

#### **6. TCC Member Effective Practices Discussion**

Dawn Freiburger, TCC region 1 representative at Children’s Hospital Boston, reviewed her center’s multidisciplinary clinic process with the Committee. Their practice is to set up patient appointments with as many providers as possible during each appointment to limit the number of times a patient has to come to clinic. These appointments are usually lengthy but the patients appreciate not having to return to clinic on different dates to see the different providers for their work ups. Children’s Hospital Boston has also completed time studies for this process and have found this practice to be very efficient for their program.

#### **7. System Optimization Work Group (OPO Committee)**

The TCC representative that participates on this Work Group provided an update on the Work Group’s progress. On the Work Group’s October conference call, the group reviewed data requested to support a proposal to change the time limits addressed in Policy 5.6.B: Time Limit for Acceptance from 1 hour/1 hour to 30 minutes/30minutes. The data did not support a problem since over 90% of the time responses are already received within 30 minutes for both timeframes. The main issue that the Work Group has struggled with is a process for OPOs to get a “final answer” from the center once the

offer is evaluated. OPOs need to work through the list of transplant centers that have responded with a “provisional yes” to get a final answer, which slows down the process. Additionally, there is no policy language that addresses this additional timeframe or policy language that gives the OPO authority to move on. The Work Group members seemed to agree that an additional hour was enough time for this, although there was concern that getting a “final answer” can vary by organ type or case. The Work Group discussed forming smaller “subgroups” to address these concerns.

#### **8. TransNet<sup>sm</sup> Subcommittee (Operations and Safety Committee)**

The Committee has two representatives participating on the Operations and Safety Committee’s TransNet subcommittee. This subcommittee’s goal is to expand TransNet to full transplant hospital functionality since implementation at the OPOs is almost complete. There are several centers that are currently participating in beta testing for TransNet.

#### **Upcoming Meeting**

- January 17, 2016