

OPTN/UNOS Transplant Coordinators Committee (TCC)
Meeting Minutes
March 21, 2017
Chicago, IL

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Introduction

The Transplant Coordinators Committee met in Chicago, IL on March 21, 2017 to discuss the following agenda items:

1. Board Recruitment
2. Donor Profile Project
3. UNOS IT Updates
4. Policy Oversight Committee (POC) Updates
5. Brainstorming Project Ideas
6. TCC Learning Series

The following is a summary of the Committee's discussions.

1. Board Recruitment

The Committee received a presentation on the new Board recruitment process. The Executive and UNOS Corporate Affairs Committees are working to assess the needs and effectiveness of the Board of Directors. One improvement being made to the Board recruitment process is to start the call for nominations earlier. The structure of the Board composition, Board member qualifications, expectations, organizational goals, open positions for next year, and the nomination process were all reviewed with the Committee.

2. Donor Profile Project

Donor profiles will allow transplant hospitals to describe donor offers they do not want to receive by selecting multiple donor criteria. Transplant hospitals will be able to use criteria in combination to screen offers more precisely in order to increase the number of transplants by placing organ more rapidly. The goal of the project is to reduce unwanted offers, decrease cold ischemic time, and increase organ acceptance - especially for hard to place organs.

UNOS was asked to create a tool that would prevent unwanted offers in the first place and speed up organ allocation. UNOS prototyped the concept to test the technical feasibility and then worked with the UNOS Policy Department to form a Working Group to gather some initial requirements. The Working Group has been meeting regularly to develop the requirements for a pilot project. The goal of the pilot will be to determine if donor profiles will decrease the time to place organs and reduce unwanted offers.

Although Donor Profiles could be applied to any organ group, the pilot program would focus only on kidney candidates and donors. The pilot will be broken into two phases - Waitlist and DonorNet.

Waitlist Pilot

The Waitlist Pilot will allow kidney transplant centers to create donor profiles for their kidney candidates. UNOS will apply the profiles retrospectively on previous match results to determine the effectiveness of the Donor Profiles. Several iterations may be needed to identify the most

effective criteria to include in profiles. The goal of this phase is to determine the most useful criteria for donor profiles.

DonorNet Pilot

The DonorNet Pilot will apply profiles prospectively on live kidney matches. Offers will not be screened but pilot participants will be able to see which Donor Profiles apply to a particular organ offer. The goal of this pilot is to measure the effect of donor profiles on OPO and Transplant Hospital processes.

The final go live will allow transplant hospitals to screen kidney offers based upon Donor Profiles.

Current status

UNOS staff continue to meet with the working group to develop requirements for the pilot and present to various committees and groups to collect feedback on the concept.

This presentation was provided to the Kidney Transplantation Committee and their concern was the ability to keep the profiles up to date as a candidate's conditions changes, the amount of effort and resources this project will take to conduct the pilot, and inquired about lower cost options that might prevent unwanted offers. UNOS staff will circle back with Kidney Transplantation Committee to provide a live demonstration to clarify some misconceptions.

A live demonstration of the donor profiles pilot was provided to show functionality.

The TCC provided the following feedback on the waitlist pilot during this meeting:

- Will there be a way to stratify acceptance criteria regionally as well as locally and by import because the local centers want regional offers in certain cases but do not want national offers for imports?
 - The presenter stated, there is certain criteria for regional and can exclude donors outside of DSA and region. There is a way to set the profile to only accept offers outside of the region. Currently, there is the option to select local criteria and select import criteria. There will be three sets of classifications instead of two in these profiles.
- A member suggested being able to select local, regional, and national as a way to make selections because local programs actually have human being making screening decisions since refusal codes cannot be entered ahead of time.
- This pilot will include cold and warm time entry.
- This pilot does not eliminate criteria from current listing options. The pilot will not be used to screen candidates. This will be used to gather data to identify criteria and once comfortable with criteria, the work group and UNOS staff would evaluate the existing acceptance criteria to determine if the profiles will be applied on top of existing criteria or in place of some of those criteria.
- An increased risk profile should be added that breaks down the different forms of increased risk. This is because some centers do not accept any increased risk donors, some centers will not accept IV drug use but will accept all other forms of increased risk, and some centers accept all forms of increased risk donors. There should be more detailed options or at least separate IV drug use from all other options. Some OPOs enter the specifics of the increased risk donor in the donor highlights section of DonorNet. However, this will not screen the donor off because it is not a discrete data field. This may be something that should be added to the donor profile as well. Per OPO representation on the Committee, if specific increased risk criteria selections were added to the donor profile, OPOs would use it because it would decrease the number of phone

calls that they have to make. This issue was discussed before by DTAC and, at the time of the discussion, there was consensus that additional data entry was too much burden. Committee OPO representatives disagreed that the additional data entry would be too much burden. Members agreed adding this additional information would improve the process.

- The presenter stated that the work group has discussed this issue and a separate request to have increased risk broken out and added to the waiting list along with other acceptance criteria for the candidate has been submitted.
- The increased risk acceptance criteria could be set up at the center level or candidate level. UNOS staff will need to get more feedback on the best approach.
- A member asked if there is an automatic screen off for increased risk donors would it then be possible that appropriate donors might get screened off.
- Has there been any data collected on whether or not centers will use this?
 - A committee member responded that her center would use this but could not speak for other centers.
- What additional data points are on this version as compared with the current waitlist screening?
 - A committee member responded that this would be within the current waitlist screening criteria making it more specific. UNOS staff would have to look further into the specific differences. However, the difference with this would be that the information can be used in combination with the current waitlist screening criteria to more precisely describe the donor that will be accepted.
- UNOS staff stated that the current effort is only kidney but the plan is to eventually expand to all organs.
- Data will only be as good as the information that is entered by the OPO and OPOs need to be consistent with data entry in discrete fields.
- UNOS staff asked the Committee, if OPOs knew there was a tool transplant hospitals are using and it might result in narrowing down the number of offers they are having to make for an organ, would they be more willing to enter the data into the discrete fields.
 - OPO representatives stated yes because ultimately it will save time and aggressive centers will receive offers earlier.

A live demonstration of the Donor Profile Pilot project was provided during the meeting. For this pilot, donor profiles are not only applied at the time of the match, they are applied at the time the electronic organ offer is entered. Candidates would be bypassed if the donor information matches all exclusion criteria and there is at least one donor profile associated with that candidate.

- A committee member suggested including a report that has a unique bypass code to allow centers to see why they were bypassed to allow centers to evaluate their practice in real time.
- One concern was that data may not be entered into correct fields, gets lost, or missed because OPOs are not entering data uniformly. This issue needs to be addressed for these profiles to be effective.
- A comment was made that OPOs and transplant centers do not know what the other actually sees in DonorNet and that is part of the data entry problem.

The project managers for this project plan to present the same live demonstration to the Kidney Transplantation Committee and the OPO System Optimization Work Group and solicit further feedback from both groups. The Donor Profiles Work Group will continue to work on this project and will update the TCC on one of its monthly conference calls.

3. UNOS IT Updates

The Committee received updates on UNetSM enhancements that have been made or will be made in the near future. One enhancement being considered is a text or email alert that will notify centers that they are primary or backup for an organ offer.

Patient Safety Contact List in UNet

A demonstration of the Patient Safety contact list updates was provided. The goal of this project is to provide a method and location to allow OPOs and transplant centers to enter and update Patient Safety contacts within Secure Enterprise. This option would also create a report to allow OPOs, transplant centers, and UNOS to view the Patient Safety contacts at all institutions. Also, users that have edit permissions would be able to edit Patient Safety contacts.

UNOS IT will work with Member Quality to get an up to date list of all Patient Safety contacts for all Transplant Programs and OPOs as an Excel spreadsheet. This will be imported into the system so each program and OPO has a minimum of a Primary contact with phone and email address.

This will be available for OPOs and transplant centers to use.

It was suggested by a committee member that education be provided to the transplant community as to who is the most appropriate person to list as the patient safety contact for each institution.

DonorNet Mobile

Feedback from members shows that the OPO community has long been asking for a way to use DonorNet on their mobile devices. On March 8, 2017, seven OPOs started testing the new DonorNet mobile companion application on their phones and tablets. Initial feedback from the testers was good. They found the app easy to use and highly intuitive.

Phase 1:

The mobile app allows OPO staff to view donor details and highlights, perform second verification of ABO, and upload attachments directly to DonorNet. The app contains a camera feature for capturing images to upload, but for safety and security reasons, the picture won't be stored on the device.

Users will be able to access DonorNet on an iPhone or iPad using iOS 10 or later, or on an Android phone or tablet using versions 5 or 6. Also important, operating systems earlier than iOS 10 or Android versions earlier than 5 will not be supported.

DonorNet Mobile will soon be available for all OPOs and a training video containing detailed instructions will be available on UNOS Connect on April 24.

UNOS staff is currently working on phase 1 of the DonorNet mobile app for transplant centers, which will allow users to review offers and enter a response. Our goal is to be ready for pilot testing in late 2017.

Phase 2:

The second phase of DonorNet mobile for OPOs, planned for early 2018, will give OPOs the ability to perform second verification of ABO subtypes, view match and send offers.

A live demonstration of DonorNet mobile was provided.

The Committee provided positive feedback on DonorNet mobile and other feedback is noted below:

- UNOS staff stated they want to provide the same view for those receiving the organ offer as well as the OPO coordinator that is sending out the offer. UNOS IT also noted that for the initial version, there will only be one view created.
- A member questioned if there was a plan to have push notifications as a function of this application. UNOS Staff stated push notifications will not be part of the initial release but will be considered.
- There also a question about being able to upload images to DonorNet mobile. UNOS staff stated that images that can currently be viewed on the web can also be viewed on this application. Although, staff is working to expand this option so more images can be viewed.
- A member asked if it was possible to view the centers that were ahead of them for offers. This is under consideration by UNOS staff.

4. Policy Oversight Committee (POC) Updates

The Committee received an overview of the POC's project and public comment review process, the OPTN strategic plan and current strategic alignment, and newly approved projects.

5. Brainstorming Project Ideas

Committee members submitted project ideas via survey monkey prior to the meeting. Each project idea was discussed and the Committee determined which ideas should be submitted as TCC projects or referred to another OPTN committee for consideration. The projects that were determined to be TCC project ideas were also prioritized by the Committee. All ideas will be entered into the Committee Project InfoPath form.

6. TCC Learning Series

A review of the draft slides for the Learning Series Episode 3 – Managing the Inactive Waitlist was provided. There will be a prerequisite that members must review the first recording – Managing the Waitlist before they are able to review this recording. Other feedback from the Committee included:

- The recording needs to provide more information about why patients are made inactive and expand on prelisting criteria.
- New coordinators may not know that there is a cost to adding a patient to the waitlist and this should be noted in the recording.
- The offering should provide definitions of inactive codes.
- The recording should also note that inactive waitlist death is counted as a waitlist death in outcomes.

The Committee then discussed Episode 4 – Taking Organ Offer Call. Instructional Innovations staff clarified that the offering would be a scenario based video that would present information on how to take organ offer call and link existing resources for members to easily access. An example of the video and how the resources would be linked to the video was provided. The syllabus for this offering were reviewed and edits were made. There was also discussion on the content of the offering, timeline, and members volunteered to assist in content development for Episode 5 – Coordinator Retention.

Instructional Innovations staff will provide the Committee the feedback received from previous offerings.

Committee members also provided suggestions on how to further promote the Learning Series.

- Possible NATCO presentation
- Possible TMF presentation

- More Transplant Pro posts

Upcoming Meeting

- April 18, 2017 (conference call)