

**OPTN Kidney Transplantation Committee
Kidney Medical Urgency Review Subcommittee
Meeting Summary
December 1, 2021
Conference Call**

Introduction

The Kidney Medical Urgency Review Subcommittee met via Citrix GoToMeeting teleconference on 12/01/2021 to discuss the following agenda items:

1. Review: Subcommittee Purpose and Goals
2. Follow-up: Review Draft Documentation Recommendations
3. Closed Session: Confidential Medical Urgency Case Review

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

1. Overview: Subcommittee Purpose and Goals

The Subcommittee reviewed Policy 8.5.A.i *Medically Urgent Status* and the purpose and goals of the Medical Urgency Review Subcommittee.

Summary of discussion:

The Subcommittee had no questions or comments.

2. Review Draft Documentation Recommendations

The Subcommittee reviewed the set of draft documentation recommendations developed by the Subcommittee at their last meeting.

Data summary:

The Subcommittee has developed the following recommendations for appropriate documentation of medically urgent status:

- Documentation must show that all potential dialysis access points have been exhausted or have contraindication. One access or side cannot be saved for transplant.
- Documentation should list and explain all of the patient's accesses and failures, including:
 - Left and right upper extremities, including catheters in central veins
 - Left and right lower extremities, including catheters in central veins
 - Peritoneal access (PD)
 - Transhepatic IVC catheter
 - Translumbar IVC catheter
 - Any other methods of dialysis that have been exhausted or currently in use must be indicated
- Explain contraindications to specific access points
- If the patient is currently dialyzed, explain how and through which access point
- Be brief and original to describe the medical urgency of the patient; do not provide progress notes, labs, list of medications, etc.

- Programs are no longer required to obtain approval for medically urgent status from other transplant programs in the region

Summary of discussion:

One member recommended transplant programs submitting medical urgency documentation provide a narrative to explain access history and, in simple terms, how each access point is contraindicated or exhausted. Another member agreed.

One member shared that the Board of Directors, in approving this policy, wanted to consider lack of availability or knowledge to place translumbar or transhepatic catheters as contraindication. The sentiment being that the inability for a program to place those access points shouldn't be held against a candidate. The member continued that this kind of contraindication should be noted, with some comment noting that the program doesn't perform those, and that there are no programs or dialysis centers nearby who perform them. Another member recommended including some note on this in the documentation recommendations. The member also agreed that programs should be asked to indicate if a patient is not a candidate for translumbar and transhepatic access, or if those modalities are not available.

The Subcommittee discussed the spirit of the Kidney Medical Urgency policy, including various accesses that could be considered under the "other" category as a last access, against translumbar or transhepatic access. A member suggested including some emphasis on the intent of policy in the documentation recommendations, so programs are clear that medically urgent patients would be considered close to losing their last access or else have exhausted their last access to dialysis. There was further discussion as to whether a vascular access would be considered as a final remaining access point if a program didn't have access to transhepatic or translumbar modalities. The Subcommittee determined that the last dialysis access point would need to be a transhepatic, translumbar, or another last resort access, not a standard access or modality. If translumbar or transhepatic accesses are not available to the program, that would qualify as contraindicated.

3. Closed Session: Confidential Medical Urgency Case Review

The Subcommittee had a closed session review of medically urgent kidney candidate cases.

Upcoming Meetings

- TBD

Attendance

- **Subcommittee Members**
 - Martha Pavlakis
 - Jim Kim
 - Asif Sharfuddin
 - Amy Evenson
- **HRSA Representatives**
 - Jim Bowman
 - Marilyn Levi
- **SRTR Staff**
 - Bryn Thompson
 - Jon Miller
- **UNOS Staff**
 - Lindsay Larkin
 - Amanda Robinson
 - Kayla Temple
 - Ross Walton
 - Jenn Musick
 - Lauren Motley
 - Megan Oley
 - Melissa Lane
 - Sara Moriarty