

OPTN Expeditious Task Force

Regional Meeting Update

Agenda



Overview of key initiatives

Progress to date

Expeditious Task Force

Bold Aims. Smart Change.

- Streamline OPTN initiatives
 - Collaborate with committees to align projects
 - Support organization wide prioritization
 - Inform policy development
 - Build upon projects and inform future efforts
- Design and deploy creative endeavors
 - Utilize qualitative methods to gather and assess information
 - Identify community needs and gaps
 - Implement improvement initiatives with a quick and iterative approach
 - Test and build capacity
 - Collaborate and engage with the donation and transplant community



Task Force Workstreams

Non-Use Assessments

Designing and executing assessments to better understand organ non-use & non-utilization

Assessments may inform other workstreams.

Rescue Pathways

Designing organ rescue pathway variance protocols

Removing Barriers

Evaluating OPTN policies that may be barriers to utilization & efficiency

Patient Empowerment

Creating tools to enable patients to make decisions and take action for their care

Transplant Growth Collaborations

Endorsing community-based events focused on increased growth in transplantation

Quality Improvement & Education

Hosting community events to address challenges in utilization & efficiency

Non-Use Initiatives

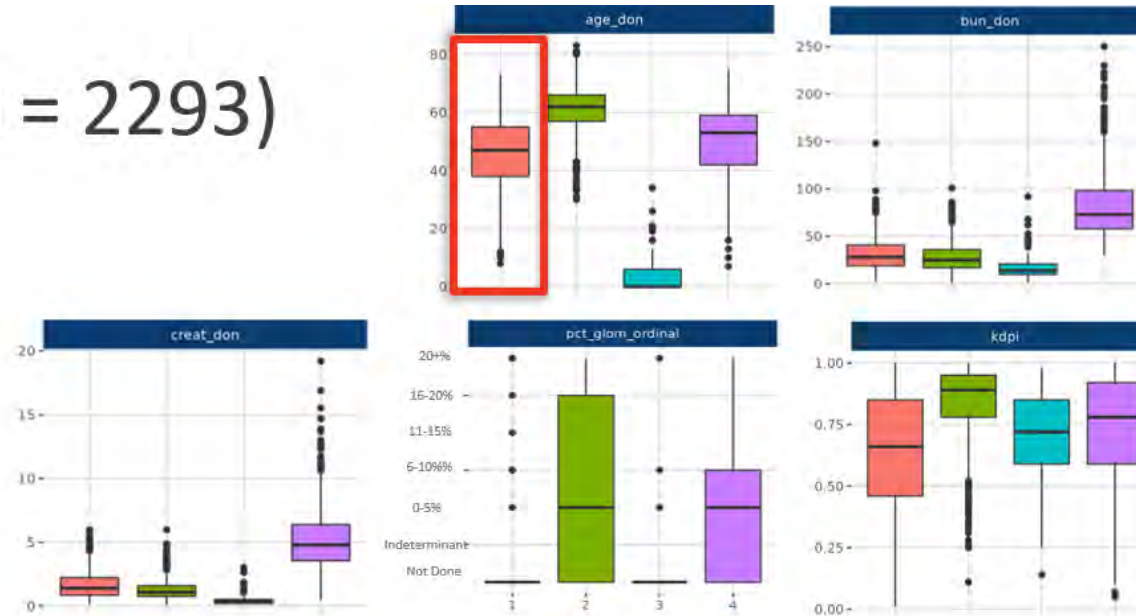
- Understanding the problem.

Investigating Non-Use Using OPTN Data

Cluster analysis identifies 4 profiles of non-used kidneys

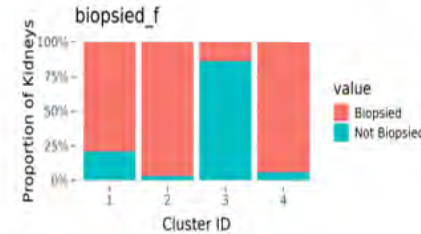
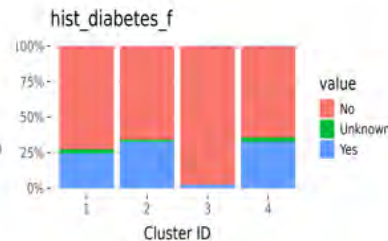
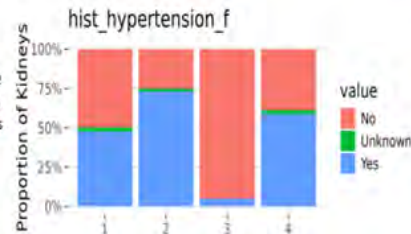
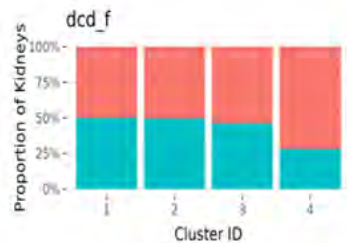
Cluster 1 (N = 2293)

- Younger middle-aged donors
- Lower (though still elevated) creatinine and BUN
- Lower KDPI
- Less likely to be hypertensive or diabetic



Potential future analysis:

- Further investigate Cluster 1
- Investigate system efficiency



Analyzing Offer Acceptance Patterns

Can we improve the Offer Filters model by targeting specific candidate populations?

- Example: build filters specifically for pediatric candidates separate from all other adult candidates
- Does this result in more donors filtered compared to grouping all candidates together (which is the current implementation)?
- Output: Identify potential program-specific recommendations for Offer Filters for different candidate populations.

Collecting Non-Use Stories

A *qualitative* and *quantitative* attitudinal assessment focused on engaging OPO and transplant center representatives to understand the factors that drive non-use in organ donation.

- **Qualitative Insights:** Initial hour-long interview with OPOs to learn general factors leading to organ non-use and commonalities behind non-used organs.
- **Quantitative Insights:** OPO allocation representatives are being interviewed twice weekly to track clinical and logistical factors leading to kidney non-use from recent non-use stories.
 - Follow up conversations with transplant centers.
- **Statistically representative sample:** 8547 kidneys were not used in 2023.
 - With a 95% confidence interval with 5% margin of error, that means we should aim to collect 368 stories on kidney non-use.

Non-Use Stories - *Emergent Themes*

3rd Party vs. Primary Decision Makers

Biopsies Can Be Problematic

Broader Sharing & Long Distances

It Depends on Primary Decision Maker & Timing

Defining The Marginal Organ

Mitigating Non-Use With Effective Practices

Rescue Pathways

- Testing potential improvements to allocation policies through a policy variance.

Protocol One Approach – Lower Risk First!

- Limit participation to no more than 5 OPOs
- Limit eligible organs to those at greatest risk for non-use
- Protect highest priority candidates' ability to receive offers
- Provide an opportunity for programs that do not routinely accept these offers to increase acceptance
- Anticipate this first test will produce findings that need to be further tested
- Acknowledge potential limitations of reporting and analysis with a small sample size

Participation

OPOs	Transplant Programs
<ul style="list-style-type: none">➤ 28 OPOs submitted interest in participating in Protocol 1➤ 5 OPOs were selected with consideration of variation in:<ul style="list-style-type: none">Geographical locationPopulation density	<ul style="list-style-type: none">➤ Invitation based on geography and opportunity to test protocol➤ Commitments to increase use of KDPI of 75-100 kidneys➤ Responsibly for identifying appropriate patients and ensuring readiness
<ul style="list-style-type: none">➤ OPOs and transplant programs will meet regularly to review progress and provide status updates➤ Participants will work closely with Expeditious Task Force throughout deployment➤ Active engagement will be no more than 6 months	

Protocol Monitoring

Stopping rules

- Report examining proportion of transplants to females, non-white, and pediatric candidates among participating OPOs per *Policy 5.4.G*

Protocol specific monitoring

- In-depth monitoring of the success and potential unintended consequences of each protocol

Compliance monitoring

- Oversight to ensure adherence to the protocol

Protocol Evaluation

National
Impact

Impact on
Efficiency

Protocol
Usage*

Impact on
Equity

Does the expedited protocol reduce:

- offer burden
- non-use
- cold ischemic time
- time to place an organ
- organ travel time

Has the protocol resulted in changes in the distribution of who is receiving transplants?

*Per participating OPOs, how many kidneys were:

- attempted to be placed
- successfully placed
- accepted but not transplanted

Rescue Pathway Resources

- Protocol description
- Monitoring plans
- Public feedback
- Clinician and patient focused FAQs



A screenshot of the OPTN (Organ Procurement & Transplantation Network) website. The page title is 'Accelerated placement of hard-to-place kidneys'. The breadcrumb trail reads: Home » Professionals » Improvement » Improving organ usage and placement efficiency » Protocols for expedited placement variance » Accelerated placement of hard-to-place kidneys. On the left, a sidebar titled 'On this page:' lists: Protocol summary, Intended goals and outcomes, Observed results, Proposed evaluation metrics, and Public feedback comments. Below this is a 'Resources' box containing 'Patient FAQs' and 'Clinician FAQs', and a button 'Explore all protocols'. The main content area features the title 'Accelerated placement of hard-to-place kidneys' and the protocol name 'Protocol 1: Pre cross clamp placement of KDPI 75-100 Kidneys'. It includes submission information: 'Submitted by: Rescue Pathways Workgroup of the Expeditious Task Force', 'Protocol status: Pending implementation', and a link to a PDF: 'Read more about the protocol and how it will be monitored (PDF)'. A contact link is provided: 'Questions about this protocol? Contact Expeditious@unos.org'. A 'Protocol summary' section follows, containing a bullet point: 'The protocol applies only to offers of deceased donor kidneys with a Kidney Donor Profile Index (KDPI) of 75 percent or higher. The KDPI value reflects the likely length of kidney function (graft survival) as compared to all deceased kidney donors; a higher value indicates the kidney will be less likely to function as long as a kidney from a lower KDPI donor (see a video that explains the KDPI score and how it is used).'

Transplant Growth Collaboration Events

-Securing commitments from c-suites for transplant growth.

Efforts to Support Growth

What's needed:	Growth support:
<ul style="list-style-type: none">• Buy-in from hospital leaders• Resources• Commitments to growth	<ul style="list-style-type: none">• Testing collaboration events• Developing tools and resources

Growth is possible and achievable -
Programs can grow together and learn from one another!

Transplant Growth Collaboration Events

Agenda topics

- **Connect to Purpose**
- **Framing and Call to Action**
- **Data Review and Growth Potential**
- **Growth Stories**
 - *Feature high-growth transplant program leaders*
- **C-Suite Panel**
 - *Executives from transplant centers in attendance*
- **Leaving in Action**

An uplifting and content-rich leadership workshop dedicated to celebrating and learning from successful regional and national examples of growth in transplant programs.

At events, hospital leaders:

- learn directly from leaders of transplant centers that have already demonstrated significant successes
- identify common barriers and innovative solutions for transplantation advancement
- understand the benefits of growth on key performance indicators
- explore the potential for setting specific and ambitious growth objectives

Late Decline Discovery Project

- A quality improvement initiative to assess contributing factors, frequency, definitions, and identify opportunities.

Overview

Problem:

- No standard definition for late declines
- No understanding about how often late declines happen and why they occur
- No standards or policies regarding late declines

Purpose:

- Learn about contributing factors, themes, and prevalence of late declines
- Identify opportunities for improvement
- Drive for standardization of definitions and/or potential policy solutions

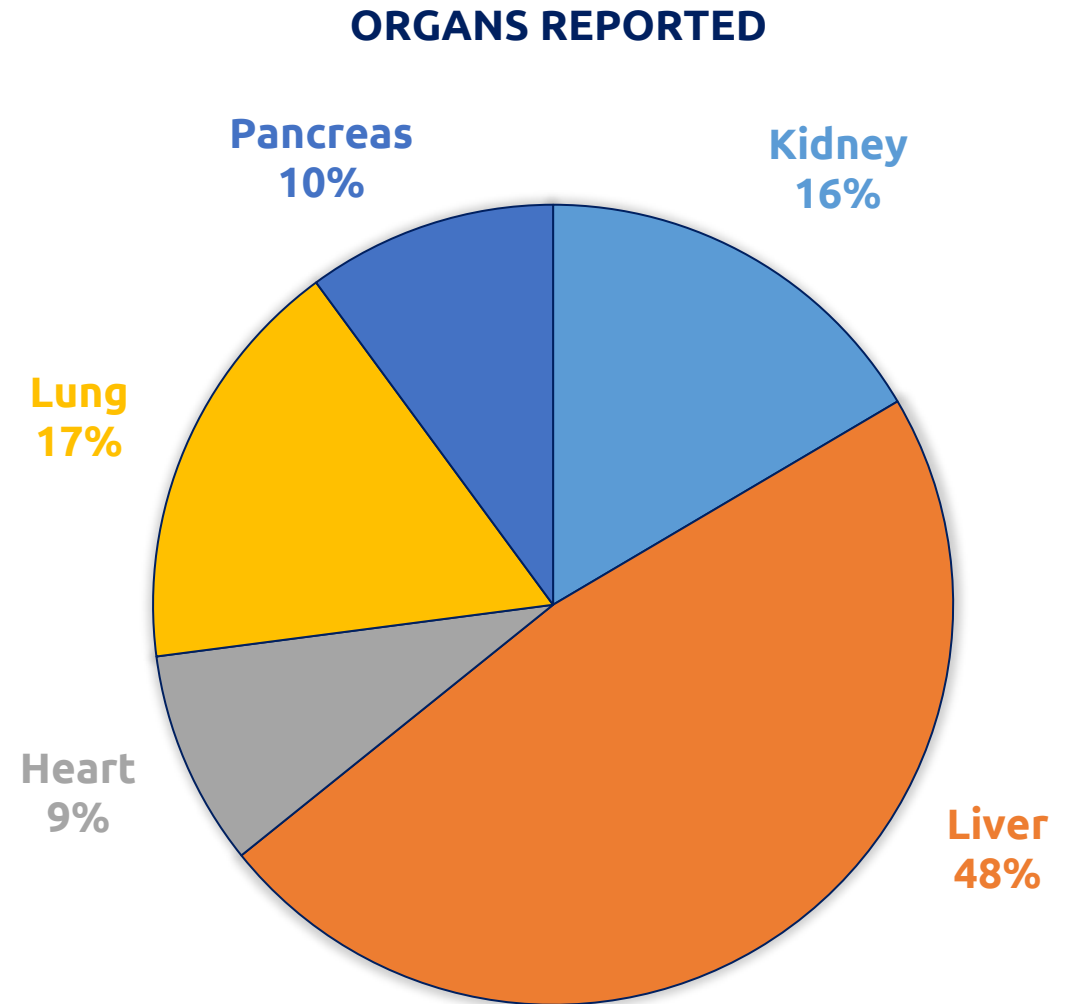
Approach:

- Voluntary, quick and iterative quality improvement initiative
- Rapid PDSA cycles to assess current state and test the process

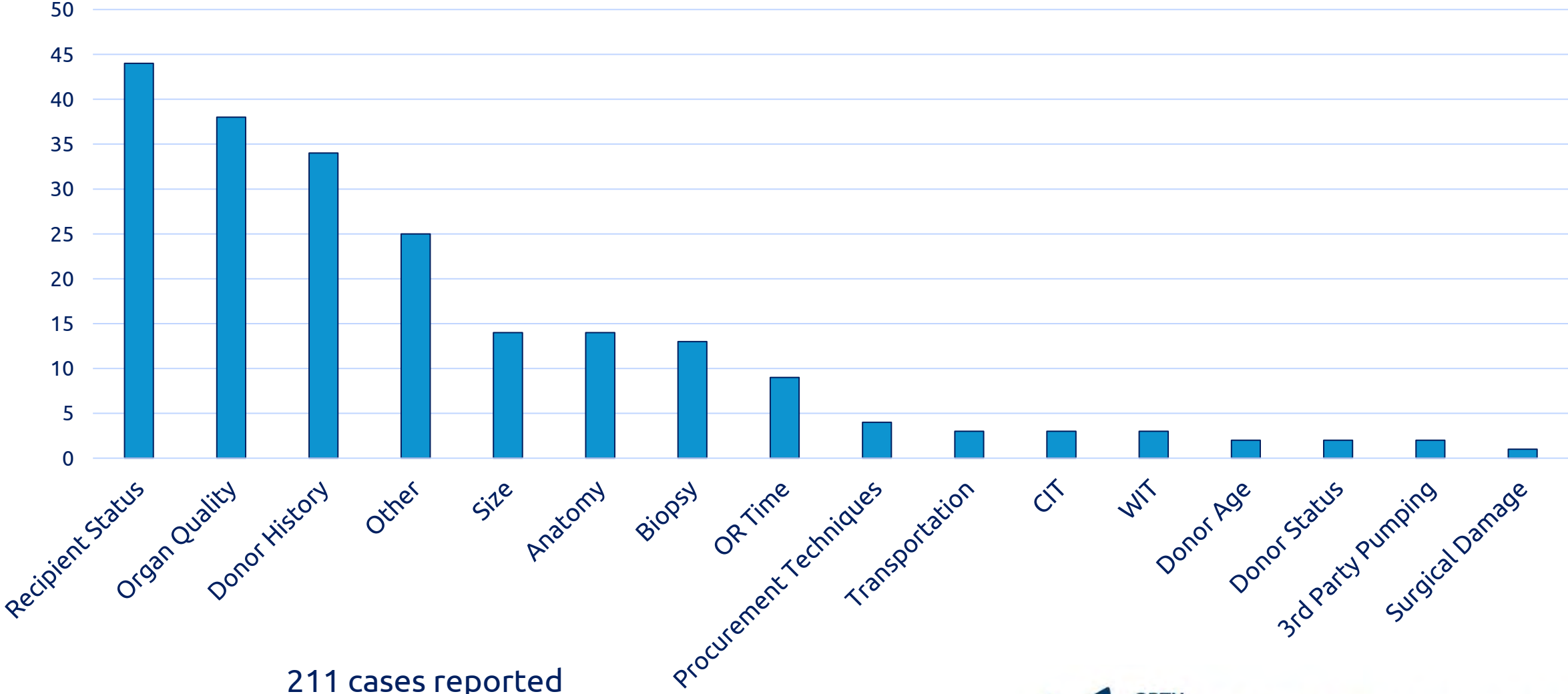


Feedback Analysis

- Feedback collection: April 17th – May 27th
- 12 OPO participants
- 211 instances of late declines
- OPO individual definitions used

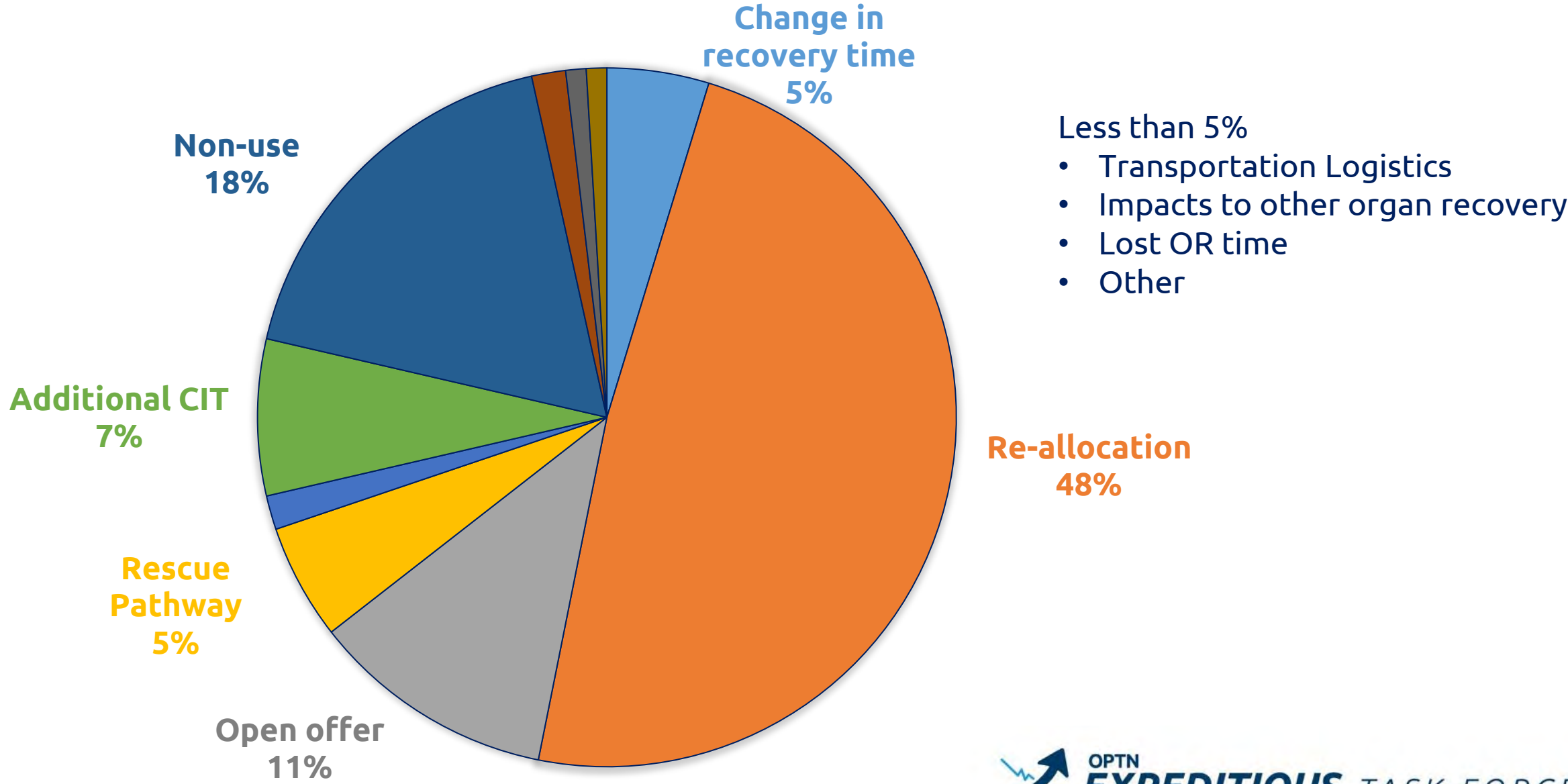


Late Decline Reasons



211 cases reported

Late Decline Impacts



The Task Force Work Continues...

- Provide updates on workstreams as they continue to develop
- Engage with the broader community
 - The Alliance National Critical Issues Forum (Sept 5-6)
ETF breakout sessions: ***In it Together***
- Launch first expedited placement protocol!

Thank you!

Questions? Email expeditious@unos.org