

**OPTN/UNOS Operations and Safety Committee
Meeting Minutes
July 26, 2018
Monthly Conference Call**

**Michael R. Marvin, M.D., FACS, Chair
Chris Curran, CPTC, CTBS, CTOP, Vice Chair**

Introduction

The Operations and Safety Committee (OSC) met via teleconference on 07/26/2018 to discuss the following agenda items:

1. Geography and Allocation Policy Update
2. New Project Idea: Develop Guidance on Effective Practices for Broader Organ Distribution

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

1. Geography and Allocation Policy Update

Peter Goldin, liaison to the Ad Hoc Geography Committee, presented the update.

Data summary:

Different organ committees are being asked to develop modeling requests for the Scientific Registry of Transplant Recipients (SRTR) to be submitted by early September to allow ample time to work on the requests. The Ad Hoc Geography Committee is currently analyzing data from the 6-month implementation after lung distribution changes. A member suggested that a financial evaluation of what the cost structure has become because of increased fly-ins and fly-outs be completed. Ad Hoc Geography Committee Meeting is scheduled for August 28, 2018.

Summary of discussion:

The OSC will help the Ad Hoc Geography Committee from the standpoint of operations and safety. There is ongoing discussion about either a guidance document or extensive information about the options. Operationally, lung is relatively small compared to liver, so the patterns and issues will expand to other organs like kidney, where there will be a more dramatic increase in volume. Kidneys typically fly commercial and so the consequences will not be the same as observed for lung. For liver, there is a significant concern regarding availability of planes to get organs and teams to where they need to be. The difference between driving and flying is important and should be assessed.

OSC will figure out how best to help the Ad Hoc Geography Committee make recommendations as to the overall allocation process. The liver allocation policy changes that were set to go into effect in December will be delayed. A special public comment for liver distribution that eliminates use of DSA and regions will go out for special public comment in October and be voted on by the OPTN/UNOS Board of Directors in December. These newer revisions to liver allocation policy would take effect and supersede any allocation changes approved in December 2017.

2. New Project Idea: Develop Guidance on Effective Practices for Broader Organ Distribution

Data summary:

OSC needs to come up with guidance and information about travel. When expanding organ sharing, travel will need to be expanded. Questions will be: What are the limits? Are there

enough planes and pilots available? What will this cost? How do the OPOs and transplant centers work together seamlessly? Some OPOs are involved with imports, while others are not. How will offers be made? Logistics will present challenges to manage.

Summary of discussion:

The Vice Chair stated the Committee needs to provide a guidance framework for parts of the country in preparation for broader sharing of organs, which will be dependent upon what resources are in place to do so. Relationships perhaps should be built on a regional level. A group has been started for all the northeast OPOs to start talking about operational issues so that they will be able to address the needs of the transplant programs.

Too often people are being moved unnecessarily. Lungs are passing each other in the air with surgical teams. Perhaps it would be more efficient to have more reliability on local recovery teams and transplant center collaboration. The organ offer process is currently inefficient with delays, and should be improved upon. There is a backup issue. For example, often a backup offer is made to a transplant program which does not even want to look at it. The process could be more efficient so if something goes wrong with the primary program, the organ would not be lost. Overall systems provide a framework and guidance for what OPOs and transplant centers should do to support broader sharing of organs.

One member suggested an area to focus on would be the use of local recovery teams. It would be helpful if there could be some sort of standardization or operation to encourage use of local recovery teams. The Chair agreed, citing the example that surgeons sitting in bed at home can look at video in the OR to figure out if they want to take the organ or not due to technology. Logistically it makes a difference because there are different criterion for plane and pilot staffing for an organ versus a team.

Another member suggested a focus on recovery surgeon models. In some parts of the country, recovery surgeons work for the OPO. Sending livers out of the local region more frequently means less acceptance by local programs and therefore less willingness for those surgeons to go do the recovery. A strategy should be made to have availability of surgeons in different DSAs doing recoveries.

The Chair pointed out OPOs may not realize the difference in transplant hospitals is that a lot of the impetus for going out and doing their own donor is a financial one, not just whether or not the organ is assessed properly. The organ donor procedure is well reimbursed, so if other people are doing those procedures, that can dramatically impact transplant program finances. This may need to be considered in the analysis.

OSC will obtain the current state of affairs for the availability of charter planes and pilots. This is due to previous situations in which there has been unavailability of available planes and taking into account that some OPOs own their own planes. The Chair has discussed with one OPO a number of points of interest, including number of accessible charter companies, number of pilots, how often planes are unavailable, cost analysis, helicopter availability, who owns the planes, how pilots are staffed, and specifics of simultaneous donor offers.

The Chair suggested that in order for OSC to assess the current state of availability of planes and pilots, a subcommittee will be created to develop a questionnaire with feedback from the rest of the committee. The OSC will then reach out to OPOs to get answers to the questions. One committee member asked if any other organization such as the Association of Organ Procurement Organizations (AOPO) might have any of this type of information. AOPO does not currently ask of their members the kinds of questions OSC will need. Another committee member asked if this type of questionnaire has been done before. There has been a survey and

analysis done to look at cost in the past, but nothing looking at transportation in regions and DSAs.

Once the interviewing is completed, OSC could do an analysis using average travel times to figure out ischemic time barriers or limits. The Liver Committee would, for instance, say these are the average travel times to get this far in the different regions. The Chair stated it would not likely be feasible to have a national plan for driving distances since regions and areas are so different. Perhaps one collaboration could be on the availability of charters. One member asked if there would be a concern of airspace for private charters around the big airports. The Chair recalled his program having to fly out of a smaller private airport 45 minutes away instead of any of the larger area airports.

One member suggested there be considerations for safety standards for charter aircraft, especially for OPOs and transplants centers that fly infrequently. Another member suggested looking at local recovery teams and tie those in as well. The Committee agreed. Local teams could be encouraged to help with the different hospitals.

Next steps:

Every committee member will be involved in a subcommittee. The Chair will head the subcommittee which will draft the questionnaire on transport of charter planes and availability of pilots. The Vice Chair will head another subcommittee which will deal with the logistics of offer acceptances, hard backups, and new relationships with broader sharing. Members volunteered to join groups. The Chair and Vice Chair will send out drafts once subcommittee members are finalized.

In order for the survey process to get done efficiently, the Committee will need to meet more frequently. Subcommittees will communicate via email until next OSC subcommittee teleconference in 2 weeks.

Upcoming Meeting

- August 23, 2018 at 3 p.m. teleconference.