OPTN/UNOS Transplant Coordinator Committee
Meeting Minutes
August 15, 2018
Conference Call

Sarah Nicholas, RN, Chair
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Introduction

The Transplant Coordinator Committee (Committee) met via Citrix GoToTraining teleconference on 08/15/2018 to discuss the following agenda items:

1. Committee Report: Living Donor Committee
2. IT Project Update: Organ Offer Filters Update
3. Proof of Concept Check-in

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

1. Committee Report: Living Donor Committee

Summary of discussion:

The Committee was reoriented to the goals of the proof of concept and how outcomes will be measured. The transplant coordinator from the Living Donor Committee (LDC) provided the first report on a project they plan on sending to the Policy Oversight Committee in August. This project involves clarifying vague language in *Policy 18.6* (reporting maintenance dialysis). Additional policies may be impacted, and UNet and the Living Donor Event form in the Patient Safety Portal will be modified.

The Committee agreed that this project could add clarity to what is being sought and consistency across the systems. They emphasized that if the LDC wanted to collect information on acute kidney injury, it should be a discreet data point, versus relying on programs to enter it under kidney, other. The LDC coordinator advised the LDC was attempting to be conservative with the number of data fields it proposed editing, as anything substantive would need to go to the Office of Management and Budget for further approval.

Next steps:

The LDC will communicate whether it incorporated the Committee's feedback.

2. IT Project Update: Organ Offer Filters Update

UNOS staff provided an update on the organ offers filter IT project. The Committee provided the following feedback and questions:

- Filtering criteria prior to getting the organ offer is not actually going to sometimes capture the reason that a kidney was being bypassed
- While center-level filtering may increase efficiency, it is common for program to establish liberal criteria so as to not miss offers, and the true "filtering" occurs at the patient level, and therefore, happens at time of offer, not prospectively
- UNet should be programmed to function more as a tool to place organs rapidly; currently, it's more a database. Some programs are customizing their electronic medical records (EMRs) to fill the functionality void of UNet

3. Proof of Concept Check-in

The Committee shared perspectives on the Basecamp communication tool.

Upcoming Meeting

- September, 2018