

**OPTN/UNOS Operations and Safety Committee
Meeting Minutes
August 23, 2018
Conference Call**

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Christopher Curran, CPTC, CTBS, CTOP, Vice Chair**

Introduction

The Operations and Safety Committee (OSC) met via teleconference on 08/23/2018 to discuss the following agenda items:

1. Introductions and Announcements
2. Air Travel Questionnaire
3. Policy Oversight Committee (POC) Feedback: Project Form

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

1. Introductions and Announcements

All meeting attendees were acknowledged. Health Resources and Services Administrations (HRSA) and Scientific Registry for Transplant Recipients (SRTR) representatives were present.

2. Air Travel Questionnaire

Background:

The OSC will try to assist UNOS/OPTN in general, the organ-specific committees, and the Ad Hoc Geography Committee in achieving the goal and mandate of removing DSAs and regions from the unit of allocation. All the organ-specific committees are currently developing new policy proposals that eliminate DSA and region from allocation requirements.

There has been ongoing discussion that more data are needed to assist with these decisions. Current modeling thoughts of each committee were presented. Kidney-Pancreas is looking at getting to a broader level doing a hybrid model based on other factors than just distance alone. Liver has put in their SRTR modeling request, but will still need to vote on policy language on 11/2/2018. OSC will discuss their project with the OPO Committee on 10/4/2018. The Committees must cite evidence that shows reasoning and justification for allocation proposal changes as well as compliance with the Final Rule.

The issue of switching from driving to flying continues to be evaluated. It requires a lot more requirements and resources that are not so readily available. One OSC work group is looking at the issue of whether there are enough planes and pilots. The goal of the questionnaire is to ask the OPOs and transplant centers to find out whether or not they have had issues getting enough planes and pilots, with the focus being to determine the actual state of the current situation regarding air transport availability.

The second work group is specifically looking at the logistics behind the relationships that are going to be critical to allow broader sharing to happen regardless of what method of transport is used. Establishing new working relationships between OPOs and transplant programs that previously did not working closely together before will be an ongoing need.

Data Summary:

What are the deciding factors and data that drive the decisions to fly versus drive organs? Most of the time it is organ-specific, depending on the donor as well as the recipient, such as 70-

years of age and older or cold ischemic time. A lot of current focus is on recipient Model for End Stage Liver Disease (MELD) scores for liver versus donor quality. This effort is to provide the transplant community with more information to help make these decisions.

Changes to the questionnaire were made based on feedback received. Questions were reviewed one by one. One new question asked what the current times are when the OPO or transplant center may switch from ground to air. Kidney was not included because it almost always flies commercial. Other questions asked include whether they have their own planes and/or their own pilots and how many charter companies are available. Another question asks whether they have ever been unable to find a plane for a surgical team, unable to find a plane for organ transport, or unable to find a pilot when the plane is available.

Survey results thus far were presented. It shows that 75% of respondents indicated that there are delays when arranging planes and pilots or arranging OR times because of the delays. Elaborating with additional comments will be important. Answers about reasons for delays here are key, as well as how often that actually happens. The number of cases with delays will be reviewed. One issue came up concerning time restriction with a helicopter because the pilot was going to time out. Additional questions ask how many simultaneous fly-outs or imports can be done at the same time, whether there are airport time restrictions, and what is the longest travel time when driving from the donor hospital to an airport or airport to transplant center.

The Association of Organ Procurement Organizations (AOPO) is working on cost questions, but the answers may not come back in time to inform the committees or for the Board of Directors' December meeting. The OSC questionnaire does inquire whether there is a charge for a plane to be on call, which is more important when transporting a team. Based on results, some kind of policy may need to be considered regarding the use of local teams. The questionnaire also asks about ground costs.

Questions then divide up into each organ and include the longest drive time for a liver or a heart. Questions cover if access to pilots and planes could be increased if needed due to increased air travel requirements. There are questions also about helicopters. Helicopters are used fairly often for heart and lung.

One general question asks for experiences on the recent lung allocation change regarding transportation impacts. Some of the language will be clarified. The goal is to obtain information on whether it was possible to provide the planes required for lung transportation and if the experience has been positive, negative, or neutral. Other concepts included in the interviews will be: people's fears; expected future patterns, and how are organizations preparing to increase capacity as flight demands increase.

Summary of discussion:

The Chair feels hearts and lungs fly more often, so there may not be as much information from asking about each individual organ; the focus for this go-around should be on liver. Other Committee members felt it might be useful to obtain this information regardless for other organ-specific committees other than liver, so it will be left as is and leadership will look at it in more detail offline.

One comment was that it may be difficult to get one person to answer all the different questions because, for example, someone might know about helicopters, another might know about planes, and another might know about cost all at one center. The link provided is where the Committee members will go to enter the data as they are speaking with the OPOs or transplant centers. A pdf version will be on Basecamp (a few more changes are still in the works). This can be sent ahead of the interview to help them know who needs to weigh in. If they need to get back on some of the answers, that is acceptable as well. It is an opportunity to get quantitative

data in an interview style so that other information they want to share can be recorded. Hence, after every question there is a place for additional comments. The Committee member taking conducting the questionnaire should probe for more information if all the answers are yes/no.

One member brought up the fact that with the previous version without the changes, she did the questionnaire with an OPO and it took 45 minutes. An additional person came on the conference call with the financial information. The conversation and extra comments accounted for the extended time it took. When talking about the pilot time and duty hours and delays in the OR, they talked about having to send a pilot back and getting a new flight team to pick up the transplant team because of delays, which they said happens frequently. These are the kinds of anecdotes that may be useful data in helping policy decisions and helping explain decisions.

The important question is whether 45 minutes to an hour is an acceptable length of time to get through the questionnaire. Comments were that it is reasonable and worth the time and effort. Having the pdf beforehand will minimize the phone time. Leadership will also create a preamble to the pdf emphasizing the importance of the project, thanking them for their time and effort, and indicating the time commitment of 45 minutes to an hour to answer the questions.

By way of orientation, it is possible to exit the questionnaire and return later, but a return code will be generated and needed to return. In addition, one could choose to have the return survey link emailed to them, but the code would still be needed. The return code must be used in order to return to the prepopulated questionnaire that has already been started. The Committee vice chair will have access to all the responses and will be able to see which questionnaires are incomplete. In the event someone cannot re-access their questionnaire for whatever reason, they can reach out to staff. The only other option would be that everyone would have access to all the questionnaires and when returning, they would just choose the one that they have started. The Committee agreed to the use of the return code.

Also available on Basecamp in addition to the questionnaire is a report that will show the region and the code for the OPO, as well as which transplant hospitals are under that OPO's jurisdiction. Additional modifications will be made to this today.

Previous discussions indicated that the UNOS regional administrators would reach out to OPOs to let them know about the project and that they would be contacted regarding the survey. This will still be done.

Contact information for the OPOs was requested. All materials and resources will be available on Basecamp. Contact information can be provided. Anyone who has a personal relationship with any of the OPOs should be the one to contact them. Several Committee members volunteered for sites where relationships currently exist..

The data collection through the air travel questionnaire must be completed by the end of September. There will be a few weeks' time to complete the initial analysis.

Next steps:

Leadership will create a preamble, as well as finalize the questionnaire. Materials will be sent to the entire Committee by tomorrow. The links to the questionnaires should be used by the Committee members only and should not be sent to the OPOs or transplant hospitals.

3. Policy Oversight Committee (POC) Feedback: Project Form

Data summary:

The POC survey results will be sent to the Committee via email and will be discussed further at the next OSC meeting. The POC is recommending that the project to provide guidance on effective practices for broader sharing go forward. The vice chair will discuss this further with the

POC. The survey was shared with OPO leadership, who has approved it. It was also shared with the Ad Hoc Geography Committee and all the organ-specific committees.

Upcoming Meetings

- September 27, 2018, monthly teleconference
- October 23, 2018, in-person meeting in Chicago