

OPTN/UNOS Transplant Coordinators Committee (TCC)
Meeting Minutes
February 19, 2019
Chicago, IL

Sarah Nicholas, RN, B.S.N., CCTC, Chair
Sharon Klarman, RN-BC, B.S.N., CCTC, Vice Chair

Introduction

The Transplant Coordinators Committee (TCC) met in Chicago, IL on 02/19/2019 to discuss the following agenda items:

1. OPTN/UNOS Policy Oversight Committee (POC) Update
2. Public Comment Proposal Presentations
 - a. *Clarifications on Reporting Maintenance Dialysis*
 - b. *Expedited Placement of Livers*
 - c. *Guidance on Effective Practices in Broader Organ Distribution*
 - d. *Eliminate the use of DSAs and regions from kidney and pancreas distribution*
3. UNOS IT update
4. Committee Project Development

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

1. OPTN/UNOS Policy Oversight Committee (POC) Update

The Vice Chair provided an update from the recent POC discussions.

Data summary:

The Vice Chair presented an update from the POC, reminding the members about the OPTN Strategic Plan, recent work and projects as well as current public comment proposals.

Summary of discussion:

- The Vice Chair asked members to think about opportunities for the TCC to help develop future policy proposals.

2. Public Comment Proposal Presentations

Four public comment proposals, two policy proposals, a guidance document and a concept paper, were presented to the TCC Committee members for review.

Summary of discussion:

A. Clarifications on Reporting Maintenance Dialysis

The Committee expressed their support for this proposal citing it will make their jobs as coordinators easier.

Members commented that this language change should extend to all other forms that contain this information. More specifically a member asked if the "other" field is mandatory or will there be a process to review what is typed in the field. They requested to have set criteria for the "other" field, as well as the ability to leave it blank.

B. Expedited Placement of Livers

The Committee expressed their overall support for this proposal.

Members expressed the following concerns and suggestions:

The need to have more concise information about livers on the expedited list to better assess the condition of the organ before an offer/acceptance is made. They noted the following items would be helpful:

- Percentage of fat a transplant hospital will be willing to accept
- If biopsy's should be mandatory and those results being available for review
- Possibility of adding pictures/measurements
(Due to not all operating rooms having cell reception, this could be a best practice option)
- Cold time
- Airplane availability at the location of liver procurement
- Important information written in donor highlights possibly in a different color

Concerns about the mechanisms of notification were also discussed:

- How would the notification be sent to transplant hospitals?
 - Staff responded that those detail are not available currently but would like the electronic expedited livers offers to stand out and will come back to the committee with any ideas in the future.
 - Blast notifications were suggested, however in those notifications OPOs would like to know how many transplant hospitals are notified and how many transplant hospitals there are before their patients, in a manner that would allow for transparency yet keep information confidential.
 - More specifically "Would like to know if it is 100 patients at one transplant hospital or 100 patients at different transplant hospitals" that are listed before their patient.
 - Concerns on who [transplant hospitals] accepts expedited offers and the accountability for transplant hospitals who have a pattern of declining offers.
- Would like information about OR turndown rates to be included in the notification.
- Possible issues of notifications overload on the OPO side.
- Status of backup offers practices if this proposal was to be implemented
 - Staff clarified that this proposal will not interject into backup offers practices.
- Expressed that a conversation between OPOs and surgeons at transplant hospitals will have to occur to avoid delaying cross clamp times for fiscal reasons.

C. Guidance on Effective Practices in Broader Organ Distribution

The committee supported this proposal and expressed that it was very well written on both the OPO and transplant hospital side. They identified the following concerns:

- Data Analysis
 - Members asked what the time frame of the analyses being done on broader sharing is and if it could be broken down by areas such as California and the northeast.
- Transportation
 - Concern that teams are out for longer periods of time, traveling further and that this could impact OR times.
 - Members would like a better system on tracking this data, and the best place to collect this information.
 - Pilot shortage
 - If one part of the country has a pilot shortage, what is the impact in that area?
 - What are the safety standards for flight?

- How will the variation in methods (plane versus helicopter) and pilots play a role?
 - Excess travel and procurement issues
 - For transplant hospitals that travel more for marginal offers, how will broader sharing effect the hospital?
 - However a member did suggest that transplant hospitals start to develop relationships with other hospitals to allow in the future, for other hospitals to do the recovery for them to decrease flying time.
 - Several members of the committee expressed that this was unlikely, especially in thoracic recovery. They believe that this is the culture of the thoracic community but that it can be changed.
 - It was suggested to bring this concern to the Thoracic Committee and other major stakeholders.
 - Another solution suggested was regional mixer to build relationships between surgeons.
- Video capability
 - Members recommended an increase in the efficient use of technology such as:
 - Recording the organ recovery surgery and providing that to transplant hospitals.
- Staffing changes
 - A member asked the committee if there was any indication that OPOs are proactively increasing their staffing due to broader sharing or are most waiting until policy is implemented. The Vice Chair of the Operations and Safety committee commented that OPOs should rely on each other and staff accordingly.

D. Public Comment Proposal Presentations

The Committee did not come to a solid conclusion on their sentiment about this paper. However several members did express their support for the hybrid model. Members expressed the following concerns and suggestions:

- Concentric circles
 - Members asked the Vice Chair of the Kidney committee if population density gradient was reviewed. The Vice Chair commented that not enough information about population density was available and that in the continuous distribution model population density could be factored in easier.
- Flagpole
 - A member suggested a flagpole model, where points are weighted based on several different medical criteria as well as distance from a transplant hospital, with the most points awarded to a candidate closest to the transplant hospital.
- Modeling Results
 - Members suggested that kidney and pancreas allocation be different systems.
 - They expressed concern about highly sensitized candidates. A suggestion was made to relook at human leukocyte antigen (HLA) and DR matching and what points should be awarded to those candidates.
 - A question was asked about the modeling changing in the future because currently it does not take into account the changing of practices in the transplant community.

Next steps:

UNOS staff will create a concise summary of all the comments, obtain leadership approval, share with the respective OPTN Committees, and submit formal public comment.

3. UNOS IT update

UNOS staff updated the Committee on enhancement initiatives to DonorNet® and WaitlistSM.

Summary of Discussion:

Staff showed a pilot project that will facilitate imaging sharing in DonorNet. The Committee members expressed their enthusiastic support on this idea and would like imaging sharing to be extended to the mobile application. Staff discussed the DonorNet Mobile Application for transplant hospitals under development.

- Members were very excited about this initiative and are excited to see it implemented as a pilot next quarter. One member also suggested the ability to put additional information/criteria in the offer screening/ filters section. Several members expressed their interest in a chat functionality imbedded in the mobile application. They asked about the possibility of enabling a chat for a specific organ offer. They would also like the donor serology to be visible on the mobile app in the future iterations.
- One Legacy, Donor Network West, Nevada Donor Network, Center for Organ Sharing and LifeShare Organ Procurement Organizations (OPOs) are all testing this application. There was discussion on the possibility of a guest account in order to share images with personnel without a UNetSM account.

The possibility of a Waitlist in an app format was discussed. Members would like more applications like Waitlist to be compatible with more browser types. Members expressed certain functionalities they would like to see. These included:

- Ability to modify a status and remove a patient
- Update MELD/PELD scores
- Status 7 Changes
- Inactive or activate a patient
- Quick links to candidate information

4. Committee Project Development

The Committee discussed current problems in the transplant community and identified some future project ideas. Summary of discussion:

Members broke out into small groups and discussed problems that they are currently facing and shared them with the entire Committee. Below is a summary list of all the concerns expressed.

- SRTR data are used by transplant programs to counsel patients on a transplant program's recipient and graft survival. SRTR data reported appear to be dated and it is unclear if there is risk adjustment.
- There is a lack of clarity in multi-organ allocation. There appears to be a need for policy on consistent execution for multi-organ allocation. One idea to help with this would be match run lists for heart-kidney or liver-kidney.
- Some payers may not permit multi-listing and some candidates may be disadvantaged as a result. In the lens of wider organ distribution, members noted that multi-listing might not be necessary and it may end up being an outdated policy. Recipient follow-up at a transplanting hospital may make multi-listing less practical for recipients in the year(s) following transplant. The transplant programs may not have an awareness if a candidate is multi-listed.

- Members want to see organ offers a program has received longer than the current five days programmed in DonorNet.
- US Public Health Service (PHS) increased risk in DonorNet only allows for yes/no answers only. Not all increased risk practices are the same. There would be benefit to delineating the specific risk in DonorNet, and in acceptance criteria when registering candidates. This would help with efficiency of organ allocation.
- Currently, some navigation is required to locate HIV test results in DonorNet. Members identified the need for a visually prominent designation in DonorNet to identify HOPE Act donors. The lack of clarity may lead to offers being declined late in the night (for example).
- Guidance, in collaboration with the Histocompatibility Committee, on entering unacceptable antigens in Waitlist.
- A need to update and increase the granularity of status 7 codes to be more reflective of candidate conditions.
- Members noted the delay in donor feedback reporting (ROO Report). It would be helpful if there was a way for the cohort for this data to be more recent, and exported in a more user-friendly format.
- Members expressed the need for policy or guidance from the OPTN on defining and handling cross-clamp delays. OPOs often have their own policies on this. They questioned if the Operations and Safety Committee's guidance currently out for public comment could address this topic.

Upcoming Meeting

- March 20, 2019 Conference call