

**OPTN Transplant Coordinators Committee (TCC)  
Meeting Minutes  
April 17, 2019  
Conference Call**

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**Introduction**

The TCC Committee met via Citrix GoTo teleconference on 04/17/2019 to discuss the following agenda items:

1. Continued Project Development
2. System Enhancement Ideas
3. Feedback request from UNOS Research

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

**1. Continued Project Development**

The Committee will continue to discuss two new project ideas:

- Specifying U.S. Public Health Service (PHS) increased risk criteria in DonorNet® & Waitlist<sup>SM</sup>
- Electronic notification & management of post-recovery culture results

Data summary:

- Specifying PHS increased risk criteria in DonorNet & Waitlist
  - TCC members expressed that not all increased risk criteria are equal and wanted a clear and easy way to locate risk criteria for a given donor in DonorNet. When registering a candidate in Waitlist, a mechanism to select organ offer acceptance criteria for what increased risk a candidate is willing to receive.
  - Currently DTAC (Ad Hoc Disease Transmission Advisory Committee) is in discussion with the CDC (Center for Disease Control) who is in the process of revising the PHS increased risk criteria. Once the final recommendations are published then DTAC will work to change the OPTN policies accordingly.
  - UNOS staff presented DTAC's proposed timeline as well as one for TCC's project idea.
- Electronic notification & management of post-recovery culture results
  - Summary:
    - Manual and less-than-optimally integrated manner of notifications for updated donor culture test results
    - No standard mechanism to notify a host OPO when results are received/read or acknowledged.
    - With the arrival of broader organ distribution it will be more critical to get timely notification.
  - As a solution to this problem staff presented a UNOS initiative called the Post-Recovery Test Results pilot program.
    - Electronic notification of transplant program staff of the culture results via email.
    - Email alerts would include patient safety contact & on-call representative for the given program.

- Subsequent alerts at 2 & 4 hours if not acknowledged.
- Currently 5 organ procurements organizations (OPOs) and 15 transplant hospitals will be engaged in this pilot.
- Timeline
  - December 2019: IT programming starts
  - April 2020: Pilot Starts
  - September 2020: Open access on an optional basis.

Summary of discussion:

- Specifying PHS increased risk criteria in DonorNet<sup>®</sup> & Waitlist<sup>SM</sup>
  - After staff presented both DTAC's and TCC's proposed timeline, it was noted that the timeline for their respective projects would be very similar. However, TCC would be working with the previous PHS increased risk criteria while DTAC would be revising the current list.
  - Committee members understood the overlap in timeline and would like to work with DTAC in the future to give there assistance.
  - Members stressed the idea of filtering by acceptance criteria in terms of increased risk as an option at time of listing. To improve the efficient of organ placement and to avoid sending offers to patients who do not accept certain increased risk criteria.
- Electronic notification & management of post-recovery culture results
  - Staff suggested that at the fall 2019 TCC in person meeting, UNOS IT can give an update on the pilot program and members can give additional feedback.
  - After hearing the ideas behind the pilot program. Members had several questions and concerns:
    - Stressed the need for this to be required in policy due to the variation in standards of communications in the transplant community and the impact broader sharing will have on this process.
      - OPOs communicate to TX programs about culture results in different ways. With either phone calls or emails as well as what culture results they inform TX programs of. Member stressed that some culture results are not as important to receive for certain organs.
    - Highlighted that there is currently no check and balance on the process if the patient safety contact forgets to look up the candidate once they received a notification from the OPO.
    - Asked if UNOS IT is designing this as a mandatory requirement for OPOs and transplant programs (TX program).
    - An OPO representative on the committee stated that it is frustrating on the OPO side as well, stating that there are several cultures to upload and are difficult to keep track of.
    - Suggested a mechanism for the TX program to respond to the culture results in the form of validation or acknowledgment of the results similar to current organ offer acknowledgement practices.
    - Would like to collaborate with DTAC, OPO and Operations and Safety committees (OPS) on what data exists and for future policy development.
  - Staff asked what data does the OPTN have or can collect to show the evidence that a policy is needed.
    - Members mentioned the following ideas but are not sure what data the OPTN tracks on positive culture results post procurement

- The number of culture results that are uploaded post procurement to UNet<sup>SM</sup> can be counted.
- DTAC tracks disease transmissions post-transplant during their case review.
- Suggested doing a survey on this particular practice to illustrate the variability in the programs.

Next steps:

- Specifying PHS increased risk criteria in DonorNet & Waitlist.
  - UNOS staff will work on a date/time for committee members to talk with DTAC leadership.
- Electronic notification & management of post-recovery culture results.
  - UNOS staff will outline a problem statement and research preliminary data options. As well as connect TCC leadership with DTAC and OPS committees.

**2. System Enhancement Ideas**

UNOS IT asked TCC committee members for any system enhancement ideas.

Summary of discussion:

- UNOS staff asked members to think about any additional ideas.
- Staff suggested that during the fall 2019 in person meeting of doing a mini-innovation event with UNOS IT to come up with ideas and solve any problems real time.
- Members came up with two ideas:
  - Liver Kidney Match Run List
    - During allocation when a candidate is listed for a Kidney & Pancreas (KP), there is the ability to list a kidney in isolation but for a candidate needing a Liver & Kidney an organ offer will not be accepted without the liver. Members would like the option to not have that candidate show up on other match runs but a new list entirely.
    - Members would also like expanded details on match run lists in order to see how many potential recipients and transplant programs are above their candidate.

**3. Feedback Request from UNOS Research**

Staff will present current research about updating organ refusal codes and will ask TCC members for feedback.

Data summary:

- UNOS research staff gave a presentation about improving the collection of offer refusal codes in DonorNet®.
- Brief Summary
  - 830 is a common refusal code for organ quality and it corresponded to 70% of refusal reasons.
  - The transplant community has expressed the need to spit apart 830 to make it more granular.
  - The usage of 830 impacts the data use capabilities.
  - Goal of the project is to replace old codes with better ones. As well as update the descriptions of codes for clarity and to improve the quality of data collected by the OPTN.

Summary of discussion:

- Members were overall supportive of this project.
- The committee made several suggestions and questions about the new codes staff presented.
  - Members suggested the inability to obtain information could be an additional code for refusal.
  - Organ offer refusals may be a combination of several codes and the codes presented does not reflect that.

**Upcoming Meeting**

- May 15, 2019 Conference Call