OPTN ORGAN PROCUREMENT AND TRANSPLANTATION NETWORK

OPTN Operations and Safety Committee
Meeting Minutes
May 23, 2019
Teleconference

Michael Marvin, M.D., Chair
Christopher Curran, CPTC, CPTBS, CTOP, Vice Chair

Introduction

The Operations and Safety Committee met via teleconference on May 23, 2019 to discuss the following agenda items:

1. Data Collection Project Update
2. ABO Project Update
3. Proactive Analysis Project
4. Extra Vessels Update
5. Human Leukocyte Antigen (HLA) Initiative Update
6. Other Business

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

1. Data Collection Project Update

UNOS staff provided an update on the Committee's Data Collection Project.

Summary of discussion:

UNOS staff noted that the data collection project was approved by the Policy Oversight Committee during their in-person meeting on May 10, 2019. Additionally, all OPTN organ-specific committees, Transplant Coordinators Committee (TCC) and Transplant Administrators Committee (TAC) were asked to provide feedback on the data elements and data sources that were proposed. Overall, the committees were in support of the data collection project. The feedback received was reviewed with members as follows:

- Type of Transportation used (fly vs. drive vs. multiple modes of transportation) – The multiple modes of transportation should be further defined. There was a suggestion of having a drop down field to be more descriptive.
- How specifically was the organ transported (chartered place vs. commercial flight) – There was overall agreement on this data element. There was a suggestion to include "Car" as an option.
- Who recovered the organ? (Local surgeon vs. OPO surgeon, vs. other recovery team staff vs. same surgeon who did transplant of that organ) – There were suggestions to include "team from recipient's transplant program" and OPO perfusionist. There was a general consensus that more specificity among the categories listed was needed.
- Distance traveled – There was overall agreement on this data element. There is a need to be more specific on what distance is being measured.
- Time (hours) between transport of the organ to when organ was transplanted – The most common response was to measure by cold ischemic time. There were also suggestions for cross clamp time and when the organ was scanned. It was suggested that the most accurate method in determining the time in hours (if possible) would be documenting the time the organ was scanned when leaving the donor hospital and checked in at the transplant hospital.

UNOS staff continued by reviewing the feedback on the proposed source of data collection. There was general support for the data to be collected either on the Donor Organ Disposition Form or the Deceased Donor Registration (DDR) form as proposed by the Committee. There were some suggestions to use the Transplant Candidate Registration form (TCR) or the Transplant Recipient Registration form (TRR) with the thought being that the transplant programs would be collecting the majority of the data points.

UNOS staff summarized the additional feedback received that included a concern that the collection of additional data may present administrative burden, and questions about who would collect the data. There was also a suggestion of having cost/travel fees as a data element but there was an understanding that this information may be too complicated to collect due to variation among programs.

The Committee Chair asked members for their thoughts on the responses provided. The Committee Chair stated that for the first data element regarding modes of transportation, there should be a drop down feature where the member could record the initial mode of transportation and then ask if there was an additional mode. If the answer is yes, there could be another drop down feature to record the additional modes of transportation. This would ensure that all modes of transportation are documented.

A member stated that the data would be dependent on who is entering the information. The transplant program may not know all of the modes of transportation that were taken. The Committee Chair stated that from experience, the arranging of transportation is done by the Organ Procurement Organizations (OPOs). The member stated that the OPOs should be collecting the data with the thought that there may be instances where the OPOs would hand the document off to the transplant programs. The Committee Chair agreed with this point and asked members for their thoughts from an OPO perspective.

Another member stated that it seems like the OPOs electronic donor record may be the best place to document the data. The data should be fairly easy to track by having the OPO collect this information. The Committee Chair stated that from experience with livers, the OPO makes the arrangements for travel. However, there are occasions where this is not always the case as there could be outside institutions that make these arrangements. The member continued by stating that it depends on who is setting up the transportation. If someone is coming from outside of the area, the transplant program or the OPOs typically organizes the transportation for them. The host OPO is not involved with the logistics other than the transportation from the airport to the hospital and back.

The Vice Chair stated that the responsibility for collecting this information should fall on the host OPO. Although some arrangements may not be made by the OPO, this information is known by the OPO and can be documented in UNet. The variability of OPO electronic medical records (EMRs) are so significant among programs that it makes sense for OPOs to have their own process. The data points can be collected in UNet or other forms.

The Vice Chair recommended discussing this information at the AOPO conference to get additional feedback. The Vice Chair propose to have this topic added to the procurement council meeting agenda.

The Committee Chair continued with the next data point pertaining to the recovery surgeon. The Committee Chair commented that adding “OPO perfusionist” is not necessary. The Committee Chair continued by stating that the question should pertain to the various scenarios that can occur during the recovery process. For example, if a surgeon goes to recover an liver for their program, deems the liver as unacceptable for their patient, but still recovers the liver for another program, there should be some delineation to this particular scenario. The Committee Chair suggested that there should be a field that

reflects this type of scenario by having choices such as “Intended primary team surgeon”, “OPO staff surgeon”, or “Local surgeon”.

The Vice Chair voiced agreement with this point and stated that this is something that OPOs will need to start tracking. It was suggested that there should be a drop down list with options that include:

- Primary program recovering for themselves
- Primary program declined but continued recovery
- Voluntary surgeon
- OPO surgeon
- Contract surgeon

The Committee Chair stated that this should be organ specific. The Vice Chair agreed with this and added that there can be work done on the proposed wording for the variable scenarios.

The Committee Chair continued with the last two proposed data elements regarding distance traveled and time (hours) between transport of the organ and when the organ was transplanted. The Committee Chair stated that for distance traveled, it would be too complicated to try to delve down into how many miles are done by car, or plane and that the distance measured should just be from donor program to recipient program. The rest of the data could be captured by the mode of transport. As it pertains to time, cold ischemic time very often is calculated based on the thoughts of the surgical team as to how rapidly they will need to get the organ in. Having cold ischemic time as a metric would not be able to model behavior and would be most susceptible to behavior changes. The data that is already being collected would be more helpful such as cross clamp time and when the organ is checked in. The organ check in is supposed to happen within an hour of getting to the transplant program, which is a key time that will change with broader distribution. Another metric that should be included is the first anastomosis time, which is also already documented

A member stated that there seems to be a lot of different points that can be measured. The organ being scanned out of the OR to when the organ is checked in would speak to the transportation time. Any measurement between any of these two points may help pinpoint where delays are happening. The Committee Chair stated that there is a consensus that this does make sense but there could be a burden to include all of this additional information.

UNOS staff clarified that in regards to the check in time, the majority of programs are not necessarily recording this information in TransNet. The Committee Chair stated that as a transplant program, this information has to be recorded and it should be fairly easy to have this piece of data entered.

A member stated that at their transplant program, the organ is checked in, through their transfusion services, which does not make the data easily accessible. The Vice Chair asked for clarification that transplant programs are not entering this information into TransNet or any other systems. The member confirmed that this was correct and that this information is collected within the programs’ own systems. It will be an additional step for transplant programs to find this information and entering the data.

Another member voiced agreement that this information is something that can be obtained but stated that the Committee should be thoughtful on what data elements are being proposed to be added.

There were no additional questions or comments.

2. ABO Project Update

The Vice Chair provided members with an update of the ABO project.

Summary of discussion:

The Vice Chair noted that during the May 2, 2019 workgroup call, an SME presented to the workgroup on alternative methods for ABO determination. The presentation provided information that would be included in the guidance document.

The focus of the next workgroup call will be defining massive transfusion and understanding this concept better. The workgroup would like to provide some definitions that OPOs can refer to when considering whether or not to use alternative testing methodologies.

The Vice Chair continued by stating that the project form will be updated to submit to the Policy Oversight Committee (POC) for review and approval. Previously, this project was submitted to the POC with the recommendation that the Committee needed to better define the project. The project has since been better defined as a guidance document and proposed policy changes.

The next workgroup meeting will be on June 6, 2019. There were no additional questions or comments.

3. Proactive Analysis Project

UNOS staff provided an update of the proposed Proactive Analysis Project.

Summary of discussion:

UNOS staff stated that there have been two confirmed and three tentative responses from members interested in participating in the proposed project. In order to make the project effective, there needs to be at least ten participants. Additionally, the Organizational Excellence team has a heavy agenda in October which will limit their resources to the Committee. Committee leadership suggested to postpone the initiative for now and restart the effort in the spring.

There were no additional questions or comments.

4. Guidance Document on Effective Practices in Broader Distribution

The Committee Chair provided members with an update on the Committee's guidance document.

Summary of discussion:

The Committee Chair stated that the guidance document was presented to the Board Policy Group and it was approved to go on the consent agenda and recommended for Board approval.

5. Extra Vessels Update

UNOS staff provided an update on the extra vessels project.

Summary of discussion:

UNOS staff updated members by stating that all of the organ labels have been slightly revamped and will go live on July 1st. The extra vessels labels are currently waiting for programming and should go into effect in August.

There were no additional questions or comments.

6. Human Leukocyte Antigen (HLA) Initiative Update

The Committee Chair provided an update on the Committee's HLA initiative.

Summary of discussion:

The Committee Chair provided an update from the HLA initiative which was to eliminate as much hand entry as possible. The Committee recently had a conversation with Histocompatibility Committee

Leadership. There was general consensus that this would be a good initiative to work on. There is currently a policy regarding double entry for HLA typing that is scheduled for implementation during the fourth quarter of 2019.

The Committee plans to form a workgroup to develop a project plan. It is understood that this project will take time to discuss and develop as it is a major IT initiative. UNOS staff agreed that this initiative would be a multi-year project and confirmed that this is a project that should be discussed and moved forward on.

The Committee Chair stated that there should be a push for the Committee to further discuss, and develop background information so that the Committee's proposed process can be presented to IT.

There were no further questions or comments.

7. Other Business

The Vice Chair provided an update on the pilot for the Post Recovery Test Results Sharing Project. UNOS staff have begun communications on the project by reaching out to the transplant programs that are taking part in the pilot.

There were no other updates or comments. The meeting was adjourned.

Upcoming Meeting

- June 27, 2019 (Teleconference)