Request for Input: Data Collection to Evaluate the Logistical Impact of Broader Distribution

Sponsoring Committee: OPTN Operations and Safety Committee

You may be interested in this request if

- If you work for an OPO
- If you work at a transplant hospital
- If you are interested in the effects of broader distribution of organs

Here’s what we are requesting and why

Eliminating donation service areas (DSA) and regions from OPTN allocation policy will result in increased logistical challenges related to organ shipping. The OPTN Operations and Safety Committee requests suggestions from transplant professionals for a potential proposal on the logistical impact of broader distribution, specifically regarding transportation methods.

The Committee seeks feedback on the following suggested data elements for the Deceased Donor Registration (DDR) form to help evaluate broader organ distribution:

- Transportation mode and how, specifically, the organ was transported
- Who recovered the organ?
- Time (hours) of organ transport from donor hospital to recipient hospital

Why this may matter to you

As organs are distributed more broadly, proactively collected data will help us analyze the impact of allocation changes.

Tell us what you think about

- What data elements would be helpful to assess the logistical impact of broader distribution?
- What challenges would additional data collection present?
- What (if any) data elements should be included?
- Is the Deceased Donor Registration (DDR) form the correct data source to use?
- Do OPOs have the necessary information to report this data?
Data Collection to Evaluate the Logistical Impact of Broader Distribution

OPTN Operations and Safety Committee

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Affected Policies: N/A
Sponsoring Committee: Operations and Safety
Public Comment Period: August 2, 2019 – October 2, 2019

Executive Summary

The elimination of donation service areas (DSAs) and regions from OPTN policy is expanding to all organ allocation policies, and resulting in increased logistical challenges, which will impact all members in the organ donation and transplantation community. Currently, data and analysis on the impact of broader organ distribution on travel is limited. The OPTN Operations and Safety Committee (hereinafter “the Committee”) is requesting input from the community to solicit suggestions and feedback that will be considered for a potential future data collection proposal on the logistical impact of broader distribution, specifically as it pertains to transportation. This document is not a proposal, but instead a request for discussion, feedback, and suggestions on potential data elements and data source that should be considered. The input received will allow further considerations for a future data collection proposal that would support the OPTN strategic plan goal of promoting efficient management of the OPTN by providing information to tailor further broader distribution discussion and potential data collection requests in the future.
What opportunity does this request for input address?

As broader distribution policies expand to other organs, the need for data to evaluate the impacts of these changes, such as an increased need for surgical teams and travel, becomes more important. Several members of the Board of Directors, OPTN Committees, and the community have asked for more information about mode of transportation. Currently, analysis of this issue is limited due to the lack of national data available. The transplant community acknowledged that the lack of national data on organ transport presents challenges in developing and monitoring policy as well as assessing the impact policy has on their institutions. This presents the transplant community with an opportunity to discuss and provide feedback on data that should be considered for a potential data collection proposal in the future.

Background

How was this request for input developed?

On June 28, 2018, the Committee was briefed on recent events regarding liver allocation policies. The Committee discussed the impact and potential actions that could affect any of the other organ systems. An Ad Hoc Geography Committee was created with every organ-specific Committee Chair and Vice Chair in preparation for these changes.

A guidance document¹ was developed at the request of the Ad Hoc Geography Committee. The Committee was asked to provide recommendations for the overall allocation process as it relates to broader distribution from the standpoint of operations and safety.

The Committee divided into two subcommittees: one subcommittee was tasked with the development of the requested guidance document, while the other subcommittee developed a questionnaire to assess the impact of travel by evaluating the current state of plane and pilot availability. The latter subcommittee developed a series of questions that the Committee members used to interview Organ Procurement Organizations (OPOs) regarding air transportation availability and the ability to adapt to expanded broader organ distribution. The interview questions were vetted by UNOS staff, representatives from the Committee, and other stakeholder groups.

The Committee received feedback from 54 of the 58 OPOs on the travel questionnaire. While the data was anecdotal in nature, the information collected revealed great variation in travel patterns among regions. Additionally, the Committee requested an aviation subject matter expert (SME) to discuss current and forecasted trends in aviation and the effects these trends could have on OPOs in broader distribution organ allocation policies. The current trends showed that the increased demand for flights are resulting in a shortage of pilots and an increase in costs. The Committee discussed the analysis of these trends and noted that imports were found to be approximately 50-80% more expensive than local allocation².

The Committee concluded that the information gathered from their work revealed a need to collect additional data to enable future analysis of the impact of broader distribution. The Committee agreed to

¹ https://optn.transplant.hrsa.gov/media/2806/osc_publiccomment_20190122.pdf
include in their guidance document a request for feedback\(^3\) from the transplant community during the spring 2019 public comment cycle on their support of collecting additional data to evaluate the logistical impact of broader distribution, specifically on the “mode of transportation” used to transport organs. The feedback received from the transplant community was in support of additional data. The Committee agreed that additional discussion and feedback was needed from the community to further assess potential data elements and the data source that should be considered for a data collection proposal in the future.

**Proposed Solutions**

Based on previous discussions, data analysis of projected aviation changes associated with broader distribution, and in consultation with stakeholders, the Committee is seeking feedback on the following data elements that could potentially be collected on the Deceased Donor Registration (DDR) form to capture information on the anticipated impacts of broader organ distribution related to mode of transportation for each organ type as well as information about the recovery teams.

- **Transportation Mode and how, specifically, the organ was transported – Broader distribution will include organs traveling at greater distances. There will be an increase in flying and the use of multiple modes of transportation. This data element could evaluate the various modes of transportation used.**
  - A drop down feature that would include the following options:
    - **Fly**
      - A subfield will ask how specifically the organ was transported. A drop down feature will include the following options:
        - Chartered plane
        - Commercial flight
        - Helicopter
        - Drone
        - Other (this field will allow for free text to capture any other modes that may have been used)
    - **Drive**
      - A subfield will ask how specifically the organ was transported. A drop down feature will include the following options:
        - Courier/Commercial vehicle
        - OPO staff vehicle
        - Transplant hospital staff vehicle
        - Other (this field will allow for free text to capture any other modes that may have been used)
  - An additional field will ask if there were any additional modes and if so, the drop down menu will be available again with the same options as described above. The fields will continue until it is entered that no additional transportation modes were used.

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• **Who recovered the organ?** – This data element could evaluate the variations of recovery teams.
  - A drop down feature would include the following options:
    - Primary recipient team surgeon
    - OPO staff surgeon
    - Non-affiliated surgeon
    - Other (this field will allow for free text to capture any additional data)

• **Time (hours) of organ transport from donor hospital to recipient hospital** – Broader distribution will require organs to be transported at greater distances. This data element would be intended to evaluate the length of time (in hours) of organ transport.
  - The Committee suggests using the data point from the time the organ shipping label was electronically scanned into TransNet to the time the organ was checked in at the recipient hospital.

The Committee requested feedback from all organ-specific OPTN Committees, the Transplant Coordinators Committee (TCC), and the Transplant Administrators Committee (TAC) on the suggested data elements. All OPTN Committees agreed that additional data was needed to better assess the impact of broader distribution and agreed with the proposed data elements. There were suggestions on assessing costs, which the Committee discussed would be challenging to capture due to the variation of costs among institutions. There was also concern of the administrative burden affiliated with additional data collection and it was suggested that mitigating this burden would require coordination and communication among institutions to streamline this process.

The Committee would like feedback on its recommendation to use the Deceased Donor Registration (DDR) form as the data collection tool to collect the suggested data elements. As transportation is typically organized by OPOs, it was suggested that OPOs would be responsible for data reporting. There would be collaboration between OPOs and transplant hospitals to include data elements such as when the organ was checked into the recipient hospital since it is a requirement for transplant hospitals.

The data collected would provide additional information to the community regarding the logistical impacts of broader distribution, specifically as it pertains to logistics and information about the recovery teams. The data could provide information that transplant hospitals and OPOs could use to evaluate the logistics in order to discuss effective practices such as comparing transportation methods among transplant programs/OPOs, evaluating ways to improve transportation efficiency and estimating costs associated with broader organ distribution. Additionally, the data would allow for evidence-based discussion on how to improve organ transportation practices and allow for effective analysis when evaluating and developing future allocation policy changes.

The OPTN Principles of Data Collection⁴ were approved by the OPTN Board of Directors in 2006. The Principles state that institutional members must provide sufficient data to OPTN to allow it to:

a) Develop transplant, donation and allocation policies
b) Determine if Institutional Members are complying with policy
c) Determine Member-specific performance

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d) Ensure patient safety when no alternative sources of data exist  
e) Fulfill the requirements of the OPTN Final Rule

Additionally, the Ad Hoc Systems Performance Committee\(^5\) identified key metrics to support assessment of system efficiencies in recovery and transportation:
- Offer acceptance rates  
- Time from first offer to final organ acceptance  
- Time from acceptance to decline (as a potential proxy for number of late declines)  
- Time from organ allocation to OR entrance  
- Transportation time

This request for input aligns with the principles and metrics outlined above because the feedback received will help in potential future data collection proposal developments that will inform OPTN Committees and the community about the logistical impacts, particularly transportation, when developing broader distribution policies. The input received will also provide an opportunity for members to discuss processes and best practices as it relates to broader organ distribution and travel.

The OPTN Final Rule\(^6\) permits consideration in the “efficient management of organ placement” when developing organ allocation policies. The Committee believes that this request for input meets the requirement of the Final Rule as the additional feedback received could inform the development of a data collection proposal that will allow OPOs and transplant programs the opportunity to have evidence-based discussions on how to improve organ transportation practices.

**Summary**

As organs are distributed more broadly, it will become imperative to proactively begin collecting data in order to analyze the impact of allocation changes and promote informed discussions and decision making. The intent of this request for input is to solicit feedback from the community on a specific set of data questions which will be taken into consideration for a potential future data collection proposal to further assess the logistical impact of broader distribution.

The Committee is requesting feedback as follows on the following data elements that might be collected:
- Are the recommended questions helpful in assessing the logistical impact of broader distribution?  
- What challenges would this request for additional data collection present?  
- What (if any) data elements should be included?  
- Is the Deceased Donor Registration (DDR) form the correct data collection tool to use?  
- Do OPOs have the necessary information to report this data?

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\(^5\) [https://optn.transplant.hrsa.gov/media/3015/201906_spc_boardreport.pdf](https://optn.transplant.hrsa.gov/media/3015/201906_spc_boardreport.pdf)

\(^6\) 42 C.F.R §121.8