

**OPTN Liver and Intestinal Organ Transplantation Committee
Acuity Circles Subcommittee
Meeting Summary
September 11, 2019
Conference Call**

**James Trotter, MD, Chair
James Pomposelli, MD, Vice Chair**

Introduction

The Acuity Circles Subcommittee (the Subcommittee) met via teleconference on 09/11/2019 to discuss the following agenda items:

1. Discussion of related projects other groups are doing
2. Local Recovery Guidance

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

1. Discussion of related projects other groups are doing

UNOS staff informed the Subcommittee of projects being worked on at UNOS and other transplant organizations that relate to the work of the Subcommittee.

Summary of discussion:

UNOS staff provided a list of projects that are being worked on that relate to the work of the Subcommittee. Subcommittee members did not have any further questions.

Next steps:

No next steps were identified.

2. Local Recovery Guidance

One of the projects that the Subcommittee previously discussed was creating guidance for local procurement teams so that programs are more willing to utilize local recovery.

Summary of discussion:

The Subcommittee previously discussed creating a guidance document that programs can use to standardize local recovery practices and therefore increase the utilization of local recovery. UNOS staff presented some of the recommendations on standard recovery practices that Subcommittee members previously discussed.

A Subcommittee member commented that most DCD donors are not procured by local teams because of the complexity of the cases. Most of the time, a surgeon from the transplanting program will do the procurement of a DCD donor. Another Subcommittee member noted that often the transplanting program talks to the local recovery team and if they have any specific requests, they do them. Subcommittee members stated that there is often good communication between the transplanting team and the local procurement team. However, the situation becomes more difficult with marginal organs. A Subcommittee member felt that it would be more helpful to track where the organ is in the process of procurement and its location as it travels to the transplant program.

UNOS staff noted that there is a resource guide on liver recovery already available and asked if the Subcommittee would want to update the guide. Subcommittee members agreed that it would be helpful to have more standardized pathologies. A Subcommittee member stated that one transplant program conducts all of the liver pathologies for livers recovered in the downstate New York area. The Subcommittee member stated that the process works well but may not be possible across the country. Subcommittee members discussed the pathological information that is useful to share with a transplant program about a potential organ. Subcommittee members agreed that using a centralized location for pathological testing would be beneficial.

A Subcommittee member noted that there is a device that attaches to cell phone cameras that can take a picture through the eyepiece of microscope. The Subcommittee member suggested that OPO staff could use the device to securely and quickly send images to transplant programs. A Subcommittee member suggested a collaborative improvement project to test such innovative practices.

UNOS staff asked if the Subcommittee would support sending out a survey to get information on recovery practices and use that information to guide a pilot project. Subcommittee members discussed also including kidney programs in the survey.

A Subcommittee member stated that being able to track recovered organs will encourage more use of local recovery as many surgeons are unable to know where the organ is so they would rather recovery it themselves. Another Subcommittee member commented that it would be useful to know who is recovering the liver.

UNOS staff presented a draft version of a survey on barriers to local recovery. The Subcommittee agreed that they should add a question about using a central location for pathologies and a question about measuring the liver. A Subcommittee member stated that it is helpful to know if the effluent is clear after the flush is completed. The Subcommittee member also stated that it is helpful to know if the bile duct has been flushed and that having standardized images could help show where in they are in the procurement process.

Subcommittee members agreed that transplant programs all prefer different recovery practices so it may be difficult to come up with standard practices but that consistent communication is key.

Next steps:

UNOS staff will circulate the draft survey for Subcommittee members to review and discuss a potential collaborative improvement project with the UNOS Organizational Excellence department.

Upcoming Meeting

- October 6, 2019