

**OPTN Organ Procurement Organization (OPO) Committee  
Deceased Donor Registration (DDR) Workgroup  
Meeting Minutes  
March 3, 2020  
Conference Call**

**Helen Nelson, RN, BSN, CCTC, CPTC, Workgroup Chair**

## **Introduction**

The DDR Review Workgroup (the Workgroup) met via Citrix GoToMeeting teleconference on 3/03/2020 to discuss the following agenda items:

1. Organ Recovery Review Discussion

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

### **1. Organ Recovery Review Discussion**

The Workgroup reviewed and discussed the Lifestyle Factors section of the Deceased Donor Registration (DDR) form.

#### Summary of discussion:

The Workgroup reviewed highlighted comments from the Lifestyle Factors section of the DDR.

#### Recovery Date

One member commented that the current definition of recovery date is used by internal staff to account for the amount of donors in a given month or year. For cases that enter the operating room on one day but do not finish cross-clamp until after midnight, the date of recovery is considered the day surgery began. This definition can be challenging when the time period accounts for a new month or year. Multiple members commented that in their organization they use the date of cross-clamp rather than the DDR definition. One member asked if concerns about this definition had been raised before. A UNOS staff member confirmed that a previous public comment proposal had explored changing the definition to the cross-clamp day. One member supported the idea of changing the definition of recovery date to reflect the cross-clamp date. A UNOS staff member asked if it would be clearer to change the data field to "cross-clamp date" rather than "recovery date". The committee members expressed support for the idea, noting that there are not significant events that happen in between the time of entering the OR and cross clamp that need to be captured.

#### Was this donor recovered under DCD protocols? If yes, controlled?

The workgroup members discussed removing the option for an unknown response. The rationale is that if organs were recovered from a donor under DCD protocols, the OPO will know whether or not it was controlled or uncontrolled and therefore the option of "unknown" is unnecessary. One member wondered how to report a patient who was declared brain dead but their heart was left pumping until the family could gather. The member noted that the term "circulatory death" is not entirely accurate and would more appropriately be named "circulatory function".

One member asked if it would be helpful to add a question, "Was the patient declared brain dead?" Another member asked if brain death was already captured elsewhere on the form. A UNOS staff

member explained that the committee could consider adding a field, re-phrasing a field so that it excludes that situation or explaining in the instructions how to report that situation. The committee member commented that they are unsure how that situation is currently reported. One member noted that it was possible to answer yes to both brain death and “recovered under DCD protocol”. The member noted it may be best to change the instructions for this data field.

#### History of Hypertension

##### If yes, date and time agonal phase begins (systolic BP < 80 or O2 sat. < 80%)

Committee members agreed on having this field auto-generated on information already submitted in Donor Net. One member asked where this information is entered into DonorNet. A fellow member responded on the donor summary screen. A UNOS staff member raised the issue of the Donor Net page containing multiple readings of BP and O2 that could be mistakenly pulled with an auto-generating feature. The staff member will look into this internally and report back to the committee. One member noted that many OPOs do not put in systolic readings into DonorNet for DCDs.

##### If DCD, total urine output during OR recovery phase

Some members commented that from a practical standpoint, this data is not easily gathered and that typically this measurement is not very accurate. Another member wondered who is using this data and for what purpose. The members commented that this measurement is not really used to assess kidney function and therefore not particularly useful. The members agreed they would consider deleting this field. Another member noted that this field may not be particularly significant because it is not required of brain death donors.

#### Serial data for DCD

One member commented that the newest data element for this field should be on top. The staff noted that the committee will return to this field next meeting.

##### If DCD, core cooling used?

One member asked for clarification regarding this term. Another member suggested that this term be re-named to the commonly used terminology. A couple of members commented that they typically use the term “perfusion” or “flush”. One member raised the issue of those who are using ECMO and how that data is captured. A UNOS staff member noted that data regarding ECMO is asked later on in the form. A committee member noted that this field would also need to provide instructions for an ECMO case. The question arose about whether the four cooling fields remain even if a member selects “no” to the question regarding if core cooling was used. The members confirmed that the four specific fields remain and do not gray out, which could cause confusion. The committee supported modifying the fields so that if the parent question was responded to negatively, the four following questions would gray out or indicate that further response was not necessary.

A staff member asked if information regarding core cooling is also collected in Donor Net. One member responded that it is not. One member asked if there was any check if the value is entered more than 60 minutes after cross clamp time. A UNOS staff member explained that there are likely internal validations in the form that flag or do not allow an entry after 60 minutes. A staff member suggested that the committee revisit this field later.

##### Cardiac arrest since neurological event that lead to declaration of brain death?

Committee members did not have any modifications to this entry.

#### Clamp date, clamp time

A staff member noted that the committee wanted to replace recovery date with this data field. They suggested moving this field up and removing recovery date entirely. The committee agreed.

#### History of MI

A staff member asked if it would be helpful to define myocardial infarction in this section. A couple committee members spoke up in support. One member asked if this question is included in Donor Net. A staff member responded that it is not. A committee member wondered why there are data in Donor Net that are not present in the DDR.

#### Method (LV ejection fraction)

A staff member suggested adding a definition to multiple data acquisition scan (MUGA).

#### Next Steps

The Workgroup will assess and follow up on data elements that were flagged in further detail in upcoming discussions.

#### **Upcoming Meeting**

- April 21, 2020

## Attendance

- **Workgroup Members**
  - Helen Nelson
  - Jeffrey Trageser
  - Dan DiSante
  - Nicole Berry
  - Rick Hasz
- **HRSA Representatives**
  - Adriana Martinez
  - Marilyn Levi
- **SRTR Staff**
  - Bert Kasiske
  - Nick Salkowski
  - Katie Audette
- **UNOS Staff**
  - Robert Hunter
  - Rebecca Brookman
  - Pete Sokol
  - Kim Uccellini
  - Scott Castro
  - Alice Toll
  - Darby Harris