

**OPTN Policy Oversight Committee
Local Recovery Workgroup
Meeting Summary
May 15, 2020
Conference Call**

Michael Marvin, MD, FACS, Workgroup Chair

Introduction

The Local Recovery Workgroup (the Workgroup) met via Citrix GoToMeeting on 05/15/2020 to discuss the following agenda items:

1. Project Outline
2. Workgroup Charter
3. Discussion: Project Recommendations and Next Steps

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

1. Project Outline

The Workgroup reviewed the project outline and goals.

Summary of discussion

The Policy Oversight Committee (POC) identified and developed three Workgroups to discuss and identify potential projects around three themes:

- Provisional Yes
- Local Recovery
- Biopsy Practices

Each Workgroup is tasked with discussing and identifying challenges and barriers related to their respective themes. The Workgroups will then determine and provide to the POC their recommendations on whether or not a project should be pursued and if so, what action should be taken to address the respective theme (guidance, education, or policy).

There were no no additional comments or questions.

2. Workgroup Charter

The Workgroup reviewed their Charter.

Summary of discussion

The Workgroup will evaluate the need for surgical personnel to be available for local recovery, as well as Organ Procurement Organization (OPO) and transplant program responsibilities and expectations. The Workgroup is charged with:

1. Evaluating when and how local recovery teams are currently used
2. Identifying barriers to the use of local recovery teams that could be mitigated through OPTN action, and fall within the purview of OPTN authority

3. Recommending whether or not to pursue a project, and if so, whether policy, guidance, or education is most appropriate
4. Reporting these findings to the POC

There were no additional comments or questions.

3. Discussion: Project Recommendations and Next Steps

The Workgroup discussed advantages and disadvantages related to local recovery as well as potential project ideas that could be pursued by the OPTN.

Summary of discussion

The Workgroup Chair began by providing some challenges of the use of local recovery teams. Some programs use their own teams because of their belief that the organs will be assessed adequately. The visualization of the organ is always better with your own eyes versus technology. Additionally, the timing is different when the recovery team is your own. The organ tends to leave faster when the transplant hospital uses their own surgeon to recover the organ.

The Workgroup Chair continued that fellow training is also important to consider. Most of the training programs require donors to train their surgeons in how to do them. If local recovery teams are doing the recovery, this would impede on the training of the fellow. Additionally, finance is a key part around donor recovery. The financial reimbursements for donor and surgical procedures are used by some programs to support their fellows, their programs, or the surgeons personally takes the revenue.

A member stated that a lot of the time, the local recovery team or the employed procurement surgeon will be able to start a case at the timing the OPO would like to start. Using the recipient surgical team allows for increased oversight and control of the organ they are placing.

Another member stated that depending on who is going out for each program, the availability of staff, especially for thoracic organs. Thoracic organ groups are not as large as the abdominal organs so the availability of a local recovery team may not be as viable as the abdominal programs.

A member added that this is less of a limitation for some organ types such as kidney in regard to ischemic time.

The Workgroup Chair stated that there is also an ease of communication while organ is in transport if done with the recipient surgical team. There is insufficient communication and a lot of misinformation between host OPOs, couriers and transplant teams during organ travel time. Enhancing mechanisms of communication is a crucial component of this issue.

A member stated that having a procurement window that is helpful and could be used for a fair amount of recipients. The member continued by explaining that their heart, lung, and liver teams try to aim for a 4am procurement so that they can do receipts during daylight. If a standardized procurement window could be agreed on, this would help many of the issues around logistics and timing. This raises issues regarding donor hospital workflow and interference with their existing OR schedules.

Another member stated that in sending a transplant program surgeon versus a local surgeon, there is some familiarity with the recipient and discretion over how much the organ can be pushed.

A member stated that with current technology, photo documentation should be considered as a standard practice in this process. The Workgroup Chair agreed with this and stated that the use of technology could enhance the use of local recovery teams.

Another member stated that one of the biggest challenge to this would be limitations from a legal and administrative standpoint. Pictures that are taken are required to be uploaded to DonorNet and looked

at by the surgeon on DonorNet. From an administrative and policy standpoint, if there were a way to expedite this process, there would be more satisfaction along these lines.

The Workgroup Chair asked members their thoughts on the benefits of using local recovery teams to procure the organ. Currently, with the Coronavirus Disease 2019 (COVID-19) pandemic, it may be best to use a local recovery team.

A member stated that it may be unreasonable for staff surgeons for some regions to travel great distances to not come back with an organ. Local recoveries should be considered especially when there are large areas that are needing to be covered.

Another member added that in regards to marginal organs, this may limit the desire for a team to send a recovery team out. If there is a local recovery team available, and the criteria does not correlate with what the organ is like, this could potentially increase the utilization of marginal organs.

The POC Chair clarified that the Local Recovery Workgroup is focused on the efficient matching strategic policy priority. The goal of the project is to create better efficiencies for the system.

A member added that in moving towards broader sharing, one of the concerns that has been brought up is the increase travel for surgeons and the risk of air travel. Moving towards local recovery would reduce the need for surgeons to physically travel on aircraft to remote locations.

Another member agreed that efficiency could improve by having the donor OR time set that would allow for daytime surgery. Additionally, the concept of having a surgeon hired by the OPOs who is well vetted and trusted by the transplant programs that would have the sole responsibility to recover the organs could improve the efficiency of this process as well. There are differences among organs and at some point there would need to be a discussion around the thoracic and abdominal policies. There are a number of barriers that are specific for each organ in how it is decided whether a local or transplant team is used or not.

A member stated that efficiency may be defined differently among programs and the Workgroup should be conscious of this when having these discussions.

Another member stated that there should be discussion on the accurate assessment of the current landscape. For example, there are a number of OPOs that are employing surgeons to perform local recoveries. There is an evolution towards this already and to be able to characterize how this looks like now would be helpful in determining next steps.

The Workgroup will review a summary of the discussion and include any additional thoughts are next steps are considered.

Next steps:

- The Workgroup will review a summary of the discussion from the meeting and will provide any additional feedback to be considered
- The Workgroup will continue to discuss and develop recommendations on whether local recovery is a topic that should be pursued as a project and if so, which approach (guidance, education, policy) would be most appropriate.
- The Workgroup will provide their recommendations to the POC during their June 25, 2020 teleconference.

Upcoming Meeting

- TBD