

**OPTN Policy Oversight Committee  
Local Recovery Workgroup  
Meeting Summary  
August 21, 2020  
Conference Call**

**Mike Marvin, MD, FACS, Workgroup Chair**

## **Introduction**

The Local Recovery Workgroup (the Workgroup) met via Citrix GoToMeeting teleconference on 08/21/2020 to discuss the following agenda items:

1. Recap of 7/31 Workgroup Call
2. Discussion: Project Recommendations and Next Steps

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

### **1. Recap of 7/31 Workgroup Call**

The Workgroup reviewed the goal of the workgroup and the following project recommendations discussed during the 7/31 workgroup call:

- Communication Enhancements in DonorNet®
- OPTN Policy: Advantages of local recovery in event of intraoperative declines
  - Consider how local recovery may influence the ability to expedite offers late in the allocation process
- Guidance to promote consistent practices in organ recovery process
  - Checklist/providing information to standardize processes
- Guidance addressing best practices in organ recovery process
  - Ex: Surgeons leaving OR without intended organ

#### Summary of discussion:

No discussion.

### **2. Discussion: Project Recommendations and Next Steps**

The Workgroup discussed their proposed recommendations and established which recommendations had higher priority for the Policy Oversight Committee (POC).

#### Summary of discussion:

##### *Communication Enhancements in DonorNet®*

Workgroup members agreed with this enhancement and thought it would also be important to mention that work has already been started on this by UNOS IT staff.

A member pointed out that, while this initiative is worthwhile, it's only as effective as the individual that has to push the button to start tracking. The member explained that somebody still has to input the donor information, and the information in DonorNet® is lagging behind what has already been done to the donor.

A member inquired whether this technology or communication is between the Organ Procurement Organization (OPO)/Local Recovery surgeon and the recipient surgeon. Another member explained that this should be the case because a transplant center doesn't want to accept a local recovery surgeon if the procurement process is delayed. A member mentioned that these delays can be caused by surgeons being too focused on recovering the rest of the organs before transporting the already recovered organs.

A member suggested that OPO/Local Recovery surgeons could just share their location through their phone with the recipient center and there may not even be a need to create new tools.

The Workgroup assigned this recommendation as high priority.

*OPTN Policy: Advantages of local recovery in event of intraoperative declines*

The Workgroup agreed that this recommendation needs to be made broader than just advantages in the event of intraoperative declines. For example, lowering the amount of travel and risk are also advantages of local recovery.

The Workgroup assigned this recommendation as high priority.

*Guidance to promote consistent practices in the organ recovery process*

No discussion and the Workgroup assigned this recommendation as moderate priority.

*Guidance addressing best practices in the organ recovery process*

A member noted that it is important to distinguish between OPO surgeons and local recovery surgeons when discussing this recommendation because OPO surgeons usually stay for the whole local recovery process. It was mentioned that if a local recovery model were to be implemented, then there would need to be a commitment from surgeons to stay until all organs are recovered instead of leaving when they don't receive their intended organ. A member suggested emphasizing the ethics surrounding staying in the OR, since surgeons take ethical implications more seriously.

A member also noted that the size of thoracic teams is usually smaller than other organ teams, meaning surgeons might not always be available to stay and this is why this recommendation shouldn't be mandated.

A member expressed concern about how this recommendation fits into the framework of the POC since it doesn't seem to be a change in policy and there are no incentives for surgeons to change their actions. A member responded by stating these recommendations are what the Workgroup believes to be a good potential policy. A member cautioned the Workgroup to not discard a recommendation just because it might not turn into policy because it could once the POC reviews it.

The Workgroup assigned this recommendation as moderate priority.

The Workgroup inquired about other local recovery considerations from United Network for Organ Sharing. It was stated that there is currently a GPS tracking pilot being used; however, a member expressed concern about tracking needing to go a step further – transplant centers start their operation when they know their surgeon is on the plane returning and don't know if they can trust OPO/local recovery surgeons to have the same urgency.

The Workgroup was informed that the recommendations will be reported to the POC for their review and instruction on next steps during their September 9, 2020 teleconference. Unless there is further work that the POC recommends the Workgroup to follow up on, this will be the Workgroup's final meeting.

There were no additional comments or questions. The meeting was adjourned.

Next Steps:

- The progress and recommendations agreed upon by the Workgroup will be reported to the POC for their review and feedback during their September 9, 2020 teleconference.

**Upcoming Meetings**

- TBD

## Attendance

- **Workgroup Members**
  - Michael Marvin
  - Jasleen Kukreja
  - Kevin O'Connor
  - Nancy Metzler
  - Nicole Turgeon
  - Jill Grandas
- **HRSA Representatives**
  - Shannon Taitt
  - Vanessa Arriola
- **UNOS Staff**
  - Bonnie Felice
  - Brian Shepard
  - Craig Connors
  - Elizabeth Miller
  - Joann White
  - John Rosendale
  - Kaitlin Swanner
  - Lauren Motley
  - Matthew Prentice
  - Rebecca Brookman
  - Susan Tlusty