

**OPTN Transplant Administrators Committee
Meeting Summary
September 23, 2020
Conference Call**

**Nancy Metzler, Chair
Susan Zylicz, MHA, BSN, RN, CCTC, Vice Chair**

Introduction

The OPTN Transplant Administrator Committee met via Citrix GoToMeeting teleconference on 09/23/2020 to discuss the following agenda items:

1. Review of PHS Public Comment
2. Policy 5.8.B Review
3. Referrals for VA Beneficiaries to non-VA Transplant Hospitals
4. Summer Engagement Opportunities
5. Other Business

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

1. Review of PHS Public Comment

The Chair reviewed the public comment submitted on behalf of the OPTN Transplant Administrator Committee (TAC) in response to the *Align OPTN Policy with U.S. Public Health Service Guideline, 2020* policy proposal.

Summary of discussion:

The Chair shared that the Committee decided to summarize the comments made by members in response to the *Align OPTN Policy with U.S. Public Health Service Guideline, 2020* proposal rather than submit a sentiment vote since it was difficult to express support and concerns about the proposal's various components through voting.

A member commented that the public response was a good summary of the Committee's discussion. The Chair encouraged the members to submit public comment as individuals as well if they are concerned about the proposal's requirement to track the candidate's vaccine status and the requirement for living donor specimens to be stored for 10 years.

A member asked that the public comment response include a statement that the patient may experience financial burden relating to the patient testing requirements. Members agreed that the impact to the patient needs to be considered.

UNOS staff commented that TAC's feedback is consistent with comments received in regional meetings and from other committees. All feedback is being considered by the sponsoring committee and HRSA.

Next steps:

UNOS staff will include a statement about the potential financial impact to the patient in the Committee's public comment response.

2. Policy 5.8.B Review

The Committee discussed Policy 5.8.B *Pre-Transplant Verification Upon Organ Receipt* which describes the requirements for verifying the patient's identity prior to transplant.

Summary of discussion:

The Chair shared that identification requires checking the recipient's identification (ID) wristband just prior to organ transplantation. This can cause a problem for liver and heart programs as the patient is already prepped and draped prior to the arrival of the organ. Once the patient is draped, the ID band is difficult to access. The patient's identity is verified before anesthesia is administered and then the patient is prepped for surgery. The Chair asked if there is another method for verifying the recipient's identity other than checking the wristband.

Once the patient is under anesthesia, they are not moved to another location. A member suggested using the previous verification as well as the patient's medical record once they are in the operating room (OR). The Chair shared that their program uses paper ABO forms. The sticker on the patient wristband is also on this paper form which is created when they are in the OR prior to anesthesia. The sticker on the ABO form can act as a proxy for the ID wristband. Members commented that they also use paper ABO forms and stickers from the ID wristband to verify the patient rather than undrape the patient to check their wristband.

A member commented that the policy needs to be amended to include other means of verification since it is a logistical challenge to check the wristband in the OR.

UNOS staff asked the Committee if there are any data or specific instances when this policy has presented an issue that could be used to build a strong problem statement.

A member emphasized the importance of using the ID wristband for the initial verification when the patient enters the operating room.

The Chair suggested changing the language in the policy to include "patient identification band wristband or proxy" in order to accommodate patients who are already draped.

A member pointed out that the policy includes several options for ensuring the correct donor organ has been identified for the correct recipient.

This policy was drafted by the Operations and Safety Committee. A member suggested that these concerns could be brought up with the Operations and Safety Committee.

A member commented that this policy needs to be compared with Centers for Medicare & Medicaid Services (CMS) regulation language. A member shared that CMS requires that prior to transplant, the transplanting surgeon and other licensed health care professional must verify that the donor blood type and other vital data are compatible with the recipient but does not specify how to verify this information.

A member commented that the policy is difficult to comply with and raised a concern that people may be checking a box rather than following the policy and checking the wristband twice. Some programs have been cited for this during site visits with Member Quality.

A member asked when this policy was put into effect. UNOS staff approximated 2015.

UNOS staff offered to discuss these issues with Member Quality to see how this policy is enforced in site surveys.

A member commented that they did not have a problem during the site survey but has seen this problem operationally in the OR. A member commented that if many programs are doing the same work around of using a proxy ID, this indicates a policy problem. A member commented that the plan should be to either address root cause or change processes to meet policy requirements. The member commented that this policy should have been challenged years ago.

Next steps:

UNOS staff will touch base with Member Quality and the Operations and Safety Committee to determine next steps.

3. Referrals for VA Beneficiaries to non-VA Transplant Hospitals

The members discussed issues they have experienced with Veteran Affairs (VA) patient referrals.

Summary of discussion:

A member commented that when the federal government changed a policy to allow VA patients access to local transplant programs rather than solely VA identified transplant programs, they began building relationships with the local VA hospitals. The member shared that there have been some process issues with the coordination of these patients and commented that it is difficult to have these patients approved for evaluation.

The member shared that the VA has transferred to Optum several months ago. They raised a concern that there are only two VA contracted transplant hospitals that transplant lungs which creates problems for access to transplant. At a minimum, local VA beneficiaries need to have access to local transplant hospitals. A member mentioned that this issue may be better addressed through a transplant society.

A member shared that they were recently were assigned a regional VA representative that assists in patient management and navigation.

A member asked if any other members have a resource that outlines the steps in how this process works. A member offered to share a PowerPoint presentation they received from the VA.

A member commented that they have has significant challenges in getting VA patients transplanted.

The Chair commented that this could an American Society of Transplantation Community of Practice (COP) topic.

Next steps:

The Chair will circle back with a small group to discuss further outside of the Committee.

4. Summer Engagement Opportunities

UNOS staff gave an overview of additional ways to engage with the OPTN as a volunteer.

Summary of discussion:

Board of Directors and Committee nominations are open through September 30th for terms that begin in July 2021. Descriptions of these openings are posted on OPTN website.

Public comment is open until October 1.

The Committee members were also encouraged to attend the upcoming regional meeting. Information about each regional meeting is posted on the OPTN website.

The Committee was invited to participate in the Continuous Distribution prioritization exercise by October 1. Members who participated in the past are invited to participate again as the exercise has

been updated. Anyone can be invited to participate in this exercise regardless of their transplant knowledge or experience. Data collected will be used to inform a composite allocation score for lung.

The OPTN is evaluating the structure, processes, performance, and effectiveness of its regional structure. Committee members were encouraged to submit feedback on the regional structure by visiting the OPTN website.

Members were encouraged to reach out to the TAC point of contact with any questions.

The Chair asked if current committee members should apply for board and committee positions. UNOS staff responded that all committee members are encouraged to apply for other positions. UNOS seeks to recruit new volunteer and retain existing volunteers.

A member who is on the nominating committee encouraged the Committee to invite people of diverse populations to submit volunteer interest forms.

Next steps:

The Committee will receive an email with links to participate in the engagement opportunities discussed.

5. Other Business

No other business was discussed.

Upcoming Meeting

- October 27, 2020
- November 18, 2020

Attendance

- **Committee Members**
 - Andrea Tietjen
 - Deb Maurer
 - Denise Neal
 - Deonna Moore
 - Erica Seasor
 - Gene Ridolfi
 - Joshua Gossett
 - Kelly Laschkewitsch
 - Michelle James
 - Nancy Metzler
 - Scott Wansley
 - Susan Zylicz
 - Valinda Jones
- **UNOS Staff**
 - Angel Carroll
 - Emily Ward
 - Lloyd Board
 - Peter Sokol
 - Sarah Konigsburg
 - Shannon Edwards