

**OPTN Data Advisory Committee  
Refusal Codes & Late Turndowns Workgroup  
Meeting Summary  
September 14, 2020  
Conference Call**

## **Introduction**

The Refusal Codes & Late Turndowns Workgroup (the Workgroup) met via Citrix GoToMeeting teleconference on 09/14/2020 to discuss the following agenda items:

1. Workgroup Purpose/Background
2. Discussion: Refusal Codes
3. Review Timeline

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

### **1. Workgroup Purpose/Background**

The Workgroup will review current and proposed refusal codes and identify any gaps. Additionally, the Workgroup will discuss defining the term late turndown as well as how to report and review late turndowns.

#### Summary of discussion:

The Workgroup will discuss potential updates to organ offer refusal codes. These updates will improve data quality, real-time offer decision making, transplant quality review and benchmarking, and understanding of organ refusals.

The Workgroup will discuss potential data collection efforts around late turndowns. Currently, there are no data collection related to late turndowns. Late turndowns lead to an increase in both cold time and organ wastage. Data collection will provide better understanding of the problem, and can be analyzed to determine ways to prevent organ wastage.

### **2. Discussion: Refusal Codes**

The Workgroup reviewed and discussed current and proposed refusal codes.

#### Summary of discussion:

A member asked how the proposed refusal codes were identified. Staff responded that the process began when they received feedback on refusal codes that were too broad. Initially, a list of potential refusal codes was developed based on analyzing the information entered in "other, specify" refusal code text field. The list was further broadened after feedback from a variety of OPTN committees.

A member asked for clarification on the refusal code "*exceeded policy defined response time*". Staff responded that this refusal code is used when a transplant program does not submit a response to an organ offer within the one-hour defined timeline. The member also asked about how the new refusal codes will correlate with the old refusal codes for future analysis. Staff responded that the historical codes would stay in the database but become inactive once new codes are activated. Staff added that there would not be a one-to-one correlation between old codes and new codes, which would require data to be analyzed in cohorts.

Another member mentioned that there is no refusal code for inability to travel due to weather. The member explained they have experienced not being able to travel due to weather as well as candidates not able to travel due to weather. Another member stated, that in order to understand the data, it is important to differentiate between weather related issues and program workload issues.

A member stated there is no refusal code for program related reasons, such as heavy workload or unable to make overtime. Staff responded that the refusal code “*transplant team or facility unavailable*” includes those situations. Staff encouraged the Workgroup to discuss potential areas of expansion for the refusal codes.

Another member mentioned, from a kidney perspective, there is not a well-defined code for refusal based on long cold time. The member also stated that a challenge of this list is that donor quality refusal codes require all organs to be similar. The member explained these refusal codes assume that refusal is based on the donor organ irrespective of the recipient. The member added there are program level decisions that can result in a refusal which these refusal codes do not cover. Staff asked if it should be split into program level refusals and candidate level refusal. The member agreed.

SRTR expressed confusion regarding the use of some refusal codes based on program’s ability to filter offers for those characteristics. Staff responded that this concern has been discussed.

### **Discussion on Specific Codes**

Proposed refusal code: *Transplant team or facility unavailable*

- Members agreed the code should be more granular.
- Members stated that transplant team unavailability is different than a facility being unavailable.
- Members mentioned the time constraints between the schedules of organ procurement organizations (OPOs) and transplant programs can result in organ refusals.
- Members were unsure whether “unavailable” was the correct term to use.

Proposed refusal code: *Candidate transplanted or pending transplant*

- Members agreed with this proposed code.

Current refusal code: *Candidate ill, unavailable, refused, or temporarily unsuitable*

- Members agreed with splitting this code into three separate categories.
- Members discussed the potential need for a patient refusal code due to COVID-19 anxiety.
- Members mentioned patient refusals based on offers of high-risk donor organs.
- Members suggested this category could include a refusal code for candidates unable to travel due to weather. Another member mentioned that weather related issues as a logistic refusal code could then be paired with the “candidate unavailable” code.

Current refusal code: *Multiple organ transplant or different laterality is required*

- Members agreed with splitting this code into two distinct codes.

Current refusal code: *Positive crossmatch*

- Members agreed with changing the current code to separate “*positive physical crossmatch*” and “*positive virtual crossmatch/unacceptable antigens*” codes.
- Members agreed with placing the proposed codes into the proposed “crossmatch related reason” category.

Current code: *No serum for crossmatching*

- Members agreed with splitting this code into separate donor and candidate codes.

Current code: *High CPRA*

- Members asked about the usage of this a refusal code. Staff responded that in 2018, this code was used 0.01% of the time (607 times out of over 11 million). Staff added the description for “high CRPA” was somewhat outdated, and that high CPRA would most likely be dependent on a positive physical crossmatch situation.
- Members agreed with removing this code.

Next steps:

The Workgroup will continue discussions regarding proposed refusal codes and identifying gaps.

### **3. Review Timeline**

The Workgroup aims to finalize a refusal code list by December 2020 in order to receive feedback during 2021 Winter Public Comment.

### **Upcoming Meeting**

- October 15, 2020 (teleconference)
- November 19, 2020 (teleconference)

## Attendance

- **Workgroup Members**
  - David Marshman
  - Erica Seasor
  - Farhan Zafar
  - Jenn Muriett
  - JoAnn Morey
  - Kristine Browning
  - Lauren Kearns
  - Sumit Mohan
- **HRSA Representatives**
  - Adriana Martinez
- **SRTR Staff**
  - Andrew Wey
  - Bertram Kasiske
  - Nick Salkowski
- **UNOS Staff**
  - Adel Husayni
  - Ben Wolford
  - Bonnie Felice
  - Kim Uccellini
  - Matt Prentice
  - Meghan McDermott
  - Sarah Taranto