

**OPTN Data Advisory Committee
Refusal Codes & Late Turndowns Workgroup
Meeting Summary
October 15, 2020
Conference Call**

Introduction

The Refusal Codes & Late Turndowns Workgroup (the Workgroup) met via Citrix GoToMeeting teleconference on 10/15/2020 to discuss the following agenda items:

1. SimUNet Refusal Codes Study
2. Discussion: Refusal Codes

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

1. SimUNet

The Workgroup was presented an overview of the SimUNet study on refusal codes.

Summary of discussion:

In 2018, *donor quality/age* attributed 71% of refusal codes. Upon testing new kidney offer refusal codes in SimUNet, the study found that replacing the code *donor quality/age* lead to a broader distribution of selected reasons and a new "catch-all" code did not emerge. *Other, specify* was still commonly used but could be utilized to guide the creation of new codes. This study only reflects learnings for kidney.

There were no questions or comments.

2. Discussion: Refusal Codes

The Workgroup reviewed and discussed current and proposed refusal codes.

Summary of discussion:

Discussion on Categories

The Workgroup members reviewed the current refusal code categories compared to the new drafted refusal code categories. A member asked whether *COVID-19 Related Reasons* should be combined with *Disease Transmission Risk* or *Other*. Members agreed *COVID-19 Related Reasons* should be combined with another category and will continue discussion to decide the appropriate combination. The members supported the rest of the drafted categories.

Discussion on Specific Codes

Proposed refusal code: *Candidate's condition improved, transplant not needed*

- Members agreed with this proposed code.

Current refusal code: *Donor social history*

- Members agreed to revisit this once the OPTN Board of Directors makes a decision regarding the proposal *Align OPTN Policy with US Public Health Service Guidelines*.

Current refusal code: *Positive serological tests*

- The proposed refusal code splits the current refusal code into *Positive infectious disease screening test: HCV, HBV, CMV, etc.* and *Donor infection/positive culture.*
- Members supported the benefit of splitting the refusal codes up underneath the main category of *Disease Transmission Risk.*
- Members discussed refusal codes regarding cancer and malignancies. Members suggested adding a refusal code, *Confirmed or suspected malignancy.* A member suggested additional granularity regarding recently known malignancy as opposed to current malignancy. Another member responded that a cancer and malignancy refusal code should belong underneath a category related to organ quality. The explanation for this is because organs refused due to malignancies are on the basis of concern of suspected cancer. Another member agreed. Members agreed that a specific code related to cancer and malignancy is valuable but will continue discussion regarding which category it belongs under.

Current refusal code: *Donor age or quality*

- Members agreed with splitting this refusal code into *DCD Donor* and *Donor age.*
- A member asked if *DCD Donor* should be placed under the *Other* category instead of *Donor and Candidate Matching.* Another member responded that candidate donor matching is often based on whether a particular candidate could accept DCD, while others would not be a good match. Members agreed to leave *DCD Donor* underneath the *Donor and Candidate Matching* category.

Current refusal code: *Donor size/weight*

- Members mention that donor height is relevant for some organs.
- Members agreed with splitting this refusal code into *Donor size – weight* and *Donor size – height.*

Current refusal code: *Exceeded one hour response time*

- Members agreed to change this code to *Exceeded policy defined response time* to allow for potential future changes to policy.

Proposed refusal codes: *Recovery team unavailable* and *Transplant team or facility unavailable*

- A member expressed concern that this proposed refusal code could be interpreted negatively and lead to unintended repercussions. Members agreed that the term “unavailable” needs further discussion.
- Members suggested adding a refusal code to address the situations when organ procurement organizations (OPOs) and transplant programs are unable to come together due to conflicting schedules.
- A member suggested *Donor family time constraint* as a refusal code. Members support this suggestion. Members discussed adding refusal code related to *Donor hospital time constraint.*

Next steps:

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

Upcoming Meeting

- November 19, 2020 (teleconference)
- December 17, 2020 (teleconference)

Attendance

- **Workgroup Members**
 - Angele Lacks
 - Erica Seasor
 - Farhan Zafar
 - Jennifer Muriett
 - Kristine Browning
 - Lauren Kearns
 - Sumit Mohan
- **HRSA Representatives**
 - Adriana Martinez
 - Chris McLaughlin
- **SRTR Staff**
 - Andrew Wey
 - Bertram Kasiske
 - Michael Conboy
 - Nick Salkowski
- **UNOS Staff**
 - Adel Husayni
 - Ben Wolford
 - Darren Stewart
 - Kim Uccellini
 - Lauren Mauk
 - Matt Prentice
 - Meghan McDermott
 - Melissa Lane
 - Peter Sokol
 - Sarah Taranto