

**OPTN Data Advisory Committee
Refusal Codes & Late Turndowns Workgroup
Meeting Summary
December 17, 2020
Conference Call**

Introduction

The Refusal Codes & Late Turndowns Workgroup (the Workgroup) met via Citrix GoToMeeting teleconference on 12/17/2020 to discuss the following agenda items:

1. Discussion: Refusal Codes
2. Discussion: Late Turndowns

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

1. Discussion: Refusal Codes

The Workgroup members discussed and finalized the draft list of refusal codes.

Summary of discussion:

The Workgroup members reviewed the *Other* category.

Current refusal code: *Medical Urgency of Another Candidate*

- This code will be maintained as a bypass code and will remain in the *Other* category
- Members agreed that bypass codes should only be used by organ procurement organizations (OPOs)
- This code is used under the rare occurrence of a local variance and all transplant programs determine one candidate should receive priority
- The members agreed that this code needs a clearer definition

Current refusal code: *Kidney placed with Extra-renal*

- Members raised concerns about this code serving the same purpose as the bypass code *Multi-organ placement (850)*
- Members agreed that this code should be used by OPOs only
- Members agreed that this code should be considered for removal
- UNOS staff will reach out to Member Quality to learn more about the intention of this code

Proposed refusal code: *Donor medical history, specify*

- Members raised a concern about character limits in the "specify" text box
- UNOS staff and members raised a concern about this code becoming another code that is overused and may need further division to make more granular
- Members agreed that requiring the user to add information in a "specify" text box will limit this code's use

The members discussed adding codes relating to donor management and agreed to create a *Donor Specific Reason* category that includes the following codes:

- *Donor instability*

- *Donor medical history, specify*
- *High vasopressor usage*
- *Prolonged downtime/CPR*

The members suggested refining this list based on feedback from individuals who manage organ offers to determine the most common donor specific reasons an organ would be refused. The draft list of refusal codes will be shared with other committees to receive feedback.

UNOS staff asked the members if there are any concerns relating to the number of proposed refusal codes. If too many codes are added such as additional organ specific codes, the user may have issues identifying which code to use or overuse the same code if they are overwhelmed by the number of options.

The Vice Chair commented that the use of codes will need to be monitored to determine if codes are being underused and could be considered for removal and if some codes are being overused and need more investigation. The Vice Chair also suggested monitoring the code use to see if individual programs are not using the codes as intended in order to reach out and provide guidance.

Current refusal codes: *High CPRA* and *Donor ABO*

- The members agreed to remove these two codes

The members reviewed the codes in the *Logistics* category discussed in the prior meeting. The members agreed to keep the following proposed codes in the *Logistics* category:

- *Donor family time constraint*
- *Exceeded policy defined response time*
- *Recovery team availability*
- *Resource time constraint*
- *Transplant team or facility availability*
- *Transportation not available*

The members discussed the *Disaster/Emergency/Epidemic/Pandemic* refusal code. The members suggested splitting this code into two in order to indicate if the issue is related to the donor or the candidate. The members agreed to the following two codes:

- *Disaster/Emergency/Epidemic/Pandemic – Candidate*
- *Disaster/Emergency/Epidemic/Pandemic – Donor*

Next steps:

Starting in January, the list of draft codes will be presented to Committees for feedback. This feedback will be compiled and shared with the Workgroup.

2. Discussion: Late Turndowns

Summary of discussion:

The Vice Chair shared that the Policy Oversight Committee (POC) has requested the Workgroup to begin addressing late turndowns as other work may be dependent on providing more definition around this issue. Due to time constraints, the members chose to finalize their draft list of refusal codes during this meeting and dedicate time during the January Workgroup meeting to focus on late turndowns.

Next steps:

The members will begin working to define and discuss late turndowns during the January meeting.

Upcoming Meeting

- January 21, 2021

Attendance

- **Workgroup Members**
 - Angele Lacks
 - Anna Mello
 - David Marshman
 - Erica Seator
 - Farhan Zafar
 - Jennifer Muriett
 - JoAnn Morey
 - Krishna Mahendraraj
 - Kristine Browning
 - Lauren Kearns
 - Sumit Mohan
- **HRSA Representatives**
 - Adriana Martinez
- **SRTR Staff**
 - Bertram Kasiske
- **UNOS Staff**
 - Adel Husayni
 - Ben Woford
 - Craig Connors
 - Kim Uccellini
 - Lauren Mauk
 - Melissa Lane
 - Peter Sokol
 - Robert Hunter
 - Sarah Konigsburg
 - Sarah Taranto
 - Susan Tlusty