

## **OPTN Organ Procurement Organization (OPO) Committee**

### **Meeting Summary**

**January 20, 2021**

**Conference Call**

**Diane Brockmeier, RN, BSN, MHA, Committee Chair**

**Kurt Shutterly, RN, CPTC, Vice-Chair**

### **Introduction**

The Organ Procurement Organization (OPO) Committee (the Committee) met via Citrix GoToMeeting teleconference on 01/20/2021 to discuss the following agenda items:

1. Refusal Codes Project
2. OPTN Governance Presentation

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

### **1. Refusal Codes Project**

UNOS IT Staff presented the Refusal Codes project sponsored by the Data Advisory Committee in order to request feedback from the Committee. This project aims to address vague and outdated refusal codes and improve data quality and real-time offer decision making. The Committee reviewed the Refusal Codes Workgroup's draft proposed refusal categories and codes, including:

- Candidate Specific Reasons
  - Candidate refused
  - Candidate requires different laterality
  - Candidate requires multiple organ transplant
  - Candidate temporarily medically unsuitable
  - Candidate transplanted or pending transplant
  - Candidate unavailable
  - Candidate's condition improved, transplant not needed
- Crossmatch Related Reasons
  - No candidate serum for crossmatching
  - No donor serum for crossmatching
  - Positive physical crossmatch
  - Positive virtual crossmatch/unacceptable antigens
- Disease Transmission Risk
  - Donor infection/positive culture
  - PHS risk criteria or social history
  - Positive infectious disease screening test: HCV, HBV, CMV, etc.
- Donor and Candidate Matching
  - DCD donor
  - Donor age
  - Donor size – height
  - Donor size – weight
  - Number of HLA mismatches unacceptable

- Donor Specific Reasons
  - Donor instability/high vasopressor usage
  - Prolonged downtime/CPR
  - Donor medical history, specify
- Logistics
  - Donor family time constraint
  - Exceeded policy defined response time
  - Recovery team availability
  - Resource time constraint
  - Transplant team or facility availability
  - Transportation not available
- Organ Specific Reasons
  - Actual or projected cold ischemic time too high
  - Biopsy not available
  - Malignancy or suspected malignancy
  - Organ anatomical damage or defect
  - Organ biopsy results unsatisfactory
  - Organ preservation
  - Organ specific test results not available
  - Unsatisfactory organ specific test results
  - Warm ischemic recovery time too high
- Other
  - Disaster/Emergency/Epidemic/Pandemic – Candidate
  - Disaster/Emergency/Epidemic/Pandemic – Donor
  - Other, specify

Summary of discussion:

A member asked if the data given for “specify” refusal codes will be able to be analyzed, and it was clarified the input data would be useable for data analysis. Another member suggested that the “Donor medical history, specify” code could potentially be overused as a catch-all refusal code, and that the input data could be reflective of other codes or else not provide intended quality data. Staff clarified that the Refusal Code Workgroup hoped having a required text field to input specific data would discourage catch-all use. Another member noted that a good deal of information goes into the decision to refuse an offer, and that it is often not efficient to spend time determining the most representative refusal code. The member continued that the “donor medical history, specify” could likely be the most widely used, but also represents impactful decision-making information. Another member who participated in the Refusal Code Workgroup explained that requiring specification for that refusal code would both discourage catch-all use and allow analyzable data to be collected. The Chair asked if the specify text box would have capacity for multiple causes, and another member confirmed. The Committee agreed the specify text box character limit should be kept brief.

One member asked if the “transport not available” code should be expanded. Staff asked if the Committee thought increasing transportation granularity to include components like weather would capture critical data. Another member pointed out that the “Disaster/Emergency” refusal code designates for large weather events as well.

A member asked clarification on resource time constraints. Staff explained that resource time constraints would include instances where the organ procurement organization (OPO) and transplant center couldn’t find a viable recovery time. The member noted that “resource time constraint” is not

clear enough. A Refusal Code Workgroup member explained that the Workgroup decided not to separate this code into OPO and transplant center codes, since this issue is not the fault of one or the other, but a constraint on resources all around. Another member pointed out that this code seems to cover “recovery team availability,” and would be potentially used in its place. One member agreed that the “resource time constraint” code is too vague, and contributed that separating time constraints related to transplant center and OPO could provide more clarity. Another member commented that the transplant center would consistently argue the resource constraint is a result of the OPO, and that this kind of separation would not provide good data. This member continued that clarifying the “resource time constraint” code to “resource time constraint – OPO/Transplant Center/Donor Hospital” could improve comprehension.

A member noted that “unsatisfactory organ specific results” could easily become a catch-all refusal code. Other members agreed, and one member proposed requiring a specification text box for this code.

Staff asked if a refusal code for suspected donor malignancy, and not suspected organ malignancy, would be helpful. One member noted that in such cases, it can be both suspected donor and organ malignancies resulting in refusal. Another member agreed that general donor suspected malignancies are ruled out earlier on. A member added that occasionally potential malignancies are found on pre-recovery imaging that will require biopsy later on.

A member approved of “projected cold ischemic time too high” replacing the current “distance to travel or ship” code.

The Committee agreed that the “disaster/emergency/epidemic/pandemic” refusal codes should be kept in the “Other” category, as opposed to donor and candidate categories. One member asked if these codes were better classified as “emergency management.” The member argued that the “other” classification isn’t obvious enough, and proposed “Disaster and emergency management considerations.”

One member asked if bypass codes would be altered, and it was confirmed that current bypass code options will remain the same.

A member asked how the categories will be ordered, and Staff clarified that it would be organized in alphabetical order, unless there was another specific order that would be more helpful. The Committee had no additional comments on this topic.

## **2. OPTN Final Rule Presentation**

The Committee reviewed OPTN governance, including the Final Rule and OPTN contract.

### Summary of discussion:

There was no discussion.

### **Upcoming Meetings**

- January 25<sup>th</sup>, 2021 – Regional Meeting Prep Call
- February 17<sup>th</sup>, 2021 – Organ Procurement Organization Committee Meeting (teleconference)

## Attendance

- **Committee Members**
  - Diane Brockmeier
  - Kurt Shutterly
  - Bruce Nicely
  - Catherine Kling
  - David Marshman
  - Debra Cooper
  - Helen Irving
  - Jeffrey Trageser
  - Jennifer Muriett
  - Jillian Wojtowicz
  - John Stallbaum
  - Larry Suplee
  - Malay B. Shah
  - Meg Rogers
  - Susan McClung
- **HRSA Representatives**
  - Jim Bowman
  - Raelene Skerda
- **SRTR Representatives**
  - Katie Audette
- **UNOS Staff**
  - Robert Hunter
  - Pete Sokol
  - Kayla Temple
  - Alice Toll
  - Adel Husayni
  - Rebecca Murdock
  - Sarah Konigsburg
  - Nicole Benjamin