

OPTN Organ Procurement Organization (OPO) Committee

Meeting Summary

February 17, 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 02/17/2021 to discuss the following agenda items:

1. Require Notification of Human Leukocyte Antigen (HLA) Typing Changes – Histocompatibility Committee
2. OPTN Strategic Plan Proposal
3. Public Comment Update
4. Committee Roster Update

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

1. Require Notification of Human Leukocyte Antigen (HLA) Typing Changes

The Vice Chair of the Histocompatibility Committee presented the Require Notification of HLA Typing Changes policy proposal to the Committee. This proposal would require immediate reporting of critical HLA typing changes in order to ensure better patient safety and avoid adverse events due to incorrect candidate, recipient, or donor HLA typing. The Committee reviewed the Histocompatibility Committee's proposal, rationale, and proposed member action timeframes and provided feedback.

Data summary:

Critical discrepancy in HLA – a difference among non-equivalent values at one or more loci

In 2019, there were 48 critical discrepancies in HLA typing that had the potential to lead to adverse patient safety events.

Of 27 HLA typing patient safety reports in the last two years, many cited delayed notification

Proposed Member Actions:

- Histocompatibility lab notifies the OPO within 1 hour for critical discrepancies in donor HLA typing
- Histocompatibility lab notifies the transplant program within 5 days for critical discrepancies in candidate HLA typing
- OPO notifies the transplant programs within 12 hours or before procurement for critical discrepancies in donor HLA typing

Summary of discussion:

The Committee Vice Chair asked if most critical discrepancies found were due to transcription or documentation errors and what the verification process for HLA typing looks like. The Vice Chair of the Histocompatibility Committee explained that the errors were not classified to that granularity, but that transcription likely caused most of these errors. The Histocompatibility Committee Vice Chair further

explained the dual-entry verification for donor HLA typing, which flags mismatches at each locus but would not flag any typing that had been incorrectly entered twice.

One member recommended that automated notification of HLA typing discrepancies could tie into the Tech Tools Workgroup's project. The Vice Chair of the Histocompatibility Committee agreed this could be beneficial, but expressed concerns of logistical hurdles in notifying certain members, noting that automated notification of donor typing changes may be more streamlined than for candidate typing changes.

A member asked if there were any discussions about the time frames for re-executing the match run, similar to how changes in infectious disease testing results can trigger rerun of the match. The member also asked if patient safety notification should be followed in cases where the organ is already recovered. The Histocompatibility Committee Vice Chair noted that time frames were not developed in relation to time frames currently within policy, and that typing changes post-procurement should be notified as soon as possible, as immunological concerns can be more easily mitigated early on.

A member asked how it should be determined that an HLA discrepancy was critical enough to rerun the matches. The Histocompatibility Vice Chair clarified that this would be left to OPO discretion, and that this policy would not mandate re-execution of the match runs, but feedback regarding match re-execution is appreciated. The member added that any match re-execution policy for HLA discrepancies would need to be very clear.

2. 2021-2024 OPTN Strategic Plan

The Committee reviewed the Policy Oversight Committee's 2021-2024 Strategic Plan proposal and provided feedback.

Data summary:

2021-2024 Strategic Goals

- Increase the number of transplants (50% of resources allocated)
 - Improve metrics and monitoring approaches for increased collaboration and performance improvement activities
 - Promote system efficiency and increase organ utilization
 - Increase the number of donor after cardiac death (DCD) organs recovered and transplanted
 - Review policies to encourage or facilitate machine perfusion of organs
 - Increase the effectiveness of paired living donation programs
- Increase equity in access to transplants (30%)
 - Improve equity in transplant opportunities for multi-organ and single organ candidates
 - Increase ability for allocation policies to be dynamic and incorporate changes in faster policy cycles to respond to post-implementation findings
 - Examine differences in access to transplant and address identified disparities
 - Increase racial, ethnic, and professional diversity on the Board and committees
- Promote living donor and transplant recipient safety (10%)
 - Enhance sharing of knowledge about safety events, near misses, and effective practices
- Improve waitlisted patient, living donor, and transplant recipient outcomes (10%)
 - Include recipient longevity in transplant center metrics
 - Evaluate effective methods for assessing living donor outcomes
 - Enhance follow up of living donors

- Develop tools to calculate survival benefit to inform center practices, patient management, and OPTN policy development
- Improve patient tools for understanding the allocation process and organ acceptance strategies
- Improve the process and management of donor information available after transplantation

Summary of discussion:

One member remarked that more initiatives should focus on allocation efficiency, particularly in spelling out transplant center responsibilities as OPOs work to increase the number of DCD donors. Staff clarified that the efficiency goal includes a number of projects that aim to increase the number of transplants via improving allocation efficiency, including offer filters, use of provisional yes, and expedited offers for difficult to place organs.

The member continued that there needs to be more focus on transplant centers as well in increasing allocation and number of transplants. The member clarified that transplant centers should ensure they are thoroughly evaluating offers pre-recovery in order to cut down on post-clamp cold time, and that more emphasis should be given to placement of marginal kidneys that most centers wouldn't accept. Another member agreed, noting that DCD donors often have a significantly smaller allocation time frame due to family constraints, and that rapid, thorough evaluation is critical to placing DCD organs effectively.

The Committee requested more information on how the proposed 2021-2024 Strategic Plan will address transplant center and OPO communications and collaboration in efficient organ placement.

The Committee Chair asked how UNOS Information Technology (IT) developments are captured in the efficiency initiatives, and UNOS staff clarified that IT staff typically aims to finalizing programming of board approved policy changes within a year of approval, and typically start sooner than 3 months from approval to accomplish that deadline. Other members agreed that they would like to have more clarity of programming and development timelines, in order to better understand UNOS IT capacity and project statuses.

One member noted that they would like to see how the incoming policy implementations in March perform before implementing the proposed Strategic Plan and working to increase further DCD organ utilization.

3. Public Comment Update

The Committee reviewed trends in public comments collected thus far for both sponsored proposals, as well as the schedule for all upcoming regional meetings.

Data summary:

The Modifications to the Deceased Donor Registration Form proposal has received only a few comments thus far.

The Clarify Multi-Organ Allocation Policy proposal has received a number of comments, including:

- Expand required multi-organ share criteria to include Status 4 Heart patients
- Expand required multi-organ share criteria to include all lung candidates age 0-11
- Consider giving priority to all multi-organ heart and lung candidates
- Concern for high MELD patient priority and single-organ liver or kidney candidates.

Summary of discussion:

There was no discussion.

4. Committee Roster Update

UNOS Staff notified the Committee of new appointments, including the Vice Chair and Region 1 positions that will be effective on July 1st, 2021. The Committee was notified of the current effort to recalibrate committee rotations, and that 3 at-large positions will be appointed to the committee, effective July 1st, 2021.

Summary of discussion:

There was no discussion.

Upcoming Meetings

- March 10th, 2021 – Organ Procurement Organization Committee Meeting (teleconference)
- March 31th, 2021 – Organ Procurement Organization Committee Meeting (teleconference)
- April 15th 2021 – Organ Procurement Organization Virtual “In-Person” Committee Meeting (teleconference)

Attendance

- **Committee Members**
 - Diane Brockmeier
 - Kurt Shutterly
 - Bruce Nicely
 - Catherine Kling
 - David Marshman
 - Helen Irving
 - Jeffrey Trageser
 - Jennifer Muriett
 - Jill Grandas
 - Jillian Wojtowicz
 - John Stallbaum
 - Lawrence F. Suplee
 - Mary Zeker
 - Meg Rogers
 - Susan McClung
- **HRSA Representatives**
 - Shannon Taitt
- **SRTR Representatives**
 - Andrew Wey
- **UNOS Staff**
 - Abby Fox
 - Alice Toll
 - Darby Harris
 - Robert Hunter
 - Kayla Temple
 - Nicole Benjamin
- **Other Attendees**
 - John Lunz
 - PJ Geraghty