

## **OPTN Transplant Coordinators Committee**

### **Meeting Summary**

**February 17, 2021**

### **Conference Call**

**Sharon Klarman, RN-BC, BSN, CCTC, Chair**

**Stacy McKean, RN, Vice Chair**

## **Introduction**

The Transplant Coordinators Committee met via Citrix GoTo teleconference on 02/17/2021 to discuss the following agenda items:

1. Relaxed Data Submission Requirements Update
2. Other Committee Workgroups: TCC Member Updates
3. OPTN OPO Committee: Clarify Multi-Organ Allocation Policy
4. OPTN Hearth Committee: Develop Measures for Primary Graft Dysfunction in Hearts
5. OPTN Histocompatibility Committee: Require Notification of HLA Typing Changes
6. OPTN Final Rule Training
7. OPTN Projects – IT Update

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

### **1. Relaxed Data Submission Requirements Update**

UNOS staff presented an update on amnesty and the questions being considered by the Executive Committee and what requirements will exist for retroactive data collection. The feedback from this presentation will be shared with the Executive Committee as they decide how to proceed with data submission amnesty.

#### Summary of discussion:

A member commented that they felt the community was ready to start moving back toward normal data submission and that the longer the process was delayed then the amount of retrospective data would increase and add to the process. The Chair shared that a 30 to 60-day notice of amnesty ending would be appropriate, identifying the need to continue to monitor the impacts of COVID-19 as it has disproportionately targeted different regions of the country, and extended support for options two or three. Another member emphasized the point of ensuring data does not get 'muddied' throughout this process as coordinators may be entering more than one form across an amnesty/no amnesty timeframe. The Chair also emphasized validating all available data, even if a field is missing, to ensure that as much data is shared as possible. For example, if a living donor 6 month follow up was not able to be completed until 11 months, that is still important data and should be able to be submitted somewhere. The Chair also suggested being able to indicate if a living donor declined to come in for their follow up, as opposed to selecting the option that connection was lost with the living donor because that is not always an accurate explanation.

The Chair shared that TRF should be the most accessible for retrospective data for 30-60 days' notice then 90-day window to complete the data. A member inquired if there would be an adjustment for the timeline for 100% completion of the forms? UNOS Staff updated that while the MPSC requires a 100% completion rate of forms, they often do not follow up on this rate unless there are other issues

occurring. A member reminded the Committee that some staff are being redeployed for vaccination efforts and to keep that in mind when moving forward with the amnesty process.

## **2. Other Committee Workgroups: TCC Member Updates**

The Vice Chair updated that the Ops and Safety Committee: Broader Sharing Data Collection Workgroup is planning on bringing the recommendations to key stakeholder committees in April for feedback.

A member updated that the Ops and Safety Committee: Match Run Workgroup just started working on offer filters and will provide more updates as the workgroup continues to meet.

A member updated that the Data Advisory Committee: Refusal Code/Late Turndowns Workgroup has made progress on making the refusal codes more specific to improve provisional 'yes' and reduce organ waste. This will allow for a better understanding of why a decision is made to accept or decline an organ offer.

UNOS Staff updated that the OPO Committee: Donation Process Workgroup is fairly new and does not have any updates at this time, but we can expect to hear more from them in the future.

The Chair updated that the Committee's Inactive Codes Workgroup would be meeting in a few weeks to nail down definitions for the inactive codes and will continue to provide the full Committee with regular updates of their progress.

## **3. OPTN OPO Committee: Clarify Multi-Organ Allocation Policy**

The Organ Procurement Organization Committee Chair presented the *Clarify Multi-Organ Allocation Policy* proposal which is currently out for public comment.

### Summary of discussion:

Multiple Committee members shared praise that this proposal was 'a much needed move in the right direction' and felt like it would be a workable implementation. A member was concerned about the lack of existing data, since the data set was so small, and expressed concern about a potential MELD score not reflecting how sick a patient truly is. The OPO Chair provided clarification about what was 'allowable' and what was required by the policy. Overall, there were a few concerns with the limited set of data, which the OPO Chair empathized with due to the small percentage of multi-organ transplants that occur.

A member requested clarification on compliance to this policy if the original multi-organ offer was rejected but an organ needed for the second multi-organ offer was already accepted. The OPO Chair acknowledged this concern and would share it with the Committee. A member requested additional information on which multi-organ pairing took priority, which the OPO Chair responded would likely be taken into consideration in later phases of this process. A member asked if there was any consideration for just offering one kidney for a multi-organ recipient and saving the other for a kidney only, which the OPO Chair stated it was not currently in the policy but would likely occur as various situations arose.

The OPO Chair shared that the next steps of this proposal would likely take about a year or so. With that being said, the OPO Chair affirmed that the workgroup will continue to use all available data to inform decisions moving forward.

## **4. OPTN Heart Committee: Develop Measures for Primary Graft Dysfunction in Hearts**

The Heart Transplantation Committee Chair presented the *Develop Measures for Primary Graft Dysfunction in Hearts* proposal which is currently out for public comment.

### Summary of discussion:

A member shared feedback that the device seemed to be the most accurate measure of primary graft failure as opposed to inotropes due to their varied use by facilities or the existing definition as 48 hours was too short but 72 was too long to determine dysfunction. A member also suggested adding cross match information for highly sensitized patients. The Heart Committee Chair responded that the Committee intentionally left it vague to not pigeonhole any provider into determining PGD prematurely. The Heart Chair recognized the importance of finding a data collection method that would be advantageous without overwhelming the workload for the coordinators.

A member asked if these additional requirements were solely for the self-identified PGD or all PGD, in which the presenter responded that it is left open at the moment and the Committee would like to know what the community's thoughts were. A member emphasized the importance of using the device as what appears to be PGD shortly after the transplant can resolve itself, but this waiting period can lead to inaccuracies between the patient's chart and DonorNet. A member inquired about the specification between 'procurement team' and 'local team,' which the Heart Chair responded has been discussed and not yet finalized but will share that with the Committee for their further consideration.

### **5. OPTN Histocompatibility Committee: Require Notification of HLA Typing Change**

UNOS Staff presented the Histocompatibility Committee's proposal *Require Notification of HLA Typing Change* which is currently out for public comment.

### Summary of discussion:

The Chair emphasized the importance for timely notification of changes within HLA typing to allow for any necessary changes on their end and suggested an electronic form of notification as an option. UNOS Staff agreed on the importance of this and shared that they had already spoken with IT about this as a hopeful next step of the project. Members shared their support for this proposal and echoed the comments of timely notification of changes. A member suggested reducing the notification deadline from five days and using a consistent notification process similar to what is currently used for culture results. The Chair also suggested coordinated notification process that would include the OPO, Histocompatibility Lab, and Transplant Center.

### **6. OPTN Final Rule Training**

UNOS staff presented on policy governance and compliance with NOTA, Final Rule, OPTN Contract, and OPTN Policies and Bylaws. All Committee work must be authorized by one but comply with all governing structures.

### **7. OPTN Projects – IT Update**

UNOS Staff provided an overview of relevant policy based IT updates.

#### New DonorNet Mobile

This mobile application is replacing the previous Legacy application, which launched in 2007, for transplant centers to review organ offers. After piloting this program with 122 users, national rollout to all members will occur on April 7<sup>th</sup>.

The Committee Chair inquired if it would be possible to change the status of a patient on the application. UNOS Staff shared that updating activation or inactivation of a patient is on the roadmap for the IT team to add down the line.

### Imaging in DonorNet

This allows for OPOs to attach high quality diagnostic images to a donor record in DonorNet. A phased national rollout is underway with the goal to have all OPOs on boarded by March.

A member asked about the possibility to add this to the new DonorNet Mobile application. UNOS staff confirmed that these images will be available on the mobile application and that at national rollout of the mobile application all facets of the desktop application will be available on mobile. UNOS staff informed the Committee that there will be extensive warnings for the user to ensure they are connected to Wi-Fi as opposed to cellular connection to reduce the possibility of data overages and Committee members felt those notifications would be appropriate.

### Offer Filters Pilot

These are multifactorial offer filters such as “organ quality + distance” or “post recovery.” These filters occur at the time of OPO to transplant hospital notification, differing from acceptance criteria which occur at the time of match run. This has been piloted in 34 kidney programs and national rollout is planned for Q4 2021.

### Post Cross Clamp Test Results

This functionality provides electronic notification from DonorNet of post cross clamp culture, ID, or pathology. This program was piloted for 3 months to 5 OPOs and 18 transplant centers. National rollout is tentatively scheduled for December 2021.

The Committee Chair shared that she has participated in the pilot and believes that it will be a great tool for the community to use to improve communication between OPOs and transplant centers.

### UNet<sup>SM</sup> APIs

The Waitlist Liver Lab (MELD/PELD) API was released in 2020 and IT is currently working on PELD Calculator API, Lung Allocation Score (LAS) Calculator, Waitlist Lung clinical data (LAS) API, and TransNet for Transplant Hospital APIs. These programs have a continued focus on high risk/high volume, match, and patient safety impacting API functions.

The Chair expressed gratitude for IT’s continued work on APIs and praised APIs ability to improve clinical functions.

### UNet Inactivity Time Frame Project

The purpose of this project is to disable UNet accounts after 60 days of inactivity and removing account permissions after 365 days of inactivity. Reminders will be sent out to notify users to log into their account to avoid having them disabled.

The Vice Chair shared a similar process is used for EMR logins and said the system worked well there.

**Upcoming Meeting(s)**

- March 17, 2021
- April 21, 2021
- May 19, 2021
- June 16, 2021

## Attendance

- **Committee Members**
  - Sharon Klarman, Chair
  - Stacy McKean, Vice Chair
  - Alexandria Dillard
  - Brenda Durand
  - Donna Campbell
  - Jaime Myers
  - Jill Campbell
  - JoAnn Morey
  - Lisa Gallagher
  - Melissa Walker
  - Natalie Blackwell
  - Sergio Manzano
  - Susie Ditsworth
- **HRSA Representatives**
  - Arjun Naik
  - Raelene Skerda
- **SRTR Staff**
  -
- **UNOS Staff**
  - Betsy Gans
  - Courtney Jett
  - Dean Wilson
  - Elizabeth Miller
  - Eric Messick
  - Laura Schmitt
  - Lloyd Board
  - Rachel Murdock
  - Robert Hunter
  - Ross Walton
  - Sara Rose Wells
  - Susan Tlusty
- **Other Attendees**
  - Diane Brockmeier
  - Randee Bloom
  - Shelley Hall
  - Stacey Lerret