

**OPTN Operations and Safety Committee
Meeting Summary
February 25, 2021
Conference Call**

**Christopher Curran, CPTC, CTBS, CTOP, Chair
Alden Doyle, MD, MPH, Vice Chair**

Introduction

The Operations and Safety Committee (the Committee) met via Citrix GoToMeeting teleconference on 02/25/2021 to discuss the following agenda items:

1. Final Rule Training
2. Public Comment Proposal Presentation: 2021 – 2021 OPTN Strategic Plan
3. Public Comment Proposal Presentation: Require Notification of Human Leukocyte Antigens (HLA) Typing Changes

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

1. Final Rule Training

The Committee reviewed the governing structures of the OPTN.

Summary of discussion:

There were no questions or comments.

2. Public Comment Proposal Presentation: 2021 – 2021 OPTN Strategic Plan

The Committee reviewed the OPTN Executive Committee's proposal, *2021- 2024 OPTN Strategic Plan*.

Summary of discussion:

A member voiced support for Goal 1, increase the number of transplants, and stated that for the performance improvement aspect of the goal, the ability for faster benchmarking without waiting for 100% data quality is needed. The member suggested that benchmarking and timely process improvement should be emphasized.

The Chair stated that a potential project could focus on exchanging data from hospital's donor records onto organ procurement organizations (OPOs) electronic medical records (EMRs).

The Vice Chair expressed support for adding efficiency into increased number of transplants considering the future of increased organ travel, but stated that the metrics to assess this will be hard to determine given the complicated nature of broader distribution. The Chair stated that increased number of transplants does not necessarily equate to increased efficiency.

There were no additional questions or comments.

3. Public Comment Proposal Presentation: Require Notification of Human Leukocyte Antigens (HLA) Typing Changes

The Committee reviewed the OPTN Histocompatibility Committee's proposal, *Require Notification of Human Leukocyte Antigens (HLA) Typing Changes*.

Summary of discussion:

The Vice Chair asked if the Histocompatibility Committee discussed outlining operational aspects of reporting the incorrect HLA typing in their proposal. The Chair of the Histocompatibility Committee responded that there is no formal language addressing reporting or documentation but there is an overall expectation and requirement of documentation in patient charts. The Vice Chair asked how the Histocompatibility Committee will review the effectiveness of the proposal if implemented. The Histocompatibility Committee will review this feedback on the monitoring plan.

Another member suggested that the reporting process could mirror the process for potential disease transmission. The member explained that the process could specify that the OPO notification should go to the patient safety contact, and the OPO notifies the transplant program's patient safety contact. The member noted that the time of 24 hours for HLA is the same as potential disease transmission. A member agreed and added that the histocompatibility lab would need to be able to demonstrate documentation the notification policy was followed, same as the potential disease transmission process. The Chair of the Histocompatibility Committee responded that they will take that back to the Histocompatibility Committee and review if that process would be applicable.

A member asked if the Histocompatibility Committee discussed the reason these events were reported without the policy being adapted. The Chair of the Histocompatibility Committee responded that they review any circumstance where there are mismatches between donor typing in match run and donor typing on histocompatibility forms.

The Chair expressed support for leaving the decision to re-execute a match run up to circumstance rather than mandating. The Chair added that if incorrect HLA typing is known prior to acceptance, then OPOs should be strongly encouraged to re-execute the match run. Members agreed. The Chair also expressed support for providing automated electronic notification, especially if a match run has been executed and HLA has been entered. Members agreed. The Vice Chair suggested the electronic notification system for infectious disease testing could be used as a model.

The Chair mentioned that histocompatibility reports and the labels for HLA for most labs do not match what is in DonorNet, which creates a challenge for OPOs in verifying the appropriate entry for HLA. The Chair of the Histocompatibility Committee responded that they will bring this feedback to the Histocompatibility Committee.

Overall, the Committee is in support of this proposal.

There were no additional questions or comments.

Upcoming Meeting

- March 25, 2021 (teleconference)

Attendance

- **Committee Members**
 - Alden Doyle
 - Charles Strom
 - Christopher Curran
 - Greg Abrahamian
 - Dominic Adorno
 - Joanne Oxman
 - Kim Koontz
 - Luis Mayen
 - Melinda Locklear
 - Rich Rothweiler
 - Susan Stockemer
 - Susan Weese
 - Vandana Khungar
- **HRSA Representatives**
 - Chris McLaughlin
 - Jim Bowman
 - Vanessa Arriola
- **SRTR Staff**
 - Katie Audette
- **UNOS Staff**
 - Betsy Gans
 - Courtney Jett
 - Dawn Gans
 - Joann White
 - Katrina Gauntt
 - Kristine Althaus
 - Lauren Motley
 - Matt Prentice
 - Meghan McDermott
 - Nicole Benjamin
 - Rebecca Murdock
- **Other Attendees**
 - Peter Lalli