

**OPTN Data Advisory Committee
Refusal Codes & Late Turndowns Workgroup
Meeting Summary
March 11, 2021
Conference Call**

Introduction

The Refusal Codes & Late Turndowns Workgroup (the Workgroup) met via Citrix GoToMeeting teleconference on 3/11/2021 to discuss the following agenda items:

1. Review and draft remaining refusal code descriptions

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

1. Review and draft remaining refusal code descriptions

The Workgroup members reviewed the drafted list of refusal codes descriptions and provided feedback.

Summary of discussion:

UNOS staff provided an update about which OPTN committees have received a refusal code presentation and have been solicited for feedback. A request for feedback has been posted to the OPTN website. Communications have been sent to community members to encourage their participation in the request for feedback survey. The feedback received from the committees and the community will be compiled for the Workgroup to review.

UNOS staff reviewed the draft descriptions of the following proposed refusal codes with the Workgroup. These descriptions will be used in help documentation to provide the user guidance when selecting the most appropriate refusal code.

Organ biopsy results unsatisfactory

A member suggested the description "organ biopsy results indicate a poor quality organ." Another member raised a concern about using the term "poor quality" for cases in which another program may accept the organ using the same biopsy results. The members agreed that language describing that the results are "below acceptable threshold" may be more appropriate. A member supported the use of the term "threshold" as it can refer to both an individual or program criteria.

A member suggested using the term "criteria" rather than "threshold" as it is more aligned with common language.

Members agreed that this refusal code should be retitled as "organ biopsy results unacceptable" as "unacceptable" is more appropriate than "unsatisfactory."

The members agreed with the description "organ biopsy results do not meet acceptable criteria."

Ischemic time too high

A member suggested changing "too high" to "too long" when describing ischemic time throughout the codes and descriptions. Members agreed that "too long" is more appropriate as it refers to the length of time.

Organ preservation (pumping issue, not pumped, etc.)

Members commented that this code needs more clarity. If pump results indicate an unacceptable organ, the more appropriate code to use in these cases would be “unsatisfactory organ specific test results.” The members discussed if this code should be used for when there are issues relating to the method or quality of preservation or related mechanical issues.

A member commented that for kidneys, this code could be used for when the program would prefer the kidney to be pumped but the kidney being offered was not pumped. A member commented that their program does not accept kidneys on a pump.

The members agreed to retitle the code to “organ preservation: unacceptable method, quality, or outcome” in order to be easier for the user to understand.

The members agreed with the description “Method, quality, or outcome of organ preservation does not meet acceptable criteria (pump readings, pumping issue, not pumped, on pump, etc.).”

Organ specific test results not available

UNOS staff shared that there has been feedback received that this code and the “unsatisfactory organ specific test results” code have the potential to become overused. There has been a suggestion to add specify boxes to these codes.

A member asked if this code includes instances where tests may have occurred but the results are not available at the time of the offer. Members agreed that this should be specified and agreed with the description “organ specific test results not done or not available at the time of the organ offer.”

Unsatisfactory organ specific test results

Members agreed to retitle this code to “unacceptable organ specific test results.”

Members agreed with the description “organ specific test results do not meet acceptable criteria.”

Warm ischemic recovery time too long

Members agreed that this code is straightforward and agreed with the description “the warm ischemic time is too long for the organ.”

Disaster/Emergency/Epidemic/Pandemic

Members discussed splitting this code to separate out epidemic/pandemic reasons. A member suggested keeping a code to describe emergencies and disasters in the “other” category and moving epidemic/pandemic reasons to the donor and candidate specific reason categories.

In response to feedback received, members agreed to create a new code “disaster emergency management consideration” in the “other category” to describe refusal for reasons such as floods.

A member asked what all should be covered under the “positive infectious disease screening test: CMV, HBV, HCV, etc.” and if this would include other infectious diseases that are not viral such as Zika and West Nile. UNOS staff asked if more examples should be provided for this code to help guide the user. A member suggested including a drop down to allow the user to select which infectious disease test result caused the refusal. The members commented that the test results for any screening tests would be available in DonorNet and could be cross referenced rather than collected as a drop down or text box.

Disaster emergency management consideration

The members agreed that this code would be used to describe instances where a disaster or regional emergency affects operations or recoveries. An example provided was a hurricane that impacts travel. A

member commented that “regional emergency” could describe an active shooter event. Members agreed with the description “use only in the event of a natural disaster, regional emergency, etc. that is affecting the operations or recovery of organs.”

Epidemic/Pandemic- Candidate

The members agreed to modify the existing COVID-19 refusal reason description in order to apply generally to epidemic or pandemics. The members agreed with the description “Transplant hospitals should use this code when refusing an organ offer due to a candidate related epidemic/pandemic reason. This may include reasons such as the candidate has a potential exposure, is symptomatic, is being tested, or has a positive test result. Do not use this code if the candidate is refusing all organ offers at this time due to the pandemic. In that instance, inactive the candidate using the inactive reason epidemic/pandemic precaution.” UNOS staff will follow up to see how the COVID-19 inactive codes are being modified in order to be consistent.

Epidemic/Pandemic - Donor

The members agreed to modify the existing COVID-19 refusal reason description in order to apply generally to epidemic or pandemics. A member commented that the description should not include specific tests in order to remain more widely applicable. The members agreed with the description “Transplant hospitals should use this refusal code when refusing an organ offer due to a donor related epidemic/pandemic reason. This may include reasons such as donors with high exposure risk, no testing available, positive or indeterminate test results, or if a different specimen type is preferred.”

Next steps:

UNOS staff will complete the cross committee presentations. Both committee and community input gathered from the request for feedback survey will be compiled for the Workgroup to review at the next meeting.

Upcoming Meeting

- March 18, 2021

Attendance

- **Workgroup Members**
 - Anna Mello
 - David Marshman
 - JoAnn Morey
 - Krishna Mahendraraj
 - Lauren Kearns
 - Linda Cendales
 - Sumit Mohan
- **HRSA Representatives**
 - Adriana Martinez
- **SRTR Staff**
 - Ajay Israni
 - Bertram Kasiske
 - Nick Salkowski
- **UNOS Staff**
 - Adel Husayni
 - Kim Uccellini
 - Leah Slife
 - Matthew Prentice
 - Peter Sokol
 - Robert Hunter
 - Sarah Konigsburg