OPTN Operations and Safety Committee
Meeting Summary
March 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 03/25/2021 to discuss the following agenda items:

1. Project Updates
2. New Project Ideas

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

1. Project Updates

The Committee reviewed progress on their current projects.

Summary of discussion:

Broader Distribution Data Collection Workgroup

The Committee discussed how best to capture complex travel situations. A member suggested the data could allow for as many legs of transportation as possible to be entered in sequence.

The Chair of the Broader Distribution Data Collection suggested the initial data collection could capture transport time, then a second project phase could allow for further analysis for those organs that experienced a longer transport time outside the standard deviation of the mean transport time.

The Vice Chair asked how transport time will be defined. The Chair of the Workgroup responded that total ischemic time is the time it leaves the donor operating room to the time it arrives at the transplant program. The Chair of the Workgroup added that a drop down menu could be added to capture where the organ goes after it arrives to the transplant program. The Vice Chair stated that utilizing new technology (e.g. perfusion machines) for organ preservation may not be reflective of broader distribution, and utilization is not necessarily something that needs to be avoided. The Chair of the Workgroup responded that there is a data element that captures that, so transport time can be analyzed against this data element to further understand outlier situations.

The Vice Chair asked if the data elements will capture errors that occur during transport. The Chair of the Workgroup responded that outcomes is a data element that is captured. The Chair of the Workgroup added that "loss due to logistics" could be a potential option to choose in the outcomes data element. The Vice Chair agreed and suggested additionally adding "significant cold time as result of error". The Vice Chair added that understanding the impacts of broader distribution through analyzing increasing ischemic time is important, but total loss of organ or organ quality decline due to complexity of a broader distribution system is equally important to analyze. The Vice Chair stated that an "unexpected delay" option could be added with a drop down to choose the amount of hours.

A member asked if programs enter safety reports if an organ is lost due to logistics. Staff explained that reporting these events are voluntary. The Chair asked if organ loss due to transportation should be mandatory patient safety reporting event. Members agreed it should be mandatory. A member suggested that if a program does not receive the accepted organ they intended to receive, then they should be able to enter information that organ was not transplanted due to logistical loss. The member added that entering this information could trigger a patient safety report for the organ procurement organization (OPO) to explain what happened in order to gather more information.

Match Run Rules Workgroup

Members expressed support in the creation of a dynamic match run.

A member suggested referring the concept as a refreshing match run rather than dynamic. The member explained that the match run would not be constantly evolving, rather it would remain static for a designated time period and then refresh based on the new donor and candidate information that was entered during that time.

There were no additional questions or comments.

2. New Project Ideas

The Committee discussed new project ideas.

<u>Summary of discussion:</u>

Create way to enable ABO verification for candidates who do not appear on match runs for direct donations

A member stated that for living donor organs there is not an organ verification sheet generated which causes living donor organ verification to be a manual process for the donor hospitals. The member asked if this situation could be addressed in this potential project idea. The Chair suggested to create a parallel system for ABO verification between donors and candidates when there is not a match run. The Chair added that the scope of this idea could focus on addressing living donor organ verification and also include deceased directed donor cases.

Another member suggested that a white paper could be written to address how to approach directed donor cases and ABO verification.

The Vice Chair asked if directed donation is expected to rise because of the use of social media. Members stated that they have experienced a few number of directed donation cases from social media.

A member asked if there have been any reports on near misses with ABO verification for living donors and directed donation. The Chair responded that it is not in the safety report but that does not mean it is not a potential safety pitfall. The Chair added that the Committee should work to address safety areas in order to prevent errors before they happen.

The Committee agreed to move forward with a project to address ABO verification for candidate and donors for whom there is not a match run, encompassing living and deceased directed donors.

Creating criteria for patient safety reporting

A member suggested the Committee start with mandating reporting of the least likely to be controversial patient safety events.

Another member suggested the Committee should develop a strategy to educate the community on patient safety events. The member added that the community needs to be educated in order to put measures in place to prevent reoccurrence of patient safety events.

The Vice Chair stated that the Committee should work to promote a culture of safety and transparency to make the community feel comfortable reporting in order to make the whole process safer.

The Committee agreed to move forward with a project to address required patient safety reporting events.

TransNet Labeling

The Committee will discuss this project idea further during the next meeting.

There were no additional questions or comments.

Upcoming Meeting

- April 15, 2021 (teleconference, virtual “in-person”)
- May 27, 2021 (teleconference)

Attendance

- **Committee Members**
    - Alden Doyle
    - Audrey Kleet
    - Charles Strom
    - Christopher Curran
    - Greg Abrahamian
    - Dominic Adorno
    - Joanne Oxman
    - Kim Koontz
    - Melinda Locklear
    - Michael Marvin
    - Susan Stockemer
- **HRSA Representatives**
    - Jim Bowman
- **SRTR Staff**
    - Katie Audette
- **UNOS Staff**
    - Dawn Beasley
    - Joann White
    - Katrina Gauntt
    - Kristine Althaus
    - Lauren Motley
    - Meghan McDermott