

**OPTN Data Advisory Committee
Refusal Codes & Late Turndowns Workgroup
Meeting Summary
April 29, 2021
Conference Call**

Introduction

The Refusal Codes & Late Turndowns Workgroup (the Workgroup) met via Citrix GoToMeeting teleconference on 4/29/2021 to discuss the following agenda items:

1. Review committee and community feedback received
2. Consider order of refusal codes

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

1. Review committee and community feedback received

The Workgroup members reviewed and discussed comments received from the various OPTN committees and feedback submitted by community members during the request for feedback.

Summary of discussion:

UNOS staff shared a document of the compiled committee and community feedback included in the meeting materials.

Organ Preservation: Unacceptable method, quality, or outcome

Feedback was received that the use of the word "quality" can be vague, there was a concern about the potential for overuse, and there was a suggestion to include "flush solution" as well as an optional text box to allow the user to enter additional details.

A member commented that from a thoracic transplantation standpoint, quality of preservation would not be a common reason for refusal and agreed that the term "quality" is subjective. The members agreed to remove "quality" from the code's label since this term is ambiguous.

The members questioned the use of the term "outcome" and ultimately agreed to modify the code to "Organ preservation: unacceptable method or findings." Members determined that "findings" would better describe refusals relating to unacceptable pump pressures or organ contamination due to perfusion. The members agreed to update the description to "Method or findings of organ preservation does not meet acceptable criteria (pump pressures, pumping issue, not pumped, on pump, etc.)."

The members chose not to include flush solution as part of the description or add an optional text box.

Actual or projected cold ischemic time too long

The members considered a recommendation to move this code to the "Donor and Candidate Matching" category. The members chose to keep this code in the "Organ Specific Reasons" category because it is a reason that any organ may be refused, regardless of matching, and will be in the same category as "Warm ischemic recovery time too long."

Warm ischemic recovery time too long

The members considered a recommendation to remove “recovery” from this code’s title. The members agreed that removing “recovery” makes sense as there are many factors that contribute to warm ischemic time beyond time for recovery. The members agreed that removing “recovery” does not change what the code intends to capture.

Biopsy not available

The members considered feedback to include “biopsy not performed” with this refusal reason. The members agreed to modify this code’s description to include “not performed” to provide more clarity to the user.

Organ biopsy results unacceptable

The members considered feedback to specify if the biopsy results were obtained preoperatively or intraoperatively and a concern that this code would be overused. A member commented that if declining for biopsy results, specifying preoperative or intraoperatively may not provide enough value to warrant this level of granularity. The members agreed to keep the code as proposed.

Organ specific test results not available

The members considered feedback to include an optional text box for this code to allow users to provide additional detail, include that the organ procurement organization (OPO) was unable or unwilling to perform the test as part of reason, and include examples of tests to provide more clarity to the user. The members agreed that adding an optional text box may provide valuable insights.

The members considered adding an additional code for disease transmission test results not being available. The members determined this level of granularity is not needed.

The members added the examples of Human Immunodeficiency Virus Nucleic Acid Testing (HIV NAT) testing and cardiac catheter results to the description to further assist the user. Additionally, the members added “do not use for unavailable biopsies” to the description.

Unacceptable organ specific test results

The members considered feedback from multiple committees to include a required specify text box to this code to collect additional information and to assist in limiting its use. The members agreed with this recommendation.

The members considered examples of test results to include in the description and added “low partial pressure of oxygen (PaO2), high creatinine, low ejection fraction, or imaging findings.”

Additional Organ Specific Codes Recommendations

The members considered feedback about additional codes to include in the “Organ Specific Reasons” category. One suggestion was to include a code describing “imaging findings.” The members agreed that this code would fall under “unacceptable organ specific test results.”

The members considered a suggestion to include a code for “organ quality on visualization.” A member commented that this is already a decline code and that organs are not evaluated visually before the donor enters the operating room. The members agreed to not add this code.

The members considered additional codes recommended that are specific to heart offers. The members agreed that these codes would fall under the existing code “unacceptable organ specific test results.” The members agreed that this information would be captured in the required specify text box for “unacceptable organ specific test results.”

Graft appearance/quality (Vascularize Composite Allograft (VCA) offers only)

UNOS staff commented that VCA allocation is currently being programmed into UNet. In preparation, the VCA Committee requested that this code be added for VCA offers only. A member suggested including an optional specify text box to allow for the collection of additional detail. The members agreed with including this code along with an optional specify text box for VCA only offers.

Other, specify (required text box)

Feedback was received about increasing the text box limit to more than 75 characters as currently implemented. UNOS staff commented that this code is used very rarely but is occasionally used by transplant programs as a secondary refusal reason to capture more specific details when reviewing reporting on the program's acceptance practices. The members agreed with increasing the text box limit to allow for more details to be captured.

Recommendation to include a code for "no waivers"

Members considered feedback received to include a refusal code to describe instances where a refusal may be due to the OPO not providing waivers. UNOS staff shared that waivers are undefined and recommended not including this reason since another reason already listed would be more specific to why an organ would be refused, noting that "no waivers" could still be entered in "other, specify" if absolutely necessary. The members agreed to not add a code for "no waivers."

2. Consider order of refusal codes

Summary of discussion:

The proposed refusal codes were ordered based on the frequency of use of similar, currently implemented codes, and grouped by similar themes. The members were asked to consider whether the order was logical and provide any feedback. The members did not provide any comments.

Next steps:

UNOS staff will incorporate the modifications discussed and send a final list to the Workgroup.

Upcoming Meeting

- May 20, 2021

Attendance

- **Workgroup Members**
 - Angele Lacks
 - David Marshman
 - Erica Seator
 - Farhan Zafar
 - Jennifer Muriett
 - Krishnaraj Mahendraraj
 - Kristine Browning
 - Lauren Kearns
 - Sumit Mohan
- **HRSA Representatives**
 - Adriana Martinez
- **SRTR Staff**
 - Bert Kasiske
- **UNOS Staff**
 - Emily Kneipp
 - Kiana Stewart
 - Kimberly Uccellini
 - Nicole Benjamin
 - Robert Hunter
 - Ross Walton
 - Sarah Konigsburg
 - Sarah Taranto
 - Susan Tlusty