

OPTN Transplant Coordinators Committee

Meeting Summary

June 16, 2021

Conference Call

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

Stacy McKean, RN, Vice Chair

Introduction

The Transplant Coordinators Committee met via Citrix GoToMeeting teleconference on 06/16/2021 to discuss the following agenda items:

1. Outgoing Committee Recognition
2. Alcohol Liver Disease: Psychosocial Planning
3. Open Forum: Experiences with New Kidney and Pancreas Allocation Policy

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

1. Outgoing Committee Recognition

UNOS staff praised the Chair for her leadership and commitment to the Committee. The Chair thanked outgoing members for their years of hard work and dedication. Outgoing member's term will conclude on June 30, 2021.

2. Alcohol Liver Disease: Psychosocial Planning

John Ontiveros, LCSW-S, ACM-SW, CCTSW, the Lead Social Worker at Houston Methodist J.C. Walter Jr. Transplant Center, presented his transplant program's approach to transplanting liver recipients with Alcohol Use Disorder (AUD). This presentation is part of the Committee's effective practice learning series.

Summary of discussion:

The Chair thanked the presenter for the information he shared and the contributions the program has made to transplanting this group of patients. The Chair encouraged members to collaborate with other programs and engage with findings from Consensus Conferences to facilitate ongoing learning and development of best practices.

3. Open Forum: Experiences with New Kidney and Pancreas Allocation Policy

UNOS staff introduced the open forum conversation and posed two questions to initiate the conversation:

- What type of operation changes have you experienced at your program or region?
- Has your program had any workflow changes to accommodate broader sharing?

Summary of discussion:

HLA Feedback

Multiple members shared that their transplant programs have increased their reliance on virtual cross matching which has placed a burden on the HLA teams. A member shared that their program has been

trying to identify prospective cross matches as early as possible to avoid relying only on virtual cross matching.

A member added that due to the volume of cross matching, their transplant program is considering adjusting their policy to allow for virtual cross matches to be the primary cross match, instead of a physical cross match. This decision is compounded by OPOs in different states sending the blood for testing and cross matching to the transplant programs at different times within the organ offer process. This difference in timing has led to the program turning down kidney offers due to extended ischemic time, when they become primary.

Operational Feedback

Overall, members experienced a lot of variability in offers and transplants across regions. Some members shared they while they are receiving more organ offers, they are transplanting less organs. The Chair shared that while the organ offers have increased, the number of transplants occurring has decreased which has led to challenging conversations as to why more resources are needed for waitlist management. These patterns have left some centers confused as to where they lie on the list of provisional yes respondents.

A member echoed this sentiment and added that their program had difficulty with multi-listed candidates, but this issue has persisted beyond kidney patients. Often times, the multi-listed candidate appears twice on the match run, due to the other transplant program listing, but their transplant program is unaware of that other listing. To alleviate this concern, the Chair suggested adding a component to the match run that allows the transplant program to see if a patient is listed by a different transplant program and placed higher on the match run from that center. Without this transparency, the transplant program is left utilizing resources unnecessarily and duplicating work.

A member was surprised to share that their program's kidney offers had increased, which was unexpected since there are programs nearby in the region that have extensive waiting times. This significant increase in offers has been a great outcome but requires operational adjustments from the program. A member added that the sheer volume of offers has been overwhelming to coordinators and their program is still in the processing of aligning expectations on response and timing from different OPOs.

Alternatively, another member has experienced a drastic decrease in organ offers at their program due to the impact of proximity points. Due to their proximity to the coast a large majority of their nautical miles exist in the water so their primary scope has been greatly reduced.

Overall, members noted that a lot of their programs are still in the process of learning and developing best practices as they proceed with the change in policy but the impact has been felt in different ways across the country.

Logistical Feedback

Due to the time it takes to finalize an organ offer, the Chair's transplant program has seen an increase in kidneys transported on pumps, which has led to challenges in ensuring this is possible during transport.

A member in a large region has had challenges accessing flight pathways with multiple trips per day, leaving little flexibility in limiting the ischemic time. Furthermore, the reallocation process has created an increased strain on a program when an organ is sent out of region and is subsequently declined. This requires transplant programs to reallocate and arrange transportation as quickly as possible to reduce the possibility for organ loss.

A member added that their transplant program has experienced an increase in organ offers after procurement which has caused delayed graft function. The Chair shared that her transplant program created an 'Accelerated Placement List' within EPIC that indicates which patients live in close proximity to the hospital, are not highly sensitized, are willing to accept a more marginal graft, and have a high cardiac function. The purpose of this is to have a targeted list when receiving offers that are post cross clamp with a high KDPI in the hopes of not losing the kidney.

Next steps:

The Chair brought up the concern about multi-organ patients appearing on the kidney alone waiting list and requested the opportunity to share their feedback with the OPTN OPO Committee and newly formed OPTN Ad Hoc Multi-Organ Transplant Committee. The Committee would like to propose multi-organ patients requiring a kidney to show up on a separate match run similar to that of kidney-pancreas candidates.

Upcoming Meetings

- July 21, 2021
- August 18, 2021
- September 22, 2021 – In Person Meeting
- October 20, 2021
- November 17, 2021
- December 15, 2021

Attendance

- **Committee Members**
 - Angele Lacks
 - Brenda Durand
 - Donna Campbell
 - Jaime Myers
 - Lisa Gallagher
 - Maria Casarella
 - Melissa Walker
 - Natalie Blackwell
 - Stacy McKean
 - Susie Ditsworth
 - Sharon Klarman
- **HRSA Representatives**
 - Raelene Skerda
 - Vanessa Arriola
- **UNOS Staff**
 - Elizabeth Miller
 - Laura Schmitt
 - Ross Walton
 - Susan Tlusty
- **Other Attendees**
 - John Ontiveros
 - Rachel White