

OPTN Transplant Coordinators Committee Meeting Summary April 25, 2024 Conference Call

Stacy McKean, RN, BSN, MHA, CCTC, Chair Christine Brenner, RN, BSN, CPTC, CCTC, Vice Chair

Introduction

The OPTN Transplant Coordinators Committee (the Committee) met via Cisco WebEx teleconference on 04/25/2024 to discuss the following agenda items:

- 1. Welcome and opening remarks
- 2. New Project Discussion Continued
- 3. Closing Remarks

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

1. Welcome and opening remarks

The Vice Chair thanked members for their continued commitment to OPTN work and the additional workgroups and committees they have volunteered on. Additionally, the Committee gave their feedback on proposed adjustments to a Heart Justification Form range.

Data summary:

The Heart Justification Form in Waitlist includes a data field asking about furosemide dosage. Currently the form only allows entry of up to 200mg (per 24-hour period). The Committee is asked to provide feedback on expanding the max data entry range to 3000mg per 24-hour period.

Summary of discussion:

Strong support from Committee members for this change to be adopted.

A member expressed that at their center's heart program, urgently listed patients are given a 20mg dose every hour, emphasizing that their responses on this form have not historically been accurate. Another member agreed, stating that for their adult patients, 200mg/24-hours is not a large enough range. Other members were in alignment with expanding the max data entry range.

Next steps:

The Committees feedback will be sent to OPTN Contractor Enterprise Data Management (EDM) staff.

2. New Project Discussion Continued

The Committee continued their discussion from the previous meeting about two new project ideas: Deceased Directed Donation definition update and Developing Implementation and Operationalization Standards for OPTN policies.

Data summary:

Deceased Directed Donation

- OPTN definition of directed donation: The allocation of a deceased or living donor organ specific to a candidate named by the person who authorized the donation.
- Final Rule definition: Nothing in this section shall prohibit the allocation of an organ to a recipient named by those authorized to make the donation. [42 CFR 121.8(h)]

Clarity is being sought on ambiguity that can arise when interpreting OPTN policy/definition language in conjunction with maintaining compliance with the Universal Anatomical Gift Act and First-Person Authorization.

Other concerns brought up by members were related to public perception, with some mention that any perceived difficulties in directed donation, whether real or not, could dissuade individuals from registering as donors.

Operationalization Standards

The Committee continued their discussion on developing standards for OPTN policy implementations. Recent Committee discussions have focused on the necessity of standards for how policies are operationalized at member organizations: transplant hospitals, organ procurement organizations, and histocompatibility labs.

The following project stages were presented to the Committee for their review:

- Public Comment/Pre-Board approval
 - Developing a checklist or standard list of questions specific to operationalization
- Post-Board approval and pre-implementation
 - Conversations with the Sponsoring Committee and/or the OPTN Contractor
- Post-implementation feedback
 - Coordinating with the Membership and Professional Standards Committee, Member Quality, site surveyors and Research to confer feedback on policy implementation

Summary of discussion:

The Committee will continue discussions on the proposed projects.

Deceased Directed Donation

Members agreed that developing less ambiguous language could prove beneficial. One member acknowledged that while deceased directed donation does not frequently occur at their facility, having clarity is important to ensure it is an option. Members expressed support in continuing the discussion further and aligning the OPTN language with the Final Rule language.

Operationalization Standards

Members agreed with the project stages as outlined, indicating their support for developing a checklist as the initial stage. The Vice Chair highlighted that with previous policy rollouts, such as the new Heart allocation policy from a few years ago, there were substantial tools available for centers and staff. They expressed that similar tools could be useful on other projects. Other members voiced their support of the project idea, with one member also offering up a reworded problem statement, "this project aims to

identify the missing step in how projects or proposed policies move through Board approval to project implementation."

Next steps:

The Committee will continue these conversations and will develop the projects on further calls.

3. Other Significant Items

The Vice Chair brought up a conversation they and another Committee member had had with members of the OPTN Patient Affairs Committee (PAC) related to a project on notifying patients of their inactive status. This project had previously been presented to the Committee for feedback at their Winter 2024 in-person meeting on 1/31/24. Members at that meeting had provided feedback stating their centers, and the majority of transplant centers, inform patients when they have been deactivated on the Waitlist, and work with those patients on getting them reactivated. At the Committee in-person meeting patient notification, and establishing a timeline to ensure consistent compliance across programs and centers.

It was expressed to the Committee that PAC aims to keep moving forward with this project idea. The Vice Chair stated they encouraged PAC to continue their work on the project and specify the concerns and problem statement as much as possible, as doing so would provide clearer pathways for solutions. Additionally, the Vice Chair advised PAC to reach back out to the Committee at any time if they sought additional feedback during project development.

Upcoming Meetings

- May 16, 2024
- June 20, 2024

Attendance

• Committee Members

- o Christine Brenner
- o Anny O'Boye
- o Stacy Sexton
- o Nancy Rodriguez
- o Amy Olsen
- o Ashley Cardenas
- o Heather Bastardi
- o Gertrude Okelezo
- o Katherine Robinson
- o Heather Miller-Webb

• HRSA Representatives

- o Arjun Naik
- UNOS Staff
 - Cole Fox
 - o Stryker-Ann Vosteen
 - Houlder Hudgins
 - o Kevin Daub