

**OPTN Executive Committee  
Meeting Summary  
November 19, 2021  
Conference Call**

**Matthew Cooper, MD, Chair  
Jerry McCauley, MD, Vice Chair**

## **Introduction**

The Executive Committee met via teleconference on November 19, 2021 to discuss the following agenda items: Welcome

1. Charter Revision Project
2. OPTN Committee Meeting Safety Protocols: Winter 2022
3. SARS-CoV-2 Lower Respiratory Testing Policy
4. Regional Review Projects

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

### **1. Welcome**

Matthew Cooper, Chair, opened up the Executive Committee meeting.

### **2. Charter Revision Project**

Liz Callahan began the discussion on the charter revision project. This project is to clarify the charter to match the final rule. The objective is to remove any reference of the contract holder and only reference the OPTN. HRSA requested some updates on terminology prior to releasing for public comment. The Board raised questions on the listed duties of the board of directors because the points do not encompass all of their responsibilities. The vote on the contract was tabled to work with HRSA on language changes.

### **3. OPTN Committee and Regional Meeting Safety Protocols: Winter 2022**

Matthew Cooper introduced a resolution to protect health and safety of committee and regional meeting participants with COVID 19 protocols. The resolution provides virtual participation and voting; requires all in-person attendees to prove vaccination, maintain social distancing and wear masks. Unvaccinated participants can only participate virtually. The resolution was moved and voted on unanimous yes; 0 no; 0 abstained.

### **4. SARS-CoV-2 Lower Respiratory Testing Policy**

Lower Respiratory SARS-CoV testing was the next item introduced for review. Compliance remains high, at a 99% level. Since the start of this testing 34 donors have been positive for COVID-19. Lungs were not recovered or transplanted from these donors, however other organs from these donors have been successfully transplanted.

### **5. Regional Review Projects**

Matthew Cooper introduced the regional review process which all members were given access to the report in advance of the meeting. He reviewed the response of the survey that committee

members completed in response to the EY presentation. There was mixed feedback about performance monitoring and the thought was it may have been a misunderstood question, implying MPSC monitoring. A board member asked if maybe just a change in the wording to regional data or regional trends, could improve response. It was agreed that regional data is a key component of learning from peers. The presentation moved on to balancing regions based on different factors like number of transplant hospitals or transplant patients or geographic size. One thought was that the larger regions could hurt participation, especially for patients, since travel is at your own expense. HRSA requested the Executive Committee define what they want to achieve from the EY report and reminds the committee that this is much bigger than geographical area and how far the travel is from the regional meeting.

Committee structure was also addressed in the EY report. They suggested additional patient/donor affairs representation, clarify committee nomination process, change the Policy Oversight Committee and add an advisory board of regional leads.

The conversation moved to the regional nomination process and whether that should be a standardized process. Currently each region has their own method of selecting representation. A board member agreed that the regions could use a rotation which would also increase diversity.

The next review was of the patient and donor affairs representation and whether there should be an increase of patient representatives on committees. A member asked how many people are in these committees and the answer was that most have about 18. There was a suggestion that patient representation on committees should have varied perspectives.

Another suggestion was for the Policy Oversight Committee to replace committee vice chairs with regional representation. Committee members strongly opposed this suggestion stating that it would be disruptive to the work of the POC. The current structure of the POC being a committee of committees is really important to committee reviews of projects.

Establish a new national advisory board that does not hold a board seat. No members were in favor of this new structure.

The action items that came from this conversation were to create a small work group on regional nomination process and another work group for patient and donor affairs representation on committees.

### **Upcoming Meeting(s)**

- December 5, 2021 – Dallas, Tx

## Attendance

- **Committee Members**
  - Matthew Cooper
  - Jerry McCauley
  - Bradley Kornfeld
  - David Mulligan
  - Lisa Stocks
  - Mindy Dison
  - Patrick Healey
  - Richard Formica
  - Stacey Lerret
  - Valinda Jones
  - William Hildebrand
- **HRSA Representatives**
  - Chris McLaughlin
  - Frank Holloman
- **SRTR Staff**
  - Ajay Israni
- **UNOS Staff**
  - Brian Shepard
  - Carrie Caumont
  - Susie Sprinson
  - Julie Coriaty
  - Betsy Gans
  - Isaac Hager
  - Jacqui O'Keefe
  - Krissy Lauri
  - Kelley Poff
  - Matt Cafarella
  - Lindsay Larkin
  - Elizabeth Miller
  - Sara Rose Wells
  - Abigail Fox
  - Liz Robbins
  - Rebecca Brookman
  - Susan Tlusty
  - Laura Schmitt
  - Tina Rhoades
  - James Alcorn
  - Ross Walton
  - Sarah Payamps
  - Matt Prentice
  - Maureen McBride
  - Kristina Hogan
  - Kristine Althaus
- **Other Attendees**
  - Nicole Turgeon