OPTN Organ Procurement Organization Committee
Technology Tools Workgroup
Meeting Summary
August 3, 2021
Conference Call

David Marshman, Workgroup Chair

Introduction

The OPTN Technology Tools Workgroup (the Workgroup) met via Citrix GoToMeeting teleconference on 08/03/2021 to discuss the following agenda items:

1. Review of Previous Workgroup Discussions
2. DonorNet® Clinical Data Collection

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

1. Review of Previous Workgroup Discussions

The Workgroup reviewed previous discussions regarding areas of improvement for DonorNet, including a need to update data collection and reporting, and seamless exchange of data from electronic medical records (EMRs).

Summary of discussion:

The Workgroup had no questions or comments

2. DonorNet Clinical Data Collection

The Workgroup reviewed and discussed specific elements and areas of improvement in updating data collection in DonorNet, including echocardiogram, donation after circulatory death (DCD), medications and fluids, and infectious disease testing fields.

Data summary:

The Workgroup previously identified several areas that would benefit from updated data collection:

Echocardiograms

- Date/time
- Vasopressors – types, dosages, and date/time
- Interpretation data fields
    - Ability to report multiple interpretations
- Posterior wall thickness
- Ejection fraction (EF)
    - Ability to report multiple EF results
- Pulmonary artery pressure
- Blood pressure
- Heart Rate
- Rhythm
- Cardiac output
- Cardiac index
- Wedge pressure
- Left ventricular function
- Diastolic measures
- End-systolic dimensions
- End-diastolic dimensions
- Septal Wall thickness

Summary of discussion:

The Workgroup Chair noted that these fields would not necessarily be required information and that whenever possible, the information in DonorNet should cascade to the Deceased Donor Registration record (DDR).

One member mentioned that OPOs will often have two different interpretations of the same echocardiogram. For example, one by the donor hospital cardiologist, and another by outside consulting services requested by the OPO. Another member agreed, adding that the echo interpretations are best reported when the OPO does not have to pick which interpretation to report and when both readings can be transparently reported. The member added that providing the interpretations is helpful, but that it's best for transplant centers to assess the echocardiogram themselves. Staff shared that this particular effort is currently in design, and will likely surface in DonorNet alongside imaging.

Data Summary:

Medications and Fluids

- DonorNet lacks specificity and flexibility
- Better shared and reported in OPO flowsheet format:
    - Medication type, dose, administration time over the course of donor management
    - Text field and "other option" will always be necessary for meds/fluids

Summary of discussion:

One member shared that some OPOs are performing dialysis on donors with increasing frequency, particularly for acute renal failure donors. The member continued that this information is critical for lung and kidney programs receiving offers, but doesn't currently exist as a discrete data field in DonorNet. The Chair asked if that information was collected in the OPO flow sheet. The member responded that there is no specific dialysis field, although the fluid taken off can be documented without mention of how that is accomplished. The Chair remarked that dialysis information is relevant to organ acceptance and evaluation, as well as donor management. The Chair continued that donor dialysis information is likely currently shared in the donor highlights. A member agreed that information typically appears in the donor highlights, which means it may not always be consistently documented. Another member added that dialysis details are often added as an attachment as well, but should be more consistently collected as data in DonorNet. One member noted that data on organs transplanted from dialyzed donors could be useful in the future.

Another member agreed, adding that something similar should be done for patients on extracorporeal membrane oxygenation (ECMO). A member agreed and pointed out that the COVID-19 pandemic has made this more common as well.

Data summary:

Infectious Disease Testing

- Improve ways to collect infectious disease results
- Allow reporting of multiple results for each test type
- "Other infectious disease testing" option only provided for COVID-19 testing, and should allow for additional testing
- Recommend collaborating with the OPTN Disease Transmission Advisory Committee

DCD Information

- Flush time
- Extubation or withdrawal of mechanical support
- Cessation of circulation (i.e. pulselessness, asystole)
- Declaration of death
- Organ Specific Flush time
- Heparin time
- Reintubation (for lung donors)

Summary of discussion:

One member noted that there was still a question about whether there is a need for more hemodynamic data from extubation through declaration of death, which is often collected in EMRs. While it is a lot of data, it is thought to be crucial information because of the variation between definitions of agonal phase. The member continued that a requirement or link to the DCD flow sheet would allow the information to be accessible, user-friendly, and not too burdensome. A member remarked that hemodynamic data in particular is helpful if there is potential for reallocation, but that it would be unnecessarily burdensome to require hemodynamic data entry for every donor. Another member agreed that a link of some kind to the flow sheet would be helpful.

A member pointed out that there is an increasing need for documentation about mechanical support, where donors have to be put on ECMO or cardiopulmonary bypass. The member clarified that they were referring to normothermic regional perfusion (NRP). Another member remarked that NRP was still new to donor procurement, and that it would be necessary to learn more before incorporating specific data fields into DonorNet. The member countered that it could be beneficial to jump ahead of the curve, and that adding a few data points specific to NRP could be useful. A member noted that start time, stop time, flush time, and other fields could be helpful, and sharing that information is currently provided to programs via flow sheets.

The Chair agreed that it might not be an appropriate time to add NRP-specific fields due to its limited use. The Chair continued that a yes/no option related to the use of NRP could still be included. Another member agreed that NRP is too new in its use in organ procurement to add specific fields to DonorNet, and that NRP-specific fields could potentially garner significant negative attention.

The Workgroup achieved consensus to move forward with this DonorNet data collection project. One Workgroup member remarked that it could potentially be useful to synchronize programming of the updated DDR data collection project and this project. The Chair agreed. Staff clarified that this project will be evaluated with other projects by the Policy Oversight Committee to appropriately place it within a development timeline. Staff clarified that this proposal would eventually need to go to the Office of Management and Budget for approval.

Upcoming Meeting

- TBD

Attendance

- **Workgroup Members**
  - David Marshman
  - Christopher Curran
  - Benjamin Schleich
  - Deb Cooper
  - Jeffrey Trageser
  - Peter Abt
  - Erica Simonich
- **HRSA Representatives**
  - Raelene Skerda
- **SRTR Staff**
  - Katie Audette
  - Matthew Tabaka
- **UNOS Staff**
  - Robert Hunter
  - Ben Wolford
  - Bonnie Felice
  - Darby Harris
  - Katrina Gauntt
  - Leah Slife
  - Lloyd Board
  - Randall Fenderson
  - Robert McTier
  - Sara Moriarty