



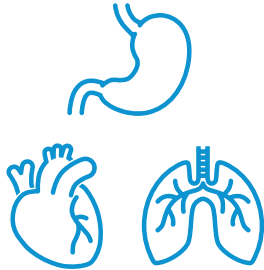
OPTN  
***EXPEDITIOUS***  
*TASK FORCE*

Bold Aims. Smart Change.

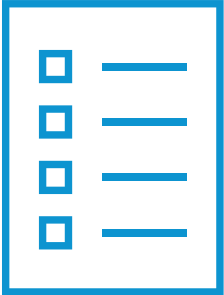


In 2023, **The OPTN Expeditious Task Force** was created to find pathways to increase the number of successful transplants and improve organ allocation efficiency.

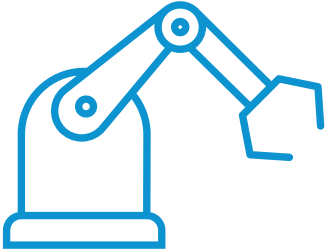
# Transplant is at an inflection point, which means there's opportunity and energy for improvement.



Organ donation has steadily increased over the past thirteen years.



Annually, the number of candidates joining the National Transplant Waiting List exceed those leaving.



Better data and new technology allows for optimized decisions and improved care.

# Task Force Bold Aim



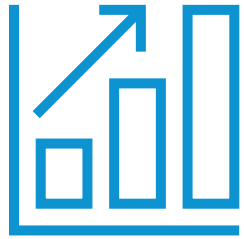
**60K**  
**TRANSPLANTS**  
**by 2026**

The logo features the number '60K' in a large, blue, sans-serif font. The '0' is stylized as a target with a blue bullseye and a black arrow with white fletching hitting the center. Below '60K' is the word 'TRANSPLANTS' in a bold, dark blue, sans-serif font. At the bottom is 'by 2026' in a blue, sans-serif font.

Our first Bold Aim is to achieve **60K** annual successful deceased donor organ transplants by the end of **2026**.

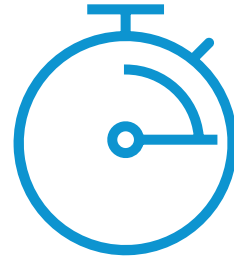
This Bold Aim defines success and will drive progress, growth, and efficiency in organ transplantation.

# Expeditious Pillars



## Growth

Save more patient lives by increasing the number of successful deceased donor organ transplants.



## Efficiency

Get each organ to the appropriate patient more efficiently.



## Use & Utilization

Honor the precious gift from donors and donor families by increasing the use of deceased donor organs.

These pillars are through the lens of promoting **equity** and **safety** for our patients.

# Patient-Centric Focus

Central to our work is aligning our exploration with improvement to patient experiences.

- **Standardization:** Brings clarity and helps patients and their families know what to expect in their transplant journey.
- **Streamlined Processes:** Reduces donor case times, means fewer late declines, and drives more reliable transplant outcomes for patients.
- **Optimization:** A framework for allocating hard-to-place organs would expedite decisions, lower non-use rates, and increase the number of transplants.

# Initial Expeditious Initiatives

Design rescue pathway  
variance protocols

Design studies to better  
understand non-use and  
non-utilization

Evaluate OPTN  
bylaws/policies that  
may be barriers to  
utilization and efficiency

Host a community event  
to address challenges in  
utilization and efficiency

Secure commitments for  
growth and support for  
initiatives

# What's next for the Task Force?

## **Bold Aim Messaging**

Sharing the Task Force's Bold Aim widely and frequently to better understand barriers, invite collaboration, and secure commitments.

## **Concept Pilots**

We're rallying the community to commit to piloting the most promising concepts to strengthen the organ donation and transplant system.



# Collaboration will drive success of the Task Force

To honor the gift of donation and best support our patients, the Task Force will need input and support from a diverse group of contributors and partners.

The Task Force currently represents partners from across the transplant community.



Patients &  
Donor Families



Community  
Advocates



Medical  
Professionals



OPO  
Staff



OPTN Board  
& Committee  
Members

# Removing Barriers

*Let's talk about the policies that may present barriers to growth, utilization and efficiency.*



# Some Ideas Floated During Task Force Meetings...

- Consider a moratorium or change to OPTN post transplant outcome monitoring
- Consider abolishing requirement to utilize the Organ Center (8.6.B)
  - Remove the requirement?
  - Modify Organ Center practices?
- Consider abolishing consent for KDPI > 85%
- “Yes, and...” add incentives!
  - Consider a policy to providing some waiting time reinstatement for recipients of riskier transplants who experience graft failure

# Rescue Pathway Protocols



# Designing the Protocols

- What is the problem? What are we trying to accomplish?
  - Ex: Transplantable organs are not being used because of increased CIT.
- What do we want to test? What change can we make that will result in improvement?
  - Ex: A rescue placement variance protocol that drastically reduces CIT can increase organ usage.
- How will we know if the test/change was an improvement?
  - Ex: Data will show an increase in organ usage.

# Some Ideas...

- Cold time is a common trigger for kidneys that are not used post cross clamp
  - Discussed a CIT trigger for rescue pathway
- Potential center-based criteria model
  - Consider center past acceptance behavior when offering organs through a rescue pathway



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# Community Forum Planning

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*Let's talk about how we want the task force to involve the community.*

# Idea for Consideration

- Bring different stakeholders together to solve a problem
- Engage the community
- Spend significant time on important topics
- Incorporate working sessions and collaboration, not just presentations
- What efficiency and utilization problems might be best or most easily solved through a forum-type event?



# Task Force Suggestions

- Consider a separate, patient-focused event
- Hospital C-suite targeted sessions on growth and financials
- Align metrics/incentives invite payors
- Efforts to disseminate effective practices and standardize donor and allocation processes, including but not limited to:
  - Communication
  - Required donor testing
  - Donor management
  - Biopsy reads
  - Virtual crossmatching



# Non-Use Study

*An overview of the four pillars that make up our non-use study.*



# Non-Use & Non-Utilization

- Non-Use

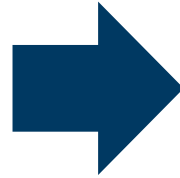
- Organ recovered for transplantation and not transplanted

- Non-Utilization

- Organs from a deceased donor that were not transplanted
- A deceased donor is defined by having at least one organ recovered for the purpose of transplant

# Research Questions

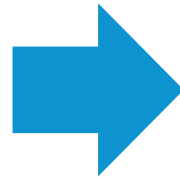
1. How many non-used/  
non-utilized organs could  
have been transplanted vs.  
how many should have  
legitimately gone unused?



Informs ETF Bold Aims  
*(utilization and growth goals)*

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2. What is truly driving the  
non-use/non-utilization of  
deceased donor organs?



- Informs the interventions that the ETF can confidently recommend to drive higher utilization
- Informs potential triggers for expedited placement

# Designing a Multi-Pronged Study

1

**Donor / Organ Clinical  
Characteristics Analysis**



*How might we apply analytics to existing data in novel ways to learn more about what is driving non-use and offer declines?*

2

**Aggregated Offer  
Acceptance Patterns**



3

**Expert Panel  
Evaluation Simulation**



*How might we engage an independent group of surgeons to look at the complete set of decision data associated with a representative sample of non-used organs to determine which could have been used under what conditions, and which should have legitimately gone unused?*

4

**Qualitative/  
Attitudinal Research**



*How might we engage a consistent set of interviewers to prospectively look at non-used organs to understand the "story" on why they went unused, and for those never accepted, a random sampling of what made surgeons decline those offers?*



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