OPTN/UNOS Pediatric Transplantation Committee

Pediatric Bylaws Exception Update

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Pediatric Bylaws Exception Update

Mini-Brief

Progress Summary

At the December 2015 OPTN/UNOS Board of Directors meeting, the Board approved new bylaws that create minimum training and experience requirements for key personnel at transplant programs that wish to perform pediatric transplants. Those bylaws included a pathway for programs to transplant pediatric patients without meeting those requirements under certain exigent circumstances. At that time, the Board also asked the Pediatric Transplantation Committee (Pediatric Committee) to work with the Membership and Professional Standards Committee (MPSC) to review the emergency exception pathway and provide refinements to clarify the circumstances under which the exception pathway is appropriate. Additionally, the Board requested the two committees clarify the way applications under the emergency exception pathway would be reviewed.

The Pediatric Committee and MPSC leadership have agreed to work together to clarify bylaw language. In the coming months, the Committees will attempt to clarify the circumstances under which a transplant hospital can perform an emergency pediatric liver or heart transplant without first obtaining approval for a pediatric program. These circumstances may include factors such as the candidate's age and the transplant program's experience with prior transplants in candidates of the same age, unsuccessful attempts to transfer the patient to a transplant hospital with an approved pediatric component, or other considerations. This process will provide more transparency to hospitals that may consider the emergency pathway, and will help ensure that the emergency exception does not become routine instead of obtaining appropriate approval for a pediatric program component. The Pediatric Committee expects to formally present this as a new project to the Policy Oversight Committee (POC) and Executive Committee during project reviews in the near future. The Committee will collaborate with the MPSC on the development of the proposal before it is released for public comment. At present, we estimate that this proposal will be released for public comment in spring 2017 and brought to the Board for consideration in June 2017. The original proposal approved by the Board is scheduled for implementation in December 2018. Once implemented, the expectation is that a joint subcommittee with Pediatric Committee and MPSC representation will review any exception requests and make recommendations to the full MPSC for final action.

How does this support the OPTN Strategic Plan?

1. *Increase the number of transplants:* There is no impact to this goal.

2. *Improve equity in access to transplants:* There is no impact to this goal.

3. *Improve waitlisted patient, living donor, and transplant recipient outcomes:* These changes could narrow the exception and specifically outline the criteria for transplant programs who are not otherwise approved to perform pediatric transplants to be able to perform an emergency transplant into a pediatric candidate. The criteria should help to ensure, at a minimum, that a conversation with a pediatric transplant program has occurred and transfer was considered, but not possible due to exigent circumstances surrounding the candidate or the medical care. Additionally, the underlying pediatric bylaws proposal was submitted to the Board as a Goal 3 project.

4. *Promote living donor and transplant recipient safety:* These changes will clarify when a transplant program that is not otherwise approved to perform pediatric transplants can perform an emergency transplant into a pediatric liver or heart candidate, thereby helping to ensure that pediatric patients get access to qualified care.

5. *Promote the efficient management of the OPTN:* Clarifying the process for evaluting pediatric program emergency exception requests will allow for more consistent evaluation of such requests.