

## **HRSA Directive for OPTN DCD Policy Development Workgroup**

### **Meeting Summary**

**July 17, 2025**

**Conference Call**

**PJ Geraghty, MBA, CPTC, Co-Chair**  
**Lori Markham, RN, MSN, CCRN, Co-Chair**

### **Introduction**

The HRSA Directive for OPTN DCD Policy Development Workgroup (the Workgroup) met via WebEx teleconference on 07/17/2025 to discuss the following agenda items:

1. Welcome and Introductions
2. Project Discussion
3. Next Steps

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

### **1. Welcome and Introductions**

#### Summary of Discussion:

The Workgroup members introduced themselves.

### **2. Project Discussion**

#### Presentation Summary

The Workgroup reviewed the background for the formation of the workgroup. The OPTN received a HRSA directive on May 8<sup>th</sup>, 2025<sup>1</sup>, instructing the OPTN to propose policies within 180 days to focus on safeguarding Donation After Circulatory Death (DCD) patients and improving family communication.

The two main components of the project will be as follows:

1. Policy - DCD Procurement "Pause"
  - Process for when a pause in procurement efforts can be undertaken if there is concern for unrecognized neurological improvement or potential for a patient to experience pain in the act of procuring organs
2. Family Education/Information
  - Requirements for family information about DCD organ procurement to be provided at the time of organ donation authorization

Considerations for the DCD procurement pause include:

- Stakeholder empowerment to call for a pause
- Automatic triggers for a pause

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<sup>1</sup> [https://optn.transplant.hrsa.gov/media/j3zpoia2/opo-corrective-action-plan-and-optn-directive\\_5282025\\_redacted\\_508.pdf](https://optn.transplant.hrsa.gov/media/j3zpoia2/opo-corrective-action-plan-and-optn-directive_5282025_redacted_508.pdf)

- Requirements for informing legal next of kin, healthcare teams, and transplant centers
- Organ Procurement Organization (OPO) requirements before resuming procurement following a pause
- Data requirements to capture information about pauses
- Requirements for reporting to the OPTN within 24 hours

Considerations for the family education/information will include:

- Description of actions to be taken by the hospital and OPO if...
  - Patient does not expire within the operative time limit
  - Procurement attempts are aborted in the operating room
- Education is currently prevalent, but content/scope is variable and not addressed in OPTN policy
- Define elements that must be included, with involvement from relevant stakeholders (Organ Procurement Organizations Committee, Ethic Committee, Patient Affairs Committee, Community representatives)

The timeline for this project is as follows:

- July - November 2025 – Workgroup meetings
- November 24, 2025: Finish policy proposal
- Special public comment (Dates – TBD)
- Target date for the OPTN Board of Directors approval (TBD)

#### Summary of Discussion:

**No decisions were made regarding this agenda item.**

One member asked how the DCD procurement process works, and one of the Co-Chairs described the two pathways for donation, DCD, and Donation after Brain Death (DBD). They further clarified that part of the HRSA directive is to create a policy that enables a stakeholder involved in a DCD case to pause the procurement process and require the stakeholders to reassess whether donation should occur in that case. One member added that the decision to withdraw life-sustaining treatment is made in conjunction with the family and the patient's healthcare team, and that the OPO is not involved in that decision. Another member noted that the decision to withdraw life-sustaining treatment is made for many different reasons by the family and that the decision to withdraw life-sustaining treatment happens regardless of organ donation.

The Workgroup discussed when a pause might be taken and where within the process the pause could occur, which would help identify the exact stakeholders involved. One of the Co-Chairs clarified that the pause does not take place at a defined point but instead could be called at any point during the procurement process. The Workgroup discussed defining points for the beginning and end of the procurement process, where a pause might occur. One of the Co-Chairs also noted that the term procurement process was being used to encompass the overall donor evaluation process.

The Workgroup discussed the importance of getting this policy right to ensure the trust of the community in the organ donation process and to retain the DCD donation pathway. One of the Co-Chairs expressed the importance of having patient perspectives on this Workgroup.

The Workgroup discussed the scope of the project and noted that they would need to focus on what is in the directive, as the timeline for this project is short. The Workgroup discussed splitting up into two subgroups, with one group taking the lead on the pause portion of the directive and the other on the

family education portion. One of the Co-Chairs noted that the whole Workgroup would still be giving input on each part of the directive.

### **3. Next Steps**

#### Summary of Discussion:

The Workgroup members were asked to provide their preferences on subgroup assignments and examples of family education.

#### **Upcoming Meeting**

- August 14, 2025

## Attendance

- **Workgroup Members**
  - PJ Geraghty
  - Lori Markham
  - Andy Flescher
  - Cassie Hertert
  - Precious McCowan
  - Patrice Ball
  - Kyle Herbert
  - Donna Smith
  - Micah Davis
  - Greg Veenendaal
  - Garrett Erdle
  - Anji Wall
  - Rachel Beekman
- **SRTR Staff**
  - Jon Miller
- **UNOS Staff**
  - Robert Hunter
  - Kaitlin Swanner
  - Susan Tlusty
  - Ethan Studenic
  - Alina Martinez
  - Kevin Daub
  - Lloyd Board
  - Houlder Hudgins
  - James Jobes