

OPTN Organ Procurement Organization Committee

Meeting Summary

August 17, 2023

Conference Call

PJ Geraghty, MBA, CPTC Chair

Lori Markham, RN, MSN, CPTC, CCRN Vice Chair

Introduction

The OPTN Organ Procurement Organization (OPO) Committee met via Citrix GoTo Meeting on 08/17/2023 to discuss the following agenda items:

1. Clarification of OPO and Living Donor Hospital Requirements for Organ Donors with HIV Positive Test Results
2. Improve Deceased Donor Evaluation for Endemic Diseases Guidance Documents Revisions
3. Required Reporting of Patient Safety Events
4. Reminders

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

1. Clarification of OPO and Living Donor Hospital Requirements for Organ Donors with HIV Positive Test Results

The Committee reviewed the Ad Hoc Disease Transmission Advisory Committee's *Clarification of OPO and Living Donor Hospital Requirements for Organ Donors with HIV Positive Test Results* proposal.

Summary of discussion:

Decision: The Committee supports this proposal and will share data from their OPOs regarding false-positive HIV tests.

The Vice Chair voiced support for this proposal, saying that this is a real issue and they're glad to see it being addressed. They said during the COVID-19 pandemic, their OPO had five false positive HIV tests and will send this data to the DTAC. They also said this has happened recently, one being a pediatric donor, which limits the OPO's ability to recover other organs, therefore this proposal is huge for the community. The Vice Chair of the DTAC encouraged other OPO committee members to share their data regarding false positive HIV test results. A member of the Committee said they see it occasionally, not on a regular basis, but they would be happy to share the data.

Next steps:

Feedback will be summarized, and the Committee will post an official comment on the *Clarification of OPO and Living Donor Hospital Requirements for Organ Donors with HIV Positive Test Results* proposal on the OPTN public comment website.

2. Improve Deceased Donor Evaluation for Endemic Diseases Guidance Documents Revisions

The Committee reviewed the Ad Hoc Disease Transmission Advisory Committee (DTAC)'s *Improve Deceased Donor Evaluation for Endemic Diseases Guidance Documents Revisions* proposal.

Summary of discussion:

Decision: The Committee supports this proposal.

The Chair asked if there is a plan to specifically define or identify the diseases that OPOs should be screening for. The Vice Chair of the DTAC said that the guidance document provides a framework for screening indications as well as screening procedures.

Next steps:

Feedback will be summarized, and the Committee will post an official comment on the *Improve Deceased Donor Evaluation for Endemic Diseases Guidance Documents Revisions* proposal the OPTN public comment website.

3. Required Reporting of Patient Safety Events

The Committee reviewed the OPTN Member Professional Standards Committee (MPSC)'s *Required Reporting of Patient Safety Events* proposal.

Summary of discussion:

Decision: The Committee supports this proposal.

The Chair recommended that any transportation event resulting in the re-allocation of an organ be included in the definition. The Vice Chair added that it seems unnecessary to report the incorrect subtyping of blood type if OPOs have not executed a match run or started allocation and has addressed the issue prior to doing so.

A member recommended that there is clarification around what type of transportation is included in the policy. A member agreed that clarifying language would be beneficial.

A member asked if the intent of tracking transportation issues for quality improvement or if there would be punitive actions associated with it. The MPSC representative said this was from a data gathering perspective, not to take any punitive actions. The member said understanding how this happens is very important, as well as finding a solution.

A member asked if the MPSC considered input from histocompatibility labs, as they also run crossmatches for blood. They believe the language in the proposal is sufficient but say that histocompatibility labs may not be as familiar with OPO requirements, and some labs may consider this more of an OPO policy, thus they may not pay close attention to this policy.

The Chair recommended that the policy requires OPTN members to report ABO discrepancies, so that it is not just limited to OPOs. They said this would include histocompatibility labs as well as transplant centers. The Chair believes that any living donor who ends up requiring an organ later should be reviewed and feels that two years is a short time.

The Chair asked if the policy included reporting when they have the correct patient, but a left kidney is sent when a right kidney is expected, or a similar event. The MPSC representative said they were unsure. Staff said the "incorrect organ" language in this policy would include laterality like the scenario that the Chair described. The Chair recommended including clarifying language that makes that more easily understood.

Next steps:

Feedback will be summarized, and the Committee will post an official comment on the *Required Reporting of Patient Safety Events* proposal on the OPTN public comment website.

Upcoming Meetings

- September 19, 2023 (Houston, TX)

Attendance

- **Committee Members**
 - Clint Hostetler
 - Donna Smith
 - Doug Butler
 - Erin Halpin
 - Greg Veenendaal
 - Jim Sharrock
 - Judy Storfjell
 - Kevin Koomalsingh
 - Lee Nolen
 - Leslie McCloy
 - Lori Markham
 - Micah Davis
 - PJ Geraghty
 - Sharyn Sawczak
 - Stephen Gray
- **HRSA Representatives**
 - Jim Bowman
 - Kala Rochelle
- **SRTR Staff**
 - Katherine Audette
 - Ajay Israni
- **UNOS Staff**
 - Elena Liberatore
 - Katrina Gauntt
 - Kayla Balfour
 - Rebecca Brookman
 - Robert Hunter
 - Ross Walton
 - Sally Aungier
 - Taylor Livelli
- **Other**
 - Kyle Herber
 - Stephanie Pouch