

HRSA Directive for OPTN DCD Policy Development Workgroup

Meeting Summary

August 14, 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 Teams teleconference on 08/14/2025 to discuss the following agenda items:

1. Welcome & Agenda
2. Project Overview
3. Breakout #1 Pause Subgroup
4. Breakout #2 Family Subgroup
5. Next Steps

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

1. Welcome & Agenda

A co-chair welcomed the members to the meeting and reviewed the agenda.

2. Project Overview

Presentation Summary

A co-chair went over the timeline for this project and the subgroup work assignments. The proposal is due to HRSA by November 24, 2025.

Summary of discussion:

No decisions were made regarding this agenda item.

There was no discussion regarding this agenda item.

3. Breakout #1 Pause Subgroup

Presentation Summary

A member shared a graphic with the Donation after Circulatory Death (DCD) process and suggested pause points within the process.

Summary of discussion:

Decision #1: The window in which a pause can be called will be from the time of authorization to cross clamp.

Decision #2: Stakeholder notification on the ability to pause will occur at different times in various formats for each group of stakeholders.

DCD Process

In response to a presented example DCD process diagram, a co-chair brought up a concern about policies requiring the involvement of OPOs in comfort medication or withdrawal of life support, as that is not the OPOs purview. A member responded that the idea would be for OPOs to review for restricted medications, not comfort medications because the clinical teams are not doing this type of work every day. Another member voiced a concern that even though the idea would only be for OPOs to double-check, it could create the perception of greater involvement of the OPOs in a patient's medical care.

One member asked for clarification on the pauses required by the HRSA directive. The Co-Chair clarified that the directive is to develop a policy that allows for unplanned pauses. One member advocated for having standardized opportunities for stakeholders to call a pause to make it easier to raise any concerns while still allowing for a stakeholder to call a pause outside of those planned time points.

Time Period for a Pause

The subgroup discussed proposed beginning and ending points within the DCD process for an OPTN reportable pause. One member mentioned that circulatory death is too early to end the window for a pause, but that cross clamp felt appropriate. Another member noted that OPOs are not truly involved in a case until authorization, though they may be aware that a case is progressing toward potential donation. The co-chair suggested that the window for a stakeholder to call an unexpected pause would be from authorization to cross clamp and asked if anyone felt it should be different. No one responded.

Stakeholder Notification

The Co-Chair proposed a process for notifying stakeholders of their ability to call for a pause. The family would be informed by the OPO staff during the authorization process for DCD donation. Any involved hospital staff, transplant program staff, third-party procurement staff, and preservation staff would be notified of their ability to call for a pause for each case. All transplant program staff who come to the donor hospital for the recovery would be notified of their ability to call a pause during the pre-recovery time-out huddle. OPO staff would know of their ability to call a pause through training and standard operating procedures.

The co-chair asked if there were any other staff that needed to be included or if there were different points in time at which this notification needed to be distributed. No one voiced any differing opinions.

Potential Withdrawal of Sedation

One member asked if there should be a recommended withdrawal of sedation period to see how the patient responds, to determine if it is still appropriate to continue with DCD donation. Another member responded that the patient's family has already elected to withdraw life support, and the only reason the healthcare team had not withdrawn life support at this point is so that DCD recovery can occur. The patient's family has already decided to focus on comfort care for the patient, and removing sedation may make that patient uncomfortable. The member noted there are other ways to ensure DCD is still the right pathway besides removing sedation.

Automatic Triggers for a Pause

The subgroup discussed whether there should be any conditions that if met, warrant an automatic pause in the DCD process. The subgroup raised concerns about cases differing from one another and the need to write a policy that is flexible enough to accommodate those differences. One member suggested that automatic triggers be applicable only in some instances, such as cases of overdose.

How to resolve a Pause

The subgroup began discussions on how to resolve a pause. Some members asked who would be responsible for notifying the stakeholders of a pause, and once a stakeholder calls a pause, who decides it has been resolved. One member suggested the stakeholder calling a pause have more weight or veto power during the resolution process than they otherwise might. A few members raised concerns about what it would take to resolve a pause. The workgroup will continue to discuss this matter in future meetings.

4. Breakout #2 Family Subgroup

Presentation Summary

One of the co-chairs briefly reviewed the requirements from the HRSA directive regarding family information and gave a short overview of the DCD process.

Summary of discussion:

No decisions were made regarding this agenda item.
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Information for Family Education

The subgroup discussed what information should be included in the education material provided to families of potential DCD donors. One member suggested that it be clearly communicated what organs would be recovered during the donation process. Another member suggested that it be clearly communicated that the patient's family is able to call for a pause during the DCD process. They also advocated using existing education materials and standardizing their use through the donation process.

The subgroup also talked about the importance of making it clear to families what would happen to the patient after the withdrawal of life support if organ recovery was not possible. Questions included where the patient would go and what care they would continue to receive. The co-chair noted the healthcare team would need to be involved in that discussion, as the patient is still going to be cared for by the healthcare team.

The subgroup decided to have a few members create a list of bullet points of basic information that would need to be shared with families based on their OPO's current practices. This list would then be shared with the rest of the subgroup for their review before the following Workgroup meeting.

5. Next Steps

Summary of discussion:

No decisions were made regarding this agenda item.
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One of the co-chairs suggested there might be a need for an additional call to work through the pause portion of the HRSA directive. They said a poll may be issued to determine the timing for an additional call.

A few members of the Family Education subgroup will put together a document with suggested minimum information for patient families and provide it to the rest of the subgroup before the next Workgroup meeting.

Upcoming Meeting

- September 11, 2025

Attendance

- **Workgroup Members**
 - Andrew Flescher
 - Anji Wall
 - Cassie Hertert
 - Doug Butler
 - Donna Smith
 - Garrett Erdle
 - Greg Veenendaal
 - Kyle Herber
 - Lori Markham
 - Micah Davis
 - Patrice Ball
 - PJ Geraghty
 - Precious McCowan
 - Rachel Beekman
- **HRSA Representatives**
 - Adriana Alvarez
 - Allison Hutchings
 - Annie Tor
 - Arjun Naik
 - Joni Mills
 - Luke Neureiter
 - Sarah Laskey
 - Shannon Dunne
- **SRTR Staff**
 - David Zaun
 - Jon Miller
 - Jon Snyder
- **UNOS Staff**
 - Alina Martinez
 - Ethan Studenic
 - Joann White
 - Kaitlin Swanner
 - Kevin Daub
 - Laura Schmitt
 - Lloyd Board
 - Matt Cafarella
 - Susan Tlusty
 - Tory Boffo