

OPTN Transplant Coordinators Committee

Meeting Summary

April 20, 2022

Conference Call

Stacy McKean, RN, Chair

Natalie Santiago-Blackwell, RN, MSN, Vice Chair

Introduction

The Transplant Coordinators Committee (the Committee) met via Citrix GoToMeeting teleconference on 04/20/2022 to discuss the following agenda items:

1. OPTN Executive Committee: Cross Organ Data Alignment
2. OPTN Kidney Paired Donation Workgroup Update
3. OPTN Mandatory Offer Filters and Redefining Provisional Yes Workgroup Updates

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

1. OPTN Executive Committee: Cross Organ Data Alignment

Staff provided an overview of this proposal to uncouple the single "date of measurement" field for both height and weight for all organ types. This will allow each of these measurements to have their own, distinct corresponding "date of measurement" fields. This was previously proposed and approved in 2021 for lung and heart-lung pediatric data collection forms, with the intent to minimize data entry confusion if height and weight were measured on different days. During implementation discussions, Staff noted that it makes more sense to make the change for all organ types. This would also allow for consistency across organ types as application programming interfaces (APIs) are being modified for data collection.

Summary of discussion:

Several members of the Committee expressed support for this effort and noted that it will be very impactful for transplant hospital staff.

2. OPTN Kidney Paired Donation (KPD) Workgroup Update

Staff provided an overview of the KPD process, including the multiple types of exchanges as well as the concept of "open chains" and "bridge donors."

Staff provided an overview of the current work to review and update existing KPD policy language to ensure alignment with other OPTN policies and identify areas in need of clarification. The KPD Workgroup is requesting feedback from the Committee.

Summary of discussion:

OPTN Policy 13.1: Candidate Requirements for Participation

This policy states that in order to participate in the OPTN KPD Program, candidates must be registered on the deceased donor kidney waiting list at the transplant hospital enrolling the patient. The Workgroup's recommendation is to maintain the current language and update education and resources

to clarify that candidates are not automatically inactivated from the KPD program if inactivated on the kidney waiting list.

The Committee did not have any questions or comments.

OPTN Policy 13.11: Receiving and Accepting KPD Match Offers

This policy addresses the requirements for transplant hospitals when receiving KPD match offers. This includes requirements for preliminary responses, crossmatching, serology testing, record requests, and final acceptance or refusal. The Workgroup is proposing the following changes:

- Preliminary offer response from 2 to 1 business day
- Agreement for crossmatching, serology testing, and other record requests from 4 to 3 business days
- Report of crossmatch results, review of donor record, and final acceptance or refusal from 15 to 10 business days
- Completion of the exchange, with the paired donor kidney recovery and paired candidate transplant within 60 business days

A member expressed concern about the preliminary response being 1 day. She noted that smaller programs with limited staff might miss an offer if someone has a day off. She noted that it might not be an issue with the larger programs. A member noted that staff members on “regular call” could get KPD offers while someone is out for a day.

A member commented that it is reasonable for the requirements in the second bullet to be completed in 2 days. That would allow for the requirements in the first bullet to remain at 2 days and still cut some time out of the process. The Committee members were generally supportive of shortening the timeframes, acknowledging that it could lead to getting patients transplanted quicker.

Staff also noted that the Workgroup is considering a new deadline to complete the process from match offer to transplant within 60 days. Staff noted that exchanges currently go between 60 and 90 days from offer to transplant, and the longer it takes to get to transplant can increase the chance of breaking the chain. Committee members generally agreed that 60 days was a reasonable amount of time.

Staff provided an overview of the Workgroup discussions about requesting a deadline extension for a KPD exchange as outlined in *OPTN Policy 13.11.A: Requesting a Deadline Extension for a KPD Exchange*. Staff noted that extension requests are over-utilized and based on less than extenuating circumstances. The Workgroup is seeking feedback on how to discourage extension requests so the KPD exchanges could move forward in a timely manner. Previous feedback suggested guidance on what would be considered extenuating circumstances. Additionally, a member suggested defining the process so there are clear expectations, which might lead to less extensions. A member also suggested reviewing trends for programs that file for extensions.

Finally, the Workgroup discussed the policy language that states “if any of the transplant hospitals fail to respond to the extension request at the end of the second business day, the extension will not be granted and the exchange will be terminated.” The Workgroup felt that a non-response should not deny a request and should instead default to approval. The Committee did not have a comment on this issue.

3. OPTN Mandatory Offer Filters and Redefining Provisional Yes Workgroup Updates

The Committee was provided with an update on these two projects being led by the OPTN Operations and Safety Committee.

Summary of Discussion:

Provisional Yes

The Provisional Yes Workgroup has been working to redefine provisional yes and help identify transplant hospital and organ procurement organization (OPO) responsibilities during the organ offer process. There is a policy definition of a provisional yes, however, this is typically used as a placeholder until a transplant center becomes the primary or backup center. This creates inefficiencies in the system as more and more offers are being sent out.

The Workgroup is discussing a “three-tiered framework” that includes associated responsibilities for transplant hospitals. Potential policy modifications include defining transplant hospital and OPO responsibilities and expectations both pre and post recovery. Additionally, the Workgroup is discussing how to clearly define provisional yes, primary offers, and backup offers.

The Workgroup has also discussed the issue of late declines and how they negatively affect organ placement. For example, transplant hospitals might enter a provisional yes, then 24 hours later decline for size, which was known at the time of the initial offer. There have been discussions about how to hold transplant hospitals accountable for certain late declines. While at the same time, there are legitimate reasons for why an organ is declined and should not count against a transplant hospital. A member noted that other potential recipients could be negatively impacted by late declines due to logistical issues and increased cold ischemic time.

The Committee was updated about a programming effort that allows transplant hospitals to see where their patients are on the match run. This includes how many patients as well as transplant hospitals. For example, if you have 11 candidates ahead of your candidate but it is only one center, it might prompt a transplant program to take action to make sure their candidate is available if an offer comes their way. Committee members expressed support for this effort.

Offer Filters

This project allows transplant hospitals to apply organ offer filters based on data. These filters are different from the individual waitlist criteria and center acceptance criteria. This project allows kidney transplant programs to apply filters based on how their program typically accepts/declines offers. For example, if a transplant program does not typically accept organs from DCD donors over the age of 65, those offers can be excluded.

The member noted that the data for the voluntary offer filters usage shows that transplant programs utilizing at least one filter have reduced offers by 13.2%. She noted that when her center applied filters they had a 15% reduction in organ offers. She further added that her center adjusted their criteria when they hired new surgeons and that percentage decreased to 10%. She noted another benefit of using offer filters is that transplant teams are not awakened in the middle of the night for organ offers they typically do not accept.

The member noted that the Operations and Safety Committee is discussing strategies for promoting the increased use of offer filters. They have reached out to the OPO Committee to help promote offer filters since OPOs and transplant hospitals meet regularly to discuss organ allocation and logistics. Several members noted that the TCC could play a larger role in this project and help promote offer filters.

Upcoming Meeting

- May 18, 2022

Attendance

- **Committee Members**
 - Stacy McKean
 - Natalie Santiago-Blackwell
 - Donna Campbell
 - Jill Campbell
 - Brenda Durand
 - Sergio Manzano
 - Kelsey McCauley
 - Melissa Walker
 - Heather Miller-Webb
 - Joann Morey
 - Jamie Myers
 - Robin Peterson-Webster
 - Rachel White
- **HRSA Representatives**
 - Raelene Skerda
- **UNOS Staff**
 - Robert Hunter
 - Joann White
 - Lauren Mauk
 - Kayla Temple
 - Ross Walton