

OPTN Operations and Safety Committee

Meeting Summary

July 25, 2024

Conference Call

Alden Doyle, MD, MPH, Chair

Kim Koontz, MPH, Vice Chair

Introduction

The OPTN Operations and Safety Committee (“Committee,” “OSC”) met via WebEx teleconference on 7/25/2024 to discuss the following agenda items:

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

1. New Member Orientation
2. Organ Data Collection Logistics Evaluation 6 months Monitoring Report

1. New Member Orientation

There were no action items for this agenda item.

Presentation Summary:

The Committee received orientation for new and current members. The orientation provided an overview of OPTN Governance and the roles, responsibilities, and expectations of members.

Summary of Discussion:

There were no questions or comments.

2. Organ Data Collection Logistics Evaluation 6 months Monitoring Report

There were no action items for this agenda item.

Presentation Summary:

The Committee reviewed the 6 months monitoring report evaluating the implementation of the *Data Collection to Evaluate Organ Logistics and Allocation* policy. The data collection proposal included several changes to data elements to provide more insight into organ logistics and allocation from the time of organ recovery/cross clamp to transplant.

The changes included the following:

- Removed #999 “Other/Specify” option from the Deceased Donor Registration (DDR) field “Type of Liver Machine perfusion”
- Removed #208 “No recipient located” and #211 “POSITIVE HTLV-1” options from the DDR field “Organ Not Recovered Code”
- Added the field “Organ Check-in Time” to the Transplant Recipient Registration (TRR) form
- Added the field “Time of transplant” to the OPTN Waiting List forms

- Added #300 “No Candidates on the Match Run” option to the DDR field “Organ Not Recovered Code”

The report compares entries for the listed metrics for the 6 months before and after implementation date of the policy as applicable and were defined as follows:

- Pre-policy: March 15, 2023 – September 14, 2023
- Post-policy: September 15, 2023 – March 16, 2023

The data showed the following:

- *Liver Perfusion Measures* – the option to select perfusion type other/specify was removed
 - In general, the number of perfused livers has increased from 850 (pre-policy) to about 1,300 (post-policy).
 - The proportion of livers indicated to be perfused through normothermic perfusion also saw an increase in the post-policy era.
- *Organ Not Recovered*
 - The use of the reason code for HTLV had no occurrences in the pre policy era (additional context can be found in the monitoring report).
 - The addition of “no candidate on match run” was intended to document those instances when a match run was run but no candidate appears for that organ. The use of the response field was small; the highest proportion was seen for intestine match runs where the waitlist numbers are relatively small overall.
- *Transplant and Organ Check-In Time*
 - For those entries missing transplant time, there was a transplant date provided.
 - Pancreas saw the highest proportion of missing transplant time entries; around 30% of entries did not include a transplant time.
 - For organ check in time, there was a low level of missing entries: ~24 entries missing out of over 19,000 organs transplanted.
 - The highest was observed for kidney which saw 13 missing values out of 11,000 kidney transplants observed.
 - Transplant time distribution (post-implementation era): kidney and liver and intestines had higher densities during the middle of the day while other organs had higher densities either during the morning or late hours of the day.
 - Organ check-in time distribution (post-implementation era): most organs saw similar distributions to what was seen to their transplant time. Kidneys showed a slightly more pronounced peak in the morning. The biggest difference as seen with liver where the times appeared more evenly distributed in comparison to transplant time distribution.
- *Time from Check-In to Transplant*
 - It was noticed that there was a potential for data entry error. Both fields (check in time and transplant time) are hand entered and therefore subject to data entry errors.
 - For the minimum values, there were 26 entries that had less than zero, which indicates that the transplant time began before the organ had arrived at the transplant facility.
 - On the maximum end, there were calculated times of around 45 hours between organ arriving at the transplant facility and transplants (for heart and liver).
 - When looking at the median values:
 - The abdominal organs tended to show a higher median time (between 3-5 hours between the organ being checked in at the transplant facility and transplant time recorded).

- All of the thoracic organs showed a shorter median time (closer to an hour to an hour and a half between when the organ was checked-in and the transplant time was recorded).

Summary of Discussion:

A member voiced appreciation of the presentation, and the detail provided. The Committee was encouraged to reach out if there were any questions related to the report.

There were no additional comments or questions. The meeting was adjourned.

Upcoming Meetings

- August 22, 2024 (Teleconference)

Attendance

- **Committee Members**
 - Kim Koontz
 - Steven Potter
 - Annemarie Lucas
 - Alden Doyle
 - Amanda Bailey
 - Anja DiCesaro
 - Bridget Dewees
 - Elizabeth Shipman
 - Jillian Wojtowicz
 - Jennifer Smith
 - Kaitlyn Fitzgerald
 - Laura Huckestein
 - Megan Roberts
 - Norihisa Shigemura
 - Sarah Koohmaraie
- **HRSA Representatives**
 - Arjun Naik
 - Marilyn Levi
- **SRTR Staff**
 - Avery Cook
- **UNOS Staff**
 - Joann White
 - Kaitlin Swanner
 - Katrina Gauntt
 - Kayla Temple
 - Rob McTier