

## Notice of OPTN Policy Change

# Modify Data Submission Policies

|                              |   |
|------------------------------|---|
| <b>Sponsoring Committee:</b> | <b>Data Advisory</b>  |
| <b>Policies Affected:</b>    | <b>18.1: Data Submission Requirements</b><br><b>18.4: Data Submission Standards</b> |
| <b>Public Comment:</b>       | <b>August 2 – October 2, 2019</b>   |
| <b>Board Approved:</b>       | <b>December 3, 2019</b>   |
| <b>Effective Date:</b>       | <b>Pending programming and notice to OPTN members</b>                               |

### Purpose of Policy Change

Under the National Organ Transplant Act, the OPTN is required collect, analyze, and publish data concerning organ donation and transplants. *Policy 18: Data Submission Requirements* establishes OPTN data requirements, including that members must complete and submit data on transplant candidates, recipients, and donors. OPTN members and other data users have raised concerns about the integrity of the submitted data. The policy changes address the concerns by clarifying what information must be submitted and when it is due, and limiting members' ability to make post-deadline changes to data.

### Proposal History

- The Committee started working on the proposal in early 2019.
- It went through public comment August 2-October 2, 2019.
- The proposal was supported in ten regions and by the majority of professional associations.

### Summary of Changes

Submission deadlines are clarified and extended for certain data collection instruments used by the Transplant Information Electronic Data Interchange® (TIEDI). Data values will be "locked" after the established deadlines. Members' can "unlock" data after the deadlines to make changes, by describing why the changes are needed and acknowledging leadership awareness of the changes. The OPTN will provide annual reporting to the Board detailing the frequency of and reasons for the data changes.

### Implementation

Members need to ensure data are entered accurately and within the new deadlines established for the TIEDI data collection forms. In support of this objective, members should review their existing data collection, entry, and validation practices to ensure submission of timely and accurate data. Members will need to educate staff on the revised deadlines and the new process for making data changes after the deadlines.

## Affected Policy Language

New language is underlined (example) and language that is deleted is struck through (~~example~~).

### 18.1 Data Submission Requirements

#### 18.1.A Accurate Submission of Data

OPTN members must ~~report~~ submit accurate data to the OPTN Contractor ~~according to Table 18-1 below~~. Members are ~~responsible for providing~~ must maintain documentation ~~upon request to verify~~ demonstrating the accuracy of all data ~~that is submitted to the OPTN through the use of standardized forms~~.

#### 18.1.B Timely Submission of Certain Data

Members must submit data to the OPTN Contractor according to Table 18-1.

**Table 18-1: Data Submission Requirements**

| <i>The following member:</i>  | <i>Must submit the following instruments to the OPTN Contractor:</i> | <i>Within:</i>  | <i>For:</i>   |
|-------------------------------|--|---|---|
| Histocompatibility Laboratory | <i>Donor Histocompatibility (DHS)</i>                                | <del>30</del> <u>60</u> days after the OPO submits the <del>deceased donor registration</del> <u>DHS record is generated</u>  | Each <del>heart, intestine, kidney, liver, lung, or pancreas donor typed by the laboratory</del> <u>living and deceased donor</u> |
| Histocompatibility Laboratory | <i>Recipient Histocompatibility (RHS)</i>                            | <del>Either of the following:</del> <ul style="list-style-type: none"> <li>• <del>30</del><u>60</u> days after the transplant hospital removes the candidate from the waiting list because of transplant</li> <li>• <del>30</del> days after the transplant hospital <del>submits the recipient feedback</del></li> </ul> | Each heart, intestine, kidney, liver, lung, or pancreas transplant recipient typed by the laboratory                              |
| OPOs, <del>all</del>          | <del>records</del> <u>Registration (DNR)</u>                         | 30 days after the end of the month in which a donor hospital reports a death to the OPO or the OPO identifies the death through a death record review   | All imminent neurological deaths and eligible deaths in its DSA   |

| <i>The following member:</i> | <i>Must submit the following <u>instruments</u> to the OPTN Contractor:</i>   | <i>Within:</i>   | <i>For:</i>  |
|------------------------------|---|--|--|
| OPOs, all                    | <i>Monthly Donation Data Report: Reported Deaths</i>  | 30 days after the end of the month in which a donor hospital reports a death to the OPO  | All deaths reported by a hospital to the OPO   |
| Allocating OPO               | <i>Potential Transplant Recipient (PTR)</i>   | 30 days after the match run date by the OPO or the OPTN Contractor   | Each deceased donor heart, intestine, kidney, liver, lung, or pancreas that is offered to a potential recipient                                    |
| Allocating OPO               | VCA Candidate List  | 30 days after the procurement date   | Each deceased donor VCA organ that is offered to a potential VCA recipient   |
| Host OPO                     | <i>Donor Organ Disposition (Feedback)</i>   | 5 business days after the procurement date   | Individuals, except living donors, from whom at least one organ is recovered   |
| Host OPO                     | <i>Deceased Donor Registration (DDR)</i>  | <del>30</del> 60 days after the <i>donor organ disposition (feedback)</i> form is submitted and disposition is reported for all organs | All deceased donors  |
| Recovery Hospitals           | <i>Living Donor Feedback</i>  | The time prior to donation surgery   | Each potential living donor organ recovered at the hospital<br><br>This does not apply to VCA donor organs   |
| Recovery Hospitals           | <i>Living Donor Feedback</i><br><br>Members must amend the form or contact the OPTN Contractor to amend this form according to <i>Policy 18.6: Reporting of Living Donor Adverse Events</i> | 72 hours after the donor organ recovery procedure  | Any potential living donor who received anesthesia but did not donate an organ or whose organ is recovered but not transplanted into any recipient |

| <i>The following member:</i> | <i>Must submit the following <u>instruments</u> to the OPTN Contractor:</i> | <i>Within:</i>   | <i>For:</i>  |
|------------------------------|---|--|--|
| Recovery Hospitals           | <i>Living Donor Registration (LDR)</i>                                      | <del>60</del> 90 days after the Recovery Hospital submits the <i>living donor feedback form</i>  | Each living donor organ recovered at the hospital<br><br>This does not apply to VCA donor organs   |
| Recovery Hospitals           | <i>Living Donor Follow-up (LDF)</i>   | <del>60</del> 90 days after the six-month, 1-year, and 2-year anniversary of the donation date   | Each living donor organ recovered at the hospital<br><br>This does not apply to VCA, domino donor, and non-domino therapeutic donor organs |
| Transplant hospitals         | <i>Organ Specific Transplant Recipient Follow-up (TRF)</i>                  | <i>Either of the following:</i> <ul style="list-style-type: none"> <li>• <del>30</del>90 days after the six-month and annual anniversary of the transplant date until the recipient's death or graft failure</li> <li>• 14 days from notification of the recipient's death or graft failure</li> </ul> | Each recipient followed by the hospital  |
| Transplant hospitals         | <i>Organ Specific Transplant Recipient Registration (TRR)</i>               | <del>60</del> 90 days after transplant hospital removes the recipient from the waiting list  | Each recipient transplanted by the hospital  |
| Transplant hospitals         | <i>Liver Post-Transplant Explant Pathology</i>                              | 60 days after transplant hospital <del>submits the recipient feedback form</del> <u>removes candidate from waiting list</u>  | Each liver recipient transplanted by the hospital  |
| Transplant hospitals         | <del>Recipient feedback</del> <u>Waiting List Removal for Transplant</u>    | 1 day after the transplant   | Each heart, intestine, kidney, liver, lung, or pancreas recipient transplanted by the hospital   |

| <i>The following member:</i> | <i>Must submit the following instruments to the OPTN Contractor:</i> | <i>Within:</i>   | <i>For:</i>   |
|------------------------------|--|--|---|
| Transplant hospitals         | Candidate Removal Worksheet  | 1 day after the transplant   | Each VCA recipient transplanted by the hospital   |
| Transplant hospitals         | <i>Recipient Malignancy (PTM)</i>                                    | 30 days after the transplant hospital reports the malignancy on the <i>transplant recipient follow-up</i> form | Each heart, intestine, kidney, liver, lung, or pancreas recipient with a reported malignancy that is followed by the hospital   |
| Transplant hospitals         | <i>Transplant Candidate Registration (TCR)</i>                       | <del>30</del> 90 days after the transplant hospital registers the candidate on the waiting list                | Each heart, intestine, kidney, liver, lung, or pancreas candidate on the waiting list or recipient transplanted by the hospital |

### **18.1.C            Changes to Submitted Data**

Upon expiration of the corresponding timeframe listed in Table 18-1, data submitted using the following instruments are considered final:

- Deceased Donor Registration (DDR)
- Donor Histocompatibility (DHS)
- Recipient Histocompatibility (RHS)
- Transplant Candidate Registration (TCR)
- Transplant Recipient Registration (TRR)
- Living Donor Registration (LDR)
- Transplant Recipient Follow-up (TRF)
- Living Donor Follow-up (LDF)

Changes to final data will not be permitted unless the member reports, within the data collection system prior to making the changes, both the approval of the member’s official OPTN Representative (or designee) and the reason for the changes.

### **18.1.D            Reporting**

The Data Advisory Committee must report to the Board of Directors at least annually all of the following:

- Data submission compliance rates;
- The frequencies of data change following submission and reasons reported; and
- Other relevant information identified by the Committee.

## 18.4 Data Submission Standard

### 18.4.A Timely Data Submission

Table 18-3 below sets standards for Members' data submission.

**Table 18-3: Data Submission Standard**

| <i>The following members:</i>                                  | <i>Must submit:</i> | <i>Of their:</i>                   | <i>Within:</i>                    |
|--|---------------------|------------------------------------|-----------------------------------|
| OPOs, transplant hospitals and Histocompatibility Laboratories | 95%                 | Required forms                     | Three months of the form due date |
| OPOs, transplant hospitals and Histocompatibility Laboratories | 100%                | Required forms                     | Six months of the form due date   |
| OPOs   | 100%                | PTR refusal code forms             | 30 days of the match run date     |
| OPOs and transplant hospitals                                  | 100%                | Donor and recipient feedback forms | 30 days of the transplant date    |

If a member fails to submit forms by the standards above, then the OPTN Contractor will attempt to assist the member. However, if this is unsuccessful, the Membership and Professional Standards Committee (MPSC) may review the members' actions. If the MPSC determines that the member continues to be non-compliant with data submission requirements, then the MPSC may recommend an onsite audit to retrieve the missing data at the members' expense.