

OPTN/UNOS Transplant Administrators Committee
Report to the Board of Directors
June 22-23, 2009
Richmond, VA

Summary

I. Action Items for Board Consideration:

- None

II. Other Significant Items:

- The first “Making the Match” session was held October 22, 2008 in Nashville, TN. This session brought OPOs, transplant centers and UNOS IT together to discuss DonorNet[®]. (Item 1, Page 3)
- The Committee received a request from HRSA to evaluate CMS and OPTN site survey redundancies. A letter with the Committee’s recommendations was submitted to HRSA for their review. (Item 1, Page 4)
- The Committee partnered with the Transplant Coordinators Committee to administer and evaluate the results from a survey which will be used to develop inactive waitlist management best practices. (Item 1, Page 4)
- In 2008, the Committee partnered with AOPO to define and disseminate Best Practices for flight standards and insurance. A survey created by the University of Michigan was distributed to transplant administrators nationwide. The important findings of the survey were presented at the 2009 Transplant Management Forum. (Item 1, Page 4)
- The Committee submitted recommendations for OMB data collection forms review. (Item 3, Page 5)
- The Transplant Management Forum conducted in Seattle, WA in April 2009 was a success, and the 2010 Forum will be held in Orlando, FL. (Item 4, Page 5)

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OPTN/UNOS Transplant Administrators Committee
Report to the Board of Directors
June 22-23, 2009
Richmond, Virginia

Cassandra Smith-Fields, RN, MSN, MBA, Chair

The Committee meets monthly by conference call except in April, when the Transplant Management Forum occurs, and July and October when the Committee meets in person.

1. Committee Goals- The Committee continues to devote considerable time to working on the goals that were assigned by OPTN/UNOS President Robert Higgins, MD in mid-2008 and one continued goal from 2007-2008. Those goals are:

- Review current strengths/opportunities for improvement in DonorNet[®] and/or organ placement practices/community training and education in collaboration with Transplant Coordinators and Operations Committees [Maximum Capacity, Operational Effectiveness]. In 2008, the Committee continued to discuss the implementation of DonorNet[®]. Numerous centers expressed concern with coverage/on call issues, hardware requirements, etc. Progress continued as the DonorNet[®] work group met on April 23, 2008, with HRSA representative, Virginia McBride and the UNOS DonorNet[®] representative, Blaine Hess. HRSA agreed to sponsor an additional day at the Collaborative meeting on October 22, 2008, to devote to “Making the Match” Collaborative session. The goals of the “Making the Match” collaborative were to develop best practices for both OPOs and transplant centers in utilizing DonorNet[®]; establishing DonorNet[®] user competencies; and provide guidance to the Electronic Work group for DonorNet[®] enhancements. Transplant centers and OPOs were asked to send one or more of their “Super Users” of DonorNet[®] to the “Making the Match” session at the collaborative meeting in October. The DonorNet[®] work group worked with Blaine Hess, AOPO, and Ginny McBride in formalizing the program for the collaborative. The “Making the Match” session took place on October 22, 2008, in Nashville with approximately 100 attendees. There were demonstrations of the process and the pertinent fields in listing and matching a candidate to a donor utilizing UNetSM. There was also a demonstration of the process and the pertinent fields in entering a donor for matching to a candidate utilizing DonorNet[®]. UNOS shared the analysis performed utilizing DonorNet[®] with regard to time to allocation, utilization of screening criteria by transplant centers, and data quality. A panel of three transplant programs then discussed topics such as procurement on-call staffing models, utilization of screening criteria by and for each candidate on the waiting list, implementation of Donor Refusal enhancement, and UNetSM and DonorNet[®] user competencies. Another panel of three organ procurement organizations discussed topics such as the timing of the match run, the timing of notifications going out to transplant centers, updating donor changes that impact allocation, and DonorNet[®] user competencies. AOPO used Survey Monkey as the evaluation tool and the evaluations were reviewed by the DonorNet[®] work group. The evaluations from the “Making the Match” session revealed that there is a great need for consistent and accurate practices as well as user-required competencies in the use of DonorNet[®]. Other suggestions for improvement obtained from the meeting include: standardized abbreviations for DonorNet[®], threshold/criteria for exhausting list, donor offer criteria – reduction of futile efforts, reporting and access of UNetSM/DonorNet[®] data, increase Help Desk support (24 hrs), communicate offer issues to colleagues, dashboard reporting, engage UNOS organ specific committees, report organ quality issues in the UNOS patient safety system, identifying tools that will truly drive improvement, and communication of changes in donor status. The Committee

also recommended that there be an annual venue in which UNOS IT, OPOs, and transplant centers can work together on DonorNet[®] issues. This will be an ongoing effort and the Committee will follow it carefully.

- Integrate experience with CMS COPs to develop Maintenance of Certification process with MPSC [Patient Safety]. The Committee assigned a work group to address a request received from HRSA to review CMS and OPTN regulations. The work group was asked to provide feedback to HRSA on areas of redundancy in these regulations. The work group met via conference call prior to the October meeting and met again prior to the full Committee meeting to review the regulations. The work group discussed which regulations overlapped and provided feedback to Robert W. Walsh, Public Health Analyst with HRSA. The work group made specific recommendations on how to better coordinate site surveys to avoid duplicate efforts. A letter was drafted with the Committee's recommendations and it was reviewed by UNOS Evaluation and Quality Department (DEQ). DEQ's recommendations along with the Committee's recommendations were approved by Dr. Robert Higgins and submitted the letter to HRSA and CMS for their review and consideration.
 - Develop specific recommendations to address waitlist status (inactive vs. active) issues [Patient Safety, Operational Effectiveness]. The Transplant Coordinator Committee (TCC) created and administered a survey on February 10, 2009, which will be used to study real-world practices, timing, and communication related to listing and managing candidates at inactive status on the waitlist. It is the intent of the TCC to study the results and use them to help develop inactive waitlist management best practices. The Transplant Administrators Committee has two members that are currently working with the Transplant Coordinators Committee (TCC) on reviewing the results of the waitlist survey.
 - Continued Goal: To partner with AOPO to define and disseminate Best Practices for flight standards and insurance. The OPO/Transplant Center Transportation Safety work group was charged with developing and administering a survey for OPO's and Primary Program Administrators that evaluates best practices for transportation and insurance with respect to organ recoveries, following the tragedy in Michigan. The work group had several conference calls with AOPO and per AOPO's suggestion partnered with Dr. Michael Englesbe, Assistant Professor of Surgery, Division of Transplantation at the University of Michigan Health System to develop the survey. UNOS has provided the transplant administrators' contact information from the UNOS database to the University of Michigan researchers to facilitate the survey process. The University of Michigan collected the results and presented them at a national meeting in March 2009. The results will also be used for a manuscript. The University of Michigan will make the survey results available to UNOS, after manuscript submission, for internal policy considerations. James Cutler, OPO At Large TAC member, presented some of the important findings of the survey at the 2009 Transplant Management Forum in Seattle, WA on April 24, 2009. This survey will help with developing recommendations for a possible contract template between OPOs and transplant centers regarding quality assurance for transporting organs and report best practices. Jim Cutler and the OPO/Transplant Center Collaborative work group will continue to work on this process with AOPO.
2. Collaboration with other Committees. The Committee provided feedback to the Living Donor Committee regarding various proposals prior to being released for public comment. Those proposals were the Proposal to Improve the Safety of Living Donation Through an Improved ABO Verification Process (Entry, and Verification of Living Donors Policy (Policy 12.0)) and the Proposal to modify the high risk donor policy to protect the confidential health information of potential living donors (Policy affected: 4.1.1 - Communication of Donor History) (Living Donor Committee). The Living Donor Committee also requested feedback from the Transplant Administrators Committee regarding

creating a separate category for living donor policy, in which the Transplant Administrators Committee supported. The Committee also supported the Living Donor Committee by posting various items on the Transplant Administrators' Listserve.

The Committee also received a request from the Kidney Transplantation Committee to have transplant centers/hospitals host kidney transplant patients on site to participate in a Live Meeting to learn about the KAS RFI. The Committee's response to the Kidney Transplantation Committee was that while interested in promoting opportunities to engage and educate transplant patients and their families; there is concern that hosting a specific event on a focused proposal could be viewed as biased support towards a defined patient population.

Alternatively, the Committee suggested that transplant administrators communicate opportunities for public comment to their patients and families. Additionally, the Committee would be willing to collaborate with UNOS in facilitating larger events within their specific regions that offer patients and families the opportunity to discuss proposals for public comment.

3. OMB Data Collection Forms Review. The Committee formed a work group that reviewed the Transplant Candidate Registration Form (TCR), Transplant Recipient Registration Form (TRR), Transplant Recipient Follow-up Form (TRF), Deceased Donor Registration Form (DDR), Living Donor Registration Form (LDR), and the Living Donor Follow-up Forms (LDF) via several conference calls for the OMB data collection forms review. In summary, the work group recommended that for data entry efficiency, all fields identified by the Data Reduction effort of 2007 and 2008 for removal should be physically removed from the forms instead of just made optional. Since these optional fields are not entered consistently, they are of little or no value and only serve to make unnecessary work. The work group also recommended that the Malignancy form be removed in entirety from OPTN forms submission requirements. Transplant programs are ill-equipped to formally report malignancy data elements asked on the form. The appropriate source documentation for this form resides with the oncology staff, not with the transplant program staff. Therefore, the work group recommended that, if the OPTN wants this information, the OPTN should form a relationship between the American College of Surgeons and the National Tumor Registry. All of the pertinent information for the malignancy form is collected by the latter and information from that Registry would be more accurate and robust than what transplant centers are able to provide. Also, transplant information systems vendors (e.g. HKS/Ottr) should be involved in early stages of the OMB forms change process so that they are apprised of upcoming changes enabling them to be better prepared to make concomitant changes to their software. The work group also noted that source documentation for data abstraction should be explicitly stated in the instructions and that specific definitions are given for all required fields. They also stated that it would be helpful if the clinical relevance of the fields be described in the instructions to give the data abstractor a frame of reference. These recommendations will be submitted to the Ad Hoc Data Management Group (AHDMG) for review and then to the Policy Oversight Committee (POC) for public comment.
4. 2009 Transplant Management Forum. The 2009 Transplant Management Forum was held April 22-24 in Seattle, Washington. A total of 340 participants attended the meeting. The Committee accepted a total of 62 abstracts. There were 36 exhibitors, 16 sponsors and 6 abstract award sponsors supporting the meeting. The agenda included nine plenary sessions and five breakout session tracks. Evaluations of the meeting are being reviewed, however, on first review, are very positive. The 2010 Transplant Management Forum will be held in Orlando, FL on April 21-23, 2010.
5. Staffing Survey. The Committee continues to evaluate how the staffing survey might be helpful and useful for the Membership and Professional Standards Committee (MPSC) as it evaluates new program applications or considers the performance of centers having outcome problems. The 2008 Staffing Survey was released on the Transplant Administrators section of the UNOS Secure

Enterprise Web Site (<https://portal.unos.org>) several months ago. Comparison statistics for transplant program staffing benchmarks with the 2008 data are scheduled to be available to any member who has already submitted a survey by late May or early June. As in prior years, only programs that complete surveys for their organ specific programs will have access to the summary and comparison data. The goal for the 2008 Staffing Survey is to have 75% of all transplant programs complete the surveys in each organ specific grouping. In previous years, there was an increase in submissions in May and June, most likely due to exposure at the Forum. At the time of this writing, it was too early to tell if the Forum had any effect on submission. The current rates range from 9% for pancreas up to 22% for kidney. This is down roughly 20% from the same time point last year. However, that may be due in part to the fact that the survey was released in late February as opposed to January in previous years.

6. Request for Information Payor Group. The Committee continues to explore how the Request For Information (RFI) payor group could assist UNOS in understanding the perspective and concerns of the payor while balancing the needs of transplant centers for adequate reimbursement. The Payor Relations work group met with 12 selected payors July 17, 2008 in Chicago to discuss updates/changes that should be made to the current RFI. The American Society for Bone Marrow Transplant (ASBMT), ASTS, and SRTR were all invited speakers for this meeting. The ASBMT presented their RFI and received recommendations by the payors, which they will take back to their board. SRTR presented an overview of program specific reports; discussed risk adjusted data and explained to the payors how to interpret the data. ASTS provided the payors with a clinical view of the SRTR data. The updates to the UNOS RFI that were suggested by the payors include:
 - 1) The payors would like for the centers completing the RFI to be able to label the attachments and addendums. This will be considered for the 2010 RFI release.
 - 2) The payors also requested more clear instructions on how to complete table 12, which has to do with readmission rates. This was reviewed and revised by the Committee and has been incorporated into the 2009 release.The annual updates to the RFI were also made. There continues to be ongoing communication with the Committee work group on the RFI to hear concerns of payors and to make changes as warranted. The release of the 2008 RFI was in March. The work group will begin working on 2010 updates at the July 2009 in- person meeting. The next in-person payor meeting will be in July 2010.

7. Public Comment Proposals Distributed on February 6, 2009. The Committee discussed and made recommendations for the proposals released for public comment:

1. Proposed listing requirements for simultaneous liver-kidney transplant candidates (Policy proposed: 3.5.10 - Simultaneous Liver-Kidney Transplantation) (Kidney Transplantation Committee and Liver and Intestinal Organ Transplantation Committee)

The Committee unanimously supported this proposal.

2. Proposal to create regional distribution of livers for Status 1 liver candidates (Policy affected: 3.6 - Allocation of Livers) (Liver and Intestinal Organ Transplantation Committee)

The Committee unanimously opposed this proposal (0 supported, 12 opposed, 0 abstentions). The Committee felt that this proposal creates organ access issues and the implications of this proposal need to be reviewed and further discussed. The Committee felt regional boundaries are just as arbitrary as OPO boundaries and allocation of livers should be based on distance.

3. Proposal to create regional distribution of livers for MELD/PELD candidates (Policy affected 3.6 - Allocation of Livers) (Liver and Intestinal Organ Transplantation Committee)

The Committee did not support this proposal (0 supported, 12 opposed, 0 abstentions). The Committee felt that there needs to be more discussion and consideration of this proposal before making it policy.

4. Proposal to standardize MELD/PELD exception criteria and scores (Policy affected: 3.6.4.5 - Liver Candidates with Exceptional Cases) (Liver and Intestinal Organ Transplantation Committee)

The Committee supported this proposal (11 supported, 0 opposed, 1 abstention).

5. Proposal to add the factors “current bilirubin” and “change in bilirubin” to the lung allocation score (LAS) (Policy affected: 3.7.6.1 – Candidates Age 12 and Older) (Thoracic Organ Transplantation Committee)

The Committee unanimously supported this proposal.

6. Proposal to modify the high risk donor policy to protect the confidential health information of potential living donors (Policy affected: 4.1.1 - Communication of Donor History) (Living Donor Committee)

The Committee supported this proposal (12 supported, 0 opposed, 0 abstentions).

7. Proposal to change the OPTN/UNOS Bylaws, to clarify the process for reporting changes in key personnel (Bylaw affected: Appendix B, Section II,E (Key Personnel); Appendix B, Attachment 1, Section III (Changes in Key Personnel) (Membership and Professional Standards Committee)

The Committee did not support the verbiage of this proposal. They felt that there needs to be more education provided to transplant centers on the process of reporting personnel changes. The Committee would like MPSC to consider allowing transplant centers the opportunity to provide a transition plan instead of having to notify of inactivity (1 supported, 7 opposed, 4 abstentions).

8. Proposal to clarify, reorganize and update OPTN policies on OPO and transplant center packaging, labeling and shipping practices (Policy affected: 5.0 – Standardized Packaging, Labeling and Transporting of Organs, Vessels and Tissue Typing Materials) (Organ Procurement Organization (OPO) Committee)

The Committee considered the final disposition of vessels extremely important. The Committee agreed that, whether they are transplanted or discarded, vessel outcomes should be reported to UNOS through the centralized data system and not through the OPO. If a transplant center accepts vessels with an organ and then does not transplant them into the patient but uses them on a different patient, the OPO has nothing to do with that transplant. The Committee agreed that the “time out” should be clearly defined as it means different things to different ORs (10 supported with modifications, 0 opposed, 2 abstentions).

OPTN/UNOS Transplant Administrators Committee
July 17-18, 2008
Chicago, IL

Committee Members in Attendance

Cassandra Smith-Fields, RN, MBA, MSN
Gene E. Ridolfi, BA, RN
Katherine Hadley, MHSA
Kim Barnett, RN, BSN, CCTC
Sylvia Odom, RN, MSN, MHS, CCTC
Gary Sigle, RN, MBA, BSN
Pam Gillette, MPH, RN
Timothy Stevens, RN, BSN, CCTC
Gwen McNatt, MS RN, CNN, CFNP
Gene E. Ridolfi, BA, RN
Nancy Metzler
Janie Morrison, FACHE
Kimberly Nicoll, RN, BSN
James Cutler, CPTC
Rachael S. Wong, MPH
Robert Walsh

Greg Levine

Committee Members Unable to Attend

Mesmin Germain, MBA, MPH

Staff in Attendance

Angel Carroll, MSW
Jude Maghirang, MS
Karen Sokohl
Mary D. Ellison, Ph.D., MSHA

Staff in Attendance via phone

Cliff Schneide
John Lombardi

Payers Attending

Christy Edwards
Joycelyn O'Mard
Frank Irwin, MD
Stephen Crawford, MD, CPHRM, FCCP
Jean Cherry
Shawn Schwartz
Susan McKeVitt
Cindette Anderson
Patricia Martin, RN, BSN
Wendy Marinkovich, RN, BSN, MPH
Rose Baez RN, MS, MBA
Jane Marlette

Chair
Vice Chair
Region 1 Representative
Region 2 Representative
Region 3 Representative
Region 4 Representative
Region 5 Representative
Region 6 Representative
Region 7 Representative
Region 8 Representative
Region 9 Representative
Region 10 Representative
Region 11 Representative
At Large
At Large
Division of Transplantation,
Ex Officio, non-voting
SRTR Liaison

Division of Transplantation,
Ex Officio, non-voting

Liaison
UNOS Staff
UNOS Staff
UNOS Assistant Executive Director
for Federal Affairs, OPTN Project
Director

UNOS IT Staff
UNOS IT Staff

**OPTN/UNOS Transplant Administrators Committee
October 16-17, 2008
Chicago, IL**

Committee Members in Attendance

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Katherine Hadley, MHSA
Kim Barnett, RN, BSN, CCTC
Sylvia Odom, RN, MSN, MHS, CCTC
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Rachael S. Wong, MPH
Robert Walsh

Greg Levine

Committee Members Unable to Attend

Mesmin Germain, MBA, MPH

Staff in Attendance

Angel Carroll, MSW
Cherri Carwile
Jude Maghirang, MS
Erma Edmiston

Chair
Vice Chair
Region 1 Representative
Region 2 Representative
Region 3 Representative
Region 4 Representative
Region 5 Representative
Region 6 Representative
Region 7 Representative
Region 8 Representative
Region 9 Representative
Region 10 Representative
Region 11 Representative
At Large
At Large
Division of Transplantation,
Ex Officio, non-voting
SRTR Liaison

Division of Transplantation,
Ex Officio, non-voting

Liaison
Assistant Liaison
UNOS Staff
UNOS Staff