

**OPTN/UNOS TRANSPLANT ADMINISTRATORS COMMITTEE (TAC)
INTERIM REPORT**

**July 15-16, 2010
Gene Ridolfi, BA, RN**

The following is a summary of the TAC OPTN deliberations that occurred in Chicago on July 15-16, 2010.

- The Committee received a presentation from the Patient Affairs Liaison, Freda Wilkins, regarding patient notification bylaws and the patient notification letter. The TAC requested clarification regarding if the transplant center needs to keep a hard copy of the patient notification letter in the patient's chart. It was later clarified that centers do not need to retain a hard copy of the patient notification letter in the patient's chart but there needs to be documentation in the chart that the letter was provided. Also, the TAC requested the reading level of the patient notification letter be lowered.
- The TAC member roles, expectations, goals, and a general Committee orientation were reviewed and participation in all Committee activities was highly encouraged.
- The Living Donor Committee's (LDC's) Vice Chair, Dr. Amy Waterman, presented the Living Donor Follow-up Survey Results and reported the LDC's updates to the TAC. The Committee requested clarification on the driving factor for increasing compliance for LD follow-up. Dr. Waterman responded that increased compliance with LD follow-up will improve patient safety and trust in the living donation system. The Committee also inquired as to if CMS has been approached about costs and Medicare paying for LD follow-up and questioned why LD follow-up costs couldn't be included in the SAC. The TAC HRSA representative, Robert Walsh, stated that there is an on-going discussion with CMS about paying for LD follow-up. The Committee stated the main issue with LD follow-up is that transplant centers are maxed out on their resources to complete the reports. A committee member stated that the key to LD follow-up is hiring a dedicated LD advocate/coordinator and the center pays for all LD lab work no matter where the lab work is done. Another committee member suggested changing the way the lab results are entered into LD follow-up form. For example, if the lost due to follow-up field is marked then any lab results fields should be grayed out so information cannot be entered.
- The LDC sent a memo to Gene Ridolfi, TAC Chair, requesting feedback on the concept of using OPOs to facilitate the packaging and shipment of living donor organs, anticipated obstacles, and how OPOs should be compensated for this possible new role. A small work group was formed to address the request and the TAC feedback will be submitted to the LDC before the September deadline.
- The Committee received an overview of the Vessel Storage Policy and discussed ways to improve compliance. It was agreed that centers need to work closely with the OR since the transplant center is responsible for compliance even though the vessels are stored in the OR. Some suggestions on improving compliance were that transplant administrators need to have standing meetings with the OR to ensure reports are being completed and work to develop effective processes for completing these reports; have a person that audits OR records to make sure the records are in compliance; and set a specific day and time for the primary surgeon to meet with staff and complete paperwork. It was also suggested that best practices be developed to ensure compliance.
- Updates on the KPD and KPD Financial Subcommittee crossover committee work group progress were presented to the TAC. The Committee was made aware that HRSA/UNOS

is discussing payment for all aspects of KPD with CMS to include travel, donor management, follow-up care, shipping, etc. The Committee will continue to have representatives on these work groups and will provide the full Committee with updates on the TAC monthly conference calls.

- The April 29, 2010 Pancreas for Technical Reasons Work Group meeting minutes were reported to the Committee. The Committee was informed that UNOS does continue to track if the pancreas is being transplanted as a multivisceral transplant with the liver or intestine. The Committee will continue to have a crossover work group representative on this work group and will provide the full Committee with updates on the TAC monthly conference calls.
- The TAC DonorNet[®] Work Group partnered with the OPO Committee to develop a list of standardized abbreviations that would be acceptable to use in DonorNet[®] due to the miscommunication between OPOs and transplant centers when the OPOs enter information into DonorNet[®] and use abbreviations that may not be standardized. The use of non-standardized abbreviations could pose a significant patient safety risk if the transplant center misinterprets the information being conveyed. The TAC DonorNet[®] Work Group evaluated the use of abbreviations throughout the country and arrived at a list that contained 490 abbreviations. It was decided this list was too extensive and needed to have a limited number of abbreviations so individuals would actually utilize the list when entering information into DonorNet[®]. The OPO Work Group agreed the list would be more user-friendly if there were specific categories formed for those acceptable abbreviations such as lab values, national units of measure, periodic table of chemical elements, etc. and only a brief list of acceptable abbreviations that did not fit within the stated acceptable categories (i.e. r/o instead of rule out). The OPO Work Group submitted its recommendations to the TAC DonorNet[®] Work Group for review. The TAC Work Group will review the recommendations and plan to disseminate them to the transplant community through DonorNet[®], listservs, AOPO portal and with any other DonorNet[®] educational materials that are distributed to the transplant community. The Work Group will also consider developing other DonorNet[®] educational resources.
- The four established work groups within the TAC (Payer Relations, Staffing Resource, DonorNet, and Listserv) met and reported on their progress. Each work group met and discussed 2010-2011 individual work group initiatives with the full Committee.