

ORGAN PROCUREMENT AND TRANSPLANTATION NETWORK

Annual Set of Goals 2008-2009

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Background

Most activities of the Organ Procurement and Transplantation Network (OPTN), and all of its policies, are developed and/or overseen by at least one OPTN Committee. Therefore, the organization's goals for each year are framed in the context of Committee activities that will be supported by UNOS staff and overseen by the Board. Each goal is selected in the larger context of the OPTN Strategic Plan, which includes as a key feature, achievement of the HHS Program Goals.

In October 2005, the OPTN/UNOS President convened five working groups made of members of the Board of Directors; Committee chairs; representatives from a number of societies including AST, ASTS, AOPO, ASHI, ISHLT, and NKF; and various invited guests from the community to prepare for and participate in an October strategic planning meeting in Boston. Activity and discussion were organized around these objectives:

- increasing the number of organs transplanted,
- supporting live donor transplantation,
- consideration of net benefit as applied to organ transplantation,
- differences in the opportunity for transplant within the U.S., and
- the collection of clinically relevant and validated data.

Further discussion and work followed that 2005 meeting, and a subsequent March 2006 meeting, as the President and Board worked to develop a more formalized OPTN strategic plan. In August 2006, the incoming OPTN/UNOS President, with senior HRSA and UNOS staff, met with a leadership consultant to discuss future approaches toward aligning OPTN committee work, policy development, and other OPTN activities with HHS Program and Collaborative goals.

In fall 2006, the incoming President first identified for each OPTN committee specific activities to advance one or more of the long-range strategic goals. In September 2006, the Board approved both a Strategic Plan for the OPTN and committee-specific OPTN Annual Goals for 2006-2007. The key challenge areas pursued by this Strategic Plan are as follows:

1. The Donor Shortage
2. Changing Allocation Principles
3. Reduce Variation in Access to Transplantation
4. Living Donor Safety
5. Oversight of Transplantation Role of OPTN
6. Improvement of IT Systems

To refine the goals for 2007-2008, in 2007 the incoming OPTN/UNOS President, Committee Chairs, and staff identified progress already achieved, continued needs, and new developments within each of the Committees. A modified set of committee-specific annual goals were presented during the September 2007 Executive Committee and Board meetings. Subsequently, committees' progress and activities related to their annual goals were provided to the Board of Directors and Committee Chairs in preparation for the Board's February 20-21, 2008, meeting in Orlando, Florida.

Long-Range Strategic Goals & Priorities

In early 2008, UNOS staff, with input from HRSA and the incoming OPTN/UNOS President, explored potential benefits of a revision to the current OPTN Strategic Plan (which would thereby impact subsequent annual goals). On March 18th, incoming president Dr. Robert Higgins came to UNOS to discuss with senior staff the need for strategic development of an OPTN policy and activity agenda for the short and long terms. For the short term, a modified set of core strategy areas were crafted from the Strategic Plan approved in 2006, as well as consideration of the OPTN Vision Statement. The five new “long-range strategic goals and priority areas” now provide a stronger framework for the work of the OPTN.

OPTN Vision Statement

The OPTN promotes long, healthy, and productive lives for persons with organ failure by promoting effective, high quality, and safe care; equitable organ allocation and access to transplantation; efficient care; maximized organ supply; and system innovation and improvement.

OPTN Long-Range Strategic Goals and Priorities

1. Patient Safety and Transplantation Oversight: The OPTN will promote safe, high-quality care for transplant candidates, transplant recipients, and living donors **“Patient Safety”**
2. Organ Allocation Policy: To achieve the best use of donated organs, the OPTN will refine allocation policies by incorporating objective, measurable criteria related to concepts of donor risk/quality and recipient benefit **“Best Use”**
3. Organ Allocation Policy: To achieve equitable organ allocation, the OPTN will refine allocation policies to reduce geographic variation in waiting list deaths and access to transplantation **“Equitable Access”**
4. The Donor Shortage: The OPTN will support the HHS Program Goals and maximize the number of donors and transplants. **“Maximum Capacity”**
5. Operational Effectiveness: The OPTN will identify process and system improvements that best support critical network functions, and work to disseminate them to all members who could benefit..... **“Operational Effectiveness”**

Additionally, committee-level items were reduced to a smaller number of specific things that relate to one or more of the five strategic areas. It is noted that committee-level initiatives and goals are intended to focus the work of committees during the coming year. It may take longer than one year to complete the work, and projects may carry over from year to year. The

initiatives specified do not preclude the inclusion of other projects if Committee time and member availability allows, but the addition of initiatives will be considered in light of OPTN strategic goals and priorities as well as available resources. Some 2008-2009 goals may be revised after a Strategic Planning meeting of the Board in September 2008.

Below are the 2008-2009 initiatives, listed under one or more of the five Strategic Areas (applicable Strategic Areas are indicated in brackets). Initiatives are then presented by Committee.

Initiatives by Strategic Area (sorted by Committee)

“Patient Safety”	
Patient Safety and Transplantation Oversight: The OPTN will promote safe, high-quality care for transplant candidates, transplant recipients, and living donors	
• Consider potential ethical issues involved in transplant tourism [Patient Safety]	<i>Ethics</i>
• Review positions on prisoners as living organ donors, non- resident alien/undocumented resident transplantation. [Patient Safety, Equitable Access, Maximum Capacity]	<i>Ethics</i>
• Refine definition of unacceptable antigens for laboratories [Patient Safety, Best Use, Equitable Access, Maximum Capacity, Operational Effectiveness]	<i>Histo</i>
• Facilitate/evaluate the development and implementation of national paired kidney donation policies and program [Best Use, Patient Safety, Maximum Capacity, Operational Effectiveness]	<i>Kidney</i>
• Co-develop with the Living Donor Committee a plan to assess the incidence of renal dysfunction/need for dialysis in living donors including parameters for follow-up, risk assessment [Patient Safety]	<i>Kidney</i>
• Develop qualifications for Liver Transplant Anesthesiologists [Patient Safety, Operational Effectiveness]	<i>Liver & Intestinal</i>
• Complete refinement of medical evaluation of living donor resource document for professionals; develop patient version [Patient Safety]	<i>Living Donor</i>
• Develop living donor program performance metric, in collaboration with other OPTN Committees as appropriate; consider value of including a consensus conference as part of the process [Patient Safety]	<i>Living Donor</i>

- Advise Kidney Committee in the development of national paired kidney donation program and appropriate policies [Best Use, Patient Safety, Maximum Capacity] *Living Donor*
- Co- develop with the Kidney Committee a plan to assess the incidence of renal dysfunction/need for dialysis in living donors including parameters for follow- up, risk assessment [Patient Safety] *Living Donor*
- Implement bylaws and policies pertaining to transplant programs that do living donor transplants and develop appropriate processes for overseeing compliance with OPTN requirements [Patient Safety] *MPSC*
- Develop processes and metrics for regular review of program-specific problems that prolong the time to transplant for waitlisted patients (e.g., Donor offer acceptance, turndown, and transplant rates), as cited in April 2008 Report of the GAO [Patient Safety] *MPSC*
- Explore the development of Maintenance of Certification concept and methodology as quality assessment and compliance initiative [Patient Safety] *MPSC*
- Advise Kidney Committee in the development of national paired kidney donation program and appropriate policies [Best Use, Patient Safety, Maximum Capacity] *Minority Affairs*
- Evaluate current policies that impact patient safety, organ supply safety and efficient utilization of organ placement [Maximum Capacity, Patient Safety, Operational Effectiveness] *Operations*
- Work with DTAC to address safety of donor organ supply [Maximum Capacity, Patient Safety] *Operations*
- Work with Operations Committee, DTAC and OPO Committee to identify and address issues pertaining to safety of the donor organ supply [Maximum Capacity, Patient Safety] *Organ Availability*
- Work with Operations Committee, DTAC, and Organ Availability Committee to identify and address issues pertaining to safety of the donor organ supply [Maximum Capacity, Patient Safety] *OPO*
- Evaluate policies and bylaws pertaining to donation after cardiac death and make any appropriate recommendations for revisions; develop recommendations for improving effectiveness of the DCD donation process [Maximum Capacity, Patient Safety] *OPO*
- Review policies related to living donation/paired kidney donation and make recommendations for needed policy development by other OPTN Committees [Maximum Capacity, Patient Safety] *Policy Oversight*

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|--|-----------------------------|
| • Integrate experience with CMS COPs to develop Maintenance of Certification process with MPSC [Patient Safety] | <i>Transplant Admin</i> |
| • Develop specific recommendations to address waitlist status (inactive vs. active) issues [Patient Safety, Operational Effectiveness] | <i>Transplant Admin</i> |
| • Development of key elements for overall and member specific report card for public reporting [Patient Safety] | <i>Transplant Admin</i> |
| • Develop specific recommendations to address waitlist status (inactive vs. active) issues [Patient Safety, Operational Effectiveness] | <i>Transplant Coord</i> |
| • Evaluate living donor resource document/adapt educational information on paired kidney donation [Patient Safety, Maximum Capacity] | <i>Patient Affairs</i> |
| • Review and provide input regarding public reporting of information about transplant activities at member institutions – “system report card” for patient use [Patient Safety] | <i>Patient Affairs</i> |
| • Provide specific feedback on public reporting and website development to SRTR and OPTN [Patient Safety] | <i>Patient Affairs</i> |
| • Determine current understanding of the risk of donor disease transmission through solid organ transplantation [Patient Safety] | <i>DTAC</i> |
| • Evaluate current status of screening and diagnostic testing for donor disease transmission, and recommend appropriate evidenced- based OPTN policy concerning donor testing and screening for transmissible disease [Patient Safety] | <i>DTAC</i> |
| • Develop plans to address risk of donor disease transmission through collaborative consensus conference (AST, ASTS, AOPO, SRTR, etc.) [Patient Safety] | <i>DTAC</i> |
| • Obtain and analyze key data on organs imported and exported, and on Americans going overseas for transplant [Equitable Access, Best Use, Patient Safety] | <i>Internat'l Relations</i> |

“Best Use”

Organ Allocation Policy: To achieve the best use of donated organs, the OPTN will refine allocation policies by incorporating objective, measurable criteria related to concepts of donor risk/quality and recipient benefit

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|--|---------------|
| • Continue to evaluate potential ethical issues involved in the developing kidney allocation system (KAS) policy proposal for establishing kidney allocation priority [Best Use, Equitable Access] | <i>Ethics</i> |
|--|---------------|

- Oversee implementation of CPRA into current kidney/pancreas allocation system [Best Use, Equitable Access, Operational Effectiveness] *Histo*
- Develop consensus and evidence- based histocompatibility guidelines as needed for national paired kidney donation program [Best Use, Equitable Access, Operational Effectiveness] *Histo*
- Refine definition of unacceptable antigens for laboratories [Patient Safety, Best Use, Equitable Access, Maximum Capacity, Operational Effectiveness] *Histo*
- Continue evidence- based policy development for kidney allocation system (KAS) incorporating net benefit as a component of kidney allocation [Best Use, Equitable Access] *Kidney*
- Facilitate/evaluate the development and implementation of national paired kidney donation policies and program [Best Use, Patient Safety, Maximum Capacity, Operational Effectiveness] *Kidney*
- Continue evidence- based policy development for liver allocation system incorporating net benefit as a component of liver allocation [Best Use, Equitable Access] *Liver & Intestinal*
- Advise Kidney Committee in the development of national paired kidney donation program and appropriate policies [Best Use, Patient Safety, Maximum Capacity] *Living Donor*
- Monitor and provide input during course of development of new kidney allocation policy [Best Use, Equitable Access] *Minority Affairs*
- Advise Kidney Committee in the development of national paired kidney donation program and appropriate policies [Best Use, Patient Safety, Maximum Capacity] *Minority Affairs*
- Evaluate pancreatic utilization/wastage data and consider operational or system improvements aimed at reducing pancreas discards [Operational Effectiveness, Best Use] *Pancreas*
- Evaluate potential impact of a new kidney allocation policy on kidney/pancreas allocation as well as impact of paired kidney donation on kidney/pancreas transplant candidates on the waitlist [Equitable Access, Best Use] *Pancreas*
- Develop a heart allocation score that will incorporate predictors of waitlist mortality and improve post- transplant survival [Best Use, Equitable Access] *Thoracic*

- Evaluate/validate Donor Risk Index for hearts and lungs [Best Use, Maximum Capacity] *Thoracic*
- Review outcomes and refine Lung Allocation System (LAS) [Best Use, Maximum Capacity, Equitable Access] *Thoracic*
- Continue to advise the OPTN regarding the development of a new kidney allocation system; recommend communication strategies during policy development and implementation [Best Use, Equitable Access, Operational Effectiveness] *Patient Affairs*
- Develop organ specific proposals to improve access to transplant, utilize donor organs more effectively [Best Use, Equitable Access] *Pediatric*
- Broader sharing of organs – collaborate with Liver, Thoracic, and Kidney Committees to study and describe geographic/regional variation and disparities in access to transplantation. Identify areas that can be addressed by the OPTN, and recommend appropriate approaches to addressing them [Best Use, Equitable Access] *Pediatric*
- Obtain and analyze key data on organs imported and exported, and on Americans going overseas for transplant [Equitable Access, Best Use, Patient Safety] *Internat'l Relations*

“Equitable Access”

Organ Allocation Policy: To achieve equitable organ allocation, the OPTN will refine allocation policies to reduce geographic variation in waiting list deaths and access to transplantation

- Continue to evaluate potential ethical issues involved in the developing kidney allocation system (KAS) policy proposal for establishing kidney allocation priority [Best Use, Equitable Access] *Ethics*
- Review positions on prisoners as living organ donors, non- resident alien/undocumented resident transplantation. [Patient Safety, Equitable Access, Maximum Capacity] *Ethics*
- Oversee implementation of CPRA into current kidney/pancreas allocation system [Best Use, Equitable Access, Operational Effectiveness] *Histo*
- Develop consensus and evidence- based histocompatibility guidelines as needed for national paired kidney donation program [Best Use, Equitable Access, Operational Effectiveness] *Histo*

- Refine definition of unacceptable antigens for laboratories [Patient Safety, Best Use, Equitable Access, Maximum Capacity, Operational Effectiveness] *Histo*
- Continue evidence- based policy development for kidney allocation system (KAS) incorporating net benefit as a component of kidney allocation [Best Use, Equitable Access] *Kidney*
- Study and describe geographic/regional variation and disparities in access to kidney transplantation. Identify areas that can be addressed by the OPTN, and recommend appropriate approaches to addressing them [Equitable Access] *Kidney*
- Continue evidence- based policy development for liver allocation system incorporating net benefit as a component of liver allocation [Best Use, Equitable Access] *Liver & Intestinal*
- Re- evaluate /standardize MELD policy exceptions for HCC [Equitable Access] *Liver & Intestinal*
- Study and describe geographic/regional variation and disparities in access to liver transplantation. Identify areas that can be addressed by the OPTN, and recommend appropriate approaches to addressing them [Equitable Access] *Liver & Intestinal*
- Monitor and provide input during course of development of new kidney allocation policy [Best Use, Equitable Access] *Minority Affairs*
- Provide input to other Committees that are studying geographic/regional variation and disparities in access to transplantation [Equitable Access] *Minority Affairs*
- Continue Dialysis Facility Survey Project and provide findings [Equitable Access, Operational Effectiveness] *Minority Affairs*
- Evaluate potential impact of a new kidney allocation policy on kidney/pancreas allocation as well as impact of paired kidney donation on kidney/pancreas transplant candidates on the waitlist [Equitable Access, Best Use] *Pancreas*
- Evaluate existing pancreas allocation to optimize and increase number of donors, improve efficient utilization and increase transplants [Equitable Access] *Pancreas*
- Address geographic variation in organ supply and transplantation that may be influenced by organ allocation policy [Maximum Capacity, Equitable Access] *Policy Oversight*

- Develop a heart allocation score that will incorporate predictors of waitlist mortality and improve post- transplant survival [Best Use, Equitable Access] *Thoracic*
- Review outcomes and refine Lung Allocation System (LAS) [Best Use, Maximum Capacity, Equitable Access] *Thoracic*
- Continue to advise the OPTN regarding the development of a new kidney allocation system; recommend communication strategies during policy development and implementation [Best Use, Equitable Access, Operational Effectiveness] *Patient Affairs*
- Develop organ specific proposals to improve access to transplant, utilize donor organs more effectively [Best Use, Equitable Access] *Pediatric*
- Broader sharing of organs – collaborate with Liver, Thoracic, and Kidney Committees to study and describe geographic/regional variation and disparities in access to transplantation. Identify areas that can be addressed by the OPTN, and recommend appropriate approaches to addressing them [Best Use, Equitable Access] *Pediatric*
- Evaluate kidney waitlist mortality – consider policy proposals to prioritize highly sensitized children, and children with medical urgency in context of KAS [Equitable Access] *Pediatric*
- Obtain and analyze key data on organs imported and exported, and on Americans going overseas for transplant [Equitable Access, Best Use, Patient Safety] *Intern'l Relations*
- Continue to report on annual basis # alien/foreign national transplants in US transplant centers [Equitable Access] *Intern'l Relations*

“Maximum Capacity”
The Donor Shortage: The OPTN will support the HHS Program Goals and maximize the number of donors and transplants

- Review positions on prisoners as living organ donors, non- resident alien/undocumented resident transplantation. [Patient Safety, Equitable Access, Maximum Capacity] *Ethics*
- Refine definition of unacceptable antigens for laboratories [Patient Safety, Best Use, Equitable Access, Maximum Capacity, Operational Effectiveness] *Histo*

- Facilitate/evaluate the development and implementation of national paired kidney donation policies and program [Best Use, Patient Safety, Maximum Capacity, Operational Effectiveness] *Kidney*
- Advise Kidney Committee in the development of national paired kidney donation program and appropriate policies [Best Use, Patient Safety, Maximum Capacity] *Living Donor*
- Develop OPO performance metrics in collaboration with OPO Committee [Maximum Capacity, Operational Effectiveness] *MPSC*
- Advise Kidney Committee in the development of national paired kidney donation program and appropriate policies [Best Use, Patient Safety, Maximum Capacity] *Minority Affairs*
- Review efficiency and safety of organ placement system, including review of system effectiveness as related to Donor Net implementation; advise the staff on potential approaches to improved operational effectiveness [Operational Effectiveness, Maximum Capacity] *Operations*
- Evaluate current policies that impact patient safety, organ supply safety and efficient utilization of organ placement [Maximum Capacity, Patient Safety, Operational Effectiveness] *Operations*
- Work with DTAC to address safety of donor organ supply [Maximum Capacity, Patient Safety] *Operations*
- Evaluate policies on DCD, outcomes standard, extended and DCD donors [Maximum Capacity] *Organ Availability*
- Evaluate and propose improvements to organ utilization and discard/wastage metrics for public reporting and policy development purposes [Maximum Capacity, Operational Effectiveness] *Organ Availability*
- Work with Operations Committee, DTAC and OPO Committee to identify and address issues pertaining to safety of the donor organ supply [Maximum Capacity, Patient Safety] *Organ Availability*
- Develop OPO performance metrics in collaboration with MPSC for public reporting and potential MPSC review [Maximum Capacity, Operational Effectiveness] *OPO*
- Work with Operations Committee, DTAC, and Organ Availability Committee to identify and address issues pertaining to safety of the donor organ supply [Maximum Capacity, Patient Safety] *OPO*

- Evaluate policies and bylaws pertaining to donation after cardiac death and make any appropriate recommendations for revisions; develop recommendations for improving effectiveness of the DCD donation process [Maximum Capacity, Patient Safety] *OPO*
- Clarify policies governing islet cell transplantation [Operational Effectiveness, Maximum Capacity] *Pancreas*
- Review policies related to donor organ supply and make recommendations for needed policy development by other OPTN Committees [Maximum Capacity] *Policy Oversight*
- Address geographic variation in organ supply and transplantation that may be influenced by organ allocation policy [Maximum Capacity, Equitable Access] *Policy Oversight*
- Review policies related to living donation/paired kidney donation and make recommendations for needed policy development by other OPTN Committees [Maximum Capacity, Patient Safety] *Policy Oversight*
- Evaluate/validate Donor Risk Index for hearts and lungs [Best Use, Maximum Capacity] *Thoracic*
- Review outcomes and refine Lung Allocation System (LAS) [Best Use, Maximum Capacity, Equitable Access] *Thoracic*
- 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] *Transplant Admin*
- Review current strengths/opportunities for improvement in DonorNet® and/or organ placement practices/community training and education in collaboration with Transplant Administrators and Operations Committees [Maximum Capacity, Operational Effectiveness] *Transplant Coord*
- Evaluate implementation and impact of paired kidney donation programs [Maximum Capacity, Operational Effectiveness] *Transplant Coord*
- Evaluate living donor resource document/adapt educational information on paired kidney donation [Patient Safety, Maximum Capacity] *Patient Affairs*

“Operational Effectiveness”

Operational Effectiveness: The OPTN will identify process and system improvements that best support critical network functions, and work to disseminate them to all members who could benefit

- Oversee implementation of CPRA into current kidney/pancreas allocation system [Best Use, Equitable Access, Operational Effectiveness] *Histo*
- Develop consensus and evidence- based histocompatibility guidelines as needed for national paired kidney donation program [Best Use, Equitable Access, Operational Effectiveness] *Histo*
- Refine definition of unacceptable antigens for laboratories [Patient Safety, Best Use, Equitable Access, Maximum Capacity, Operational Effectiveness] *Histo*
- Facilitate/evaluate the development and implementation of national paired kidney donation policies and program [Best Use, Patient Safety, Maximum Capacity, Operational Effectiveness] *Kidney*
- Develop qualifications for Liver Transplant Anesthesiologists [Patient Safety, Operational Effectiveness] *Liver & Intestinal*
- Advise staff in the policy and bylaws rewrite project to improve format and use plain language [Operational Effectiveness] *MPSC*
- Develop OPO performance metrics in collaboration with OPO Committee [Maximum Capacity, Operational Effectiveness] *MPSC*
- Develop transplant program scorecard (TCS report) for operational use by the MPSC [Operational Effectiveness] *MPSC*
- Continue Dialysis Facility Survey Project and provide findings [Equitable Access, Operational Effectiveness] *Minority Affairs*
- Review efficiency and safety of organ placement system, including review of system effectiveness as related to Donor Net implementation; advise the staff on potential approaches to improved operational effectiveness [Operational Effectiveness, Maximum Capacity] *Operations*
- Evaluate current policies that impact patient safety, organ supply safety and efficient utilization of organ placement [Maximum Capacity, Patient Safety, Operational Effectiveness] *Operations*
- Evaluate and propose improvements to organ utilization and discard/wastage metrics for public reporting and policy development purposes [Maximum Capacity, Operational Effectiveness] *Organ Availability*

- Develop OPO performance metrics in collaboration with MPSC for public reporting and potential MPSC review [Maximum Capacity, Operational Effectiveness] *OPO*
- Evaluate pancreatic utilization/wastage data and consider operational or system improvements aimed at reducing pancreas discards [Operational Effectiveness, Best Use] *Pancreas*
- Clarify policies governing islet cell transplantation [Operational Effectiveness, Maximum Capacity] *Pancreas*
- 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] *Transplant Admin*
- Develop specific recommendations to address waitlist status (inactive vs. active) issues [Patient Safety, Operational Effectiveness] *Transplant Admin*
- Review current strengths/opportunities for improvement in DonorNet® and/or organ placement practices/community training and education in collaboration with Transplant Administrators and Operations Committees [Maximum Capacity, Operational Effectiveness] *Transplant Coord*
- Develop specific recommendations to address waitlist status (inactive vs. active) issues [Patient Safety, Operational Effectiveness] *Transplant Coord*
- Evaluate implementation and impact of paired kidney donation programs [Maximum Capacity, Operational Effectiveness] *Transplant Coord*
- Continue to advise the OPTN regarding the development of a new kidney allocation system; recommend communication strategies during policy development and implementation [Best Use, Equitable Access, Operational Effectiveness] *Patient Affairs*

Initiatives by Committee

(Ad Hoc) Disease Transmission Advisory Committee (DTAC)

- 1) Determine current understanding of the risk of donor disease transmission through solid organ transplantation [Patient Safety]
- 2) Evaluate current status of screening and diagnostic testing for donor disease transmission, and recommend appropriate evidenced-based OPTN policy concerning donor testing and screening for transmissible disease [Patient Safety]
- 3) Develop plans to address risk of donor disease transmission through collaborative consensus conference (AST, ASTS, AOPO, SRTR, etc.) [Patient Safety]

Ethics Committee

- 1) Continue to evaluate potential ethical issues involved in the developing kidney allocation system (KAS) policy proposal for establishing kidney allocation priority [Best Use, Equitable Access]
- 2) Consider potential ethical issues involved in transplant tourism [Patient Safety]
- 3) Review positions on prisoners as living organ donors, non-resident alien/undocumented resident transplantation. [Patient Safety, Equitable Access, Maximum Capacity]

Histocompatibility Committee

- 1) Oversee implementation of CPRA into current kidney/pancreas allocation system [Best Use, Equitable Access, Operational Effectiveness]
- 2) Develop consensus and evidence-based histocompatibility guidelines as needed for national paired kidney donation program [Best Use, Equitable Access, Operational Effectiveness]
- 3) Refine definition of unacceptable antigens for laboratories [Patient Safety, Best Use, Equitable Access, Maximum Capacity, Operational Effectiveness]

(Ad Hoc) International Relations Committee

- 1) Obtain and analyze key data on organs imported and exported, and on Americans going overseas for transplant [Equitable Access, Best Use, Patient Safety]
- 2) Continue to report on annual basis # alien/foreign national transplants in US transplant centers [Equitable Access]

Kidney Transplantation Committee

- 1) Continue evidence-based policy development for kidney allocation system (KAS) incorporating net benefit as a component of kidney allocation [Best Use, Equitable Access]
- 2) Study and describe geographic/regional variation and disparities in access to kidney transplantation. Identify areas that can be addressed by the OPTN, and recommend appropriate approaches to addressing them [Equitable Access]
- 3) Facilitate/evaluate the development and implementation of national paired kidney donation policies and program [Best Use, Patient Safety, Maximum Capacity, Operational Effectiveness]
- 4) Co-develop with the Living Donor Committee a plan to assess the incidence of renal dysfunction/need for dialysis in living donors including parameters for follow-up, risk assessment [Patient Safety]

Liver and Intestinal Transplantation Committee

- 1) Continue evidence-based policy development for liver allocation system incorporating net benefit as a component of liver allocation [Best Use, Equitable Access]
- 2) Develop qualifications for Liver Transplant Anesthesiologists [Patient Safety, Operational Effectiveness]
- 3) Re-evaluate /standardize MELD policy exceptions for HCC [Equitable Access]
- 4) Study and describe geographic/regional variation and disparities in access to liver transplantation. Identify areas that can be addressed by the OPTN, and recommend appropriate approaches to addressing them [Equitable Access]

Living Donor Committee

- 1) Complete refinement of medical evaluation of living donor resource document for professionals; develop patient version [Patient Safety]
- 2) Develop living donor program performance metric, in collaboration with other OPTN Committees as appropriate; consider value of including a consensus conference as part of the process [Patient Safety]
- 3) Advise Kidney Committee in the development of national paired kidney donation program and appropriate policies [Best Use, Patient Safety, Maximum Capacity]
- 4) Co-develop with the Kidney Committee a plan to assess the incidence of renal dysfunction/need for dialysis in living donors including parameters for follow-up, risk assessment [Patient Safety]

Membership and Professional Standards Committee (MPSC)

- 1) Advise staff in the policy and bylaws rewrite project to improve format and use plain language [Operational Effectiveness]
- 2) Develop OPO performance metrics in collaboration with OPO Committee [Maximum Capacity, Operational Effectiveness]
- 3) Implement bylaws and policies pertaining to transplant programs that do living donor transplants and develop appropriate processes for overseeing compliance with OPTN requirements [Patient Safety]
- 4) Develop transplant program scorecard (TCS report) for operational use by the MPSC [Operational Effectiveness]
- 5) Develop processes and metrics for regular review of program-specific problems that prolong the time to transplant for waitlisted patients (e.g., Donor offer acceptance, turndown, and transplant rates), as cited in April 2008 Report of the GAO [Patient Safety]
- 6) Explore the development of Maintenance of Certification concept and methodology as quality assessment and compliance initiative [Patient Safety]

Minority Affairs Committee (MAC)

- 1) Monitor and provide input during course of development of new kidney allocation policy [Best Use, Equitable Access]
- 2) Provide input to other Committees that are studying geographic/regional variation and disparities in access to transplantation [Equitable Access]
- 3) Advise Kidney Committee in the development of national paired kidney donation program and appropriate policies [Best Use, Patient Safety, Maximum Capacity]
- 4) Continue Dialysis Facility Survey Project and provide findings [Equitable Access, Operational Effectiveness]

Operations Committee

- 1) Review efficiency and safety of organ placement system, including review of system effectiveness as related to Donor Net implementation; advise the staff on potential approaches to improved operational effectiveness [Operational Effectiveness, Maximum Capacity]
- 2) Evaluate current policies that impact patient safety, organ supply safety and efficient utilization of organ placement [Maximum Capacity, Patient Safety, Operational Effectiveness]
- 3) Work with DTAC to address safety of donor organ supply [Maximum Capacity, Patient Safety]

Organ Availability Committee (OAC)

- 1) Evaluate policies on DCD, outcomes standard, extended and DCD donors [Maximum Capacity]
- 2) Evaluate and propose improvements to organ utilization and discard/wastage metrics for public reporting and policy development purposes [Maximum Capacity, Operational Effectiveness]
- 3) Work with Operations Committee, DTAC and OPO Committee to identify and address issues pertaining to safety of the donor organ supply [Maximum Capacity, Patient Safety]

Organ Procurement Organization (OPO) Committee

- 1) Develop OPO performance metrics in collaboration with MPSC for public reporting and potential MPSC review [Maximum Capacity, Operational Effectiveness]
- 2) Work with Operations Committee, DTAC, and Organ Availability Committee to identify and address issues pertaining to safety of the donor organ supply [Maximum Capacity, Patient Safety]
- 3) Evaluate policies and bylaws pertaining to donation after cardiac death and make any appropriate recommendations for revisions; develop recommendations for improving effectiveness of the DCD donation process [Maximum Capacity, Patient Safety]

Pancreas Transplantation Committee

- 1) Evaluate pancreatic utilization/wastage data and consider operational or system improvements aimed at reducing pancreas discards [Operational Effectiveness, Best Use]
- 2) Evaluate potential impact of a new kidney allocation policy on kidney/pancreas allocation as well as impact of paired kidney donation on kidney/pancreas transplant candidates on the waitlist [Equitable Access, Best Use]
- 3) Evaluate existing pancreas allocation to optimize and increase number of donors, improve efficient utilization and increase transplants [Equitable Access]
- 4) Clarify policies governing islet cell transplantation [Operational Effectiveness, Maximum Capacity]

Patient Affairs Committee (PAC)

- 1) Continue to advise the OPTN regarding the development of a new kidney allocation system; recommend communication strategies during policy development and implementation [Best Use, Equitable Access, Operational Effectiveness]
- 2) Evaluate living donor resource document/adapt educational information on paired kidney donation [Patient Safety, Maximum Capacity]

- 3) Review and provide input regarding public reporting of information about transplant activities at member institutions – “system report card” for patient use [Patient Safety]
- 4) Provide specific feedback on public reporting and website development to SRTR and OPTN [Patient Safety]

Pediatric Transplantation Committee

- 1) Develop organ specific proposals to improve access to transplant, utilize donor organs more effectively [Best Use, Equitable Access]
- 2) Broader sharing of organs – collaborate with Liver, Thoracic, and Kidney Committees to study and describe geographic/regional variation and disparities in access to transplantation. Identify areas that can be addressed by the OPTN, and recommend appropriate approaches to addressing them [Best Use, Equitable Access]
- 3) Evaluate kidney waitlist mortality – consider policy proposals to prioritize highly sensitized children, and children with medical urgency in context of KAS [Equitable Access]

Policy Oversight Committee (POC)

- 1) Review policies related to donor organ supply and make recommendations for needed policy development by other OPTN Committees [Maximum Capacity]
- 2) Address geographic variation in organ supply and transplantation that may be influenced by organ allocation policy [Maximum Capacity, Equitable Access]
- 3) Review policies related to living donation/paired kidney donation and make recommendations for needed policy development by other OPTN Committees [Maximum Capacity, Patient Safety]

Thoracic Organ Transplantation Committee

- 1) Develop a heart allocation score that will incorporate predictors of waitlist mortality and improve post-transplant survival [Best Use, Equitable Access]
- 2) Evaluate/validate Donor Risk Index for hearts and lungs [Best Use, Maximum Capacity]
- 3) Review outcomes and refine Lung Allocation System (LAS) [Best Use, Maximum Capacity, Equitable Access]

Transplant Administrators Committee (TAC)

- 1) 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]
- 2) Integrate experience with CMS COPs to develop Maintenance of Certification process with MPSC [Patient Safety]

- 3) Develop specific recommendations to address waitlist status (inactive vs. active) issues [Patient Safety, Operational Effectiveness]
- 4) Development of key elements for overall and member specific report card for public reporting [Patient Safety]

Transplant Coordinators Committee (TCC)

- 1) Review current strengths/opportunities for improvement in DonorNet® and/or organ placement practices/community training and education in collaboration with Transplant Administrators and Operations Committees [Maximum Capacity, Operational Effectiveness]
- 2) Develop specific recommendations to address waitlist status (inactive vs. active) issues [Patient Safety, Operational Effectiveness]
- 3) Evaluate implementation and impact of paired kidney donation programs [Maximum Capacity, Operational Effectiveness]