

Proposal to Allow Collective Patient and Wait Time Transfers

*Operations and Safety Committee
June 2015*

The Problem

- Reduce burden and errors associated with transferring large groups of patients when a transplant program or hospital closes, enters long term inactivity, or is terminated
- Restore opportunities for transplant as soon as possible

Strategic Plan Alignment

Promote transplant patient safety

- Electronic transfer will reduce data entry and transcription errors

Promote efficient management of the OPTN

- Reduce opportunity for lost paperwork and transfer processing time
- Restore opportunity for transplant in timely manner

Proposed Solutions

- Modify policy/bylaws to authorize and define collective patient and wait time transfer process

Supporting Evidence

- Manual transfer can take up to 30 minutes to process
- Individual forms can get lost
- Transplant opportunities may be delayed

Supporting Evidence

- Between 2011-13: 37 transplant hospitals with a total of 45 programs withdrew their OPTN designated status (closed) affecting ~ 1,524 waitlisted candidates
- The average transplant hospital has 496 candidates.
- Forty transplant hospitals have over 1,000 candidates

Public Comment Themes

| OSC Request for Feedback | Public Comment Response |
|--|--|
| Should a deadline be proposed to complete full evaluations following a collective transfer? | Public commenters like that the proposal allows programs to set own deadlines due to variations in volume and resources |
| Should post-transfer reporting be done every 90 days until the post-transfer evaluation plan is complete? | Yes-additional reports supported to assure that transferred patients receive evaluations |
| Should a new post-transfer evaluation plan be developed if circumstances change? | No comments in support of this idea |
| What are expectations about the receiving program communicating active versus inactive status to candidates? | Public commenters supported having the accepting program inform patients what must be done to have an active status at the new program |

Public Comment Themes

- Proposal widely supported
- What about inaccurate data and impact on outcomes (MPSC, Pancreas, TCC)
- Requirements may be too burdensome (MAC, Pancreas, Region 2)
- Desire to use process in other situations (MPSC, Member Quality, Region 4)

Post-public comment actions

- Clean up definitions and vague language
- Clarify consent requirement
- Allow accepting hospital to request that closing center inactivate patients
- Add to existing required communication that patient will need evaluation at new program for active listing

Post-public comment actions

- Add requirement that accepting program must notify patients (inactive as part of transfer process) what they need to do to become active at new program
- Clarify one report at day 90 post-transfer is required. Two weeks post-90 days to submit. Additional reports may be requested.
- Process may be used for other situations

What Members will Need to Do

This is an **option-** not a required process

- Only impacts transplant programs in certain situations
- Outlines requirements if collective transfer desired

Overall Project Impact

Product

Policy and Bylaws

Target Population Impact:

Living Donors, Transplant Candidates and Recipients at transplant programs entering long-term inactive status, withdrawing or receiving termination

Total IT Implementation Hours

0/16,680



Total Overall Implementation Hours

295/23,685



Board Policy Group Recommendation

- **Discussion Agenda**
- 5-Approve without further discussion
- 4-Approve but discuss
- 0-Denial but discuss
- 1-No recommendation but discuss

Resolution 12 (page 66)

- **RESOLVED**, that **Policies 3.6.C (Waiting Time Transfers) and 3.8 (New: Collective patient Transfers) and Bylaws K.3.B (Notice to the Patients of Long-term Inactive Status), K.4.B (Notice to the Patients), and K.6 (Transferred Candidates Waiting Time) are modified as set forth below, and are hereby approved, effective September 1, 2015.**