

## Responses to open-ended question on 2016 UNOS Member Survey: What change have you noticed at UNOS in the last year?

### Communications/Websites

- Communications are easy to understand
- Communications are more timely and clear.
- Attempt to communicate more, eg. KPD program.
- Enhanced electronic communication
- BOD information and overall transparency is much better
- An increase in the variety of types of communication sources.
- Good follow-up and information on allocation policy change effects
- Greater visibility
- Better communication via UNet
- I have greatly appreciated the "tool boxes" available through Transplant Pro
- Grouping communication has been good - alleviates some "email fatigue".
- Improved Transplant Pro.
- Improved communication
- Improved communication
- improved communication, increased effort to roll out new policies and educate transplant community
- more communication
- increased attempts to communicate with membership
- Increase in frequency of communication and surveys
- More communication and clarity. Still need help with ways to implement new policies when no resources exist at the member center.
- newsletter clarity
- I have greatly appreciated the "tool boxes" available through Transplant Pro
- I have noticed more updates on the UNOS website.
- Improved timely communication on a broad array of transplant and donation topics
- I think UNOS is trying to become more customer friendly, especially towards administrators and staff...in the past UNOS almost exclusively focused on communicating to physicians through regional meetings. I like the increased communication, though it can be a bit overwhelming if you're not used to it.
- Better links
- Increased communication regarding policy changes and implementation dates and UNOS follow up.
- improvements on the website
- Improved communication
- improved communication, increased effort to roll out new policies and educate transplant community
- more communication
- Increased frequency of communication via email.
- Design of the website

- different web design
- Look of website
- new web site appearance
- format of the newsletter
- Many more notices about upcoming policy changes and the process of implementation
- More communication and information availability
- More communication and resources. Examples of what the policy changes mean.
- More email notifications, clearer information
- more frequent and better communication in advance of changes being made.
- more frequent and clear communication
- More frequent communication
- more frequent emails with more information
- more frequent notifications
- It does seem like communications (newsletters, policy-related information, etc) are more clearly composed and therefore more accessible
- Movement to electronic resources as means of communication
- More requests for communication from me.
- No changes, but quality of communication has been consistently good.
- Improved communication
- improved communication, increased effort to roll out new policies and educate transplant community
- more communication
- More communication and clarity. Still need help with ways to implement new policies when no resources exist at the member center.
- Design of the website
- different web design
- slightly more oriented towards patient access
- Multiple venues of communication - Terrific!
- Summary Tech news, postings of UNOS information also on industry list servs - transplant Admin, KPD, etc.
- Within my new role, I have found using Transplant Pro and the ABO Toolkit
- The move to electronic communication as opposed to paper
- Transplant Pro (maybe not in the last year) plays an important part in policy change notifications
- the website
- Website improvements
- website is easier to navigate
- Website update
- UNOS is committed to frequent communications as policies gradually change
- UNOS seems to be trying harder to get the communication out
- Updated website
- updated website
- Updates
- User friendly platform. Faxed uploads are being uploaded in its entirety. More communication on changes which are easier to read.
- your new website, I find it difficult and time consuming to navigate

- web site is much more difficult to use than older version
- I get e-mails from a variety of folks who do not seem to know who the data coordinator is for my program
- I like the Transplant Pro website. It seems like data is dropping off the OPTN website-reports that were there one day aren't the next. I assume things are migrating somewhere, but haven't read or seen anything to explain it.
- Seems to be more frequent communication Some more clarity in approved policies, but not very clear communication in all new projects, such as COIIN project, etc.
- More information is being disseminated, too much at once....
- So many publications now, I don't know which to refer to for important changes.
- More communication and clarity. Still need help with ways to implement new policies when no resources exist at the member center
- I think the website is easier to navigate. However the community is VERY confused re: ABO verification and IG.
- I receive few informational communications
- Communication is worse - too many different methods of communication. Feel like we have to search out changes/notices. Prefer old method - receiving emails for all important notices. Also, do not like the new work order process - used to be easier, now it's a longer process to place work order & less straightforward.

- **Education**

- I like the webinars for training
- Increased education opportunities through UNOS Connect
- Early notification about upcoming education/webinars and follow-up notification when the date of the webinar/policy change is due to occur or take effect.
- New UNOS Connect is a well designed educational site
- on-line classes added
- Increased communication and trainings
- Greater patient safety focus (videos, metrics pilot)
- More education on updates and changes
- More educational material
- more frequent webinars
- more webinars
- more focused on educational needs of users
- More informative webinars and tools to help with policy change implementation
- I've only been working with the transplant community for 3 months. The only 'change' I'm aware of is the implementation of the UNOS Connect education page on the UNet site. I like it very much.
- Covering more topics
- UNOS Connect, most recently.
- Website, UNOS connect.

- DonorNet/UNet/General IT

- increased attention on innovation and current/modern tech. I think we're moving in the right direction.
- Accept an HBV NAT positive donor check box
- better IT
- Better IT
- IT seems to be working on projects to improve members access to data and reports. The Business side of UNOS is expanding as well.
- Improvements in DonorNet
- Donor check in and tracking
- donornet looks different
- DonorNet,
- change in TIEDI, change in DonorNet.
- Changes to Service Portal
- Changes to the DDR
- For one, moving all the monthly STAR data files to UNET.
- Focus on strategic plan, more rapid turnaround on projects (IT).
- Discontinuation of our Portal home page that no longer allows us to see the local (Oklahoma/lifeshare) current/potential donors & match runs. This allowed us to use time management to our advantage when on call during business hours and after hours in knowing potential expectations of offers.
- Great progress on IT backlog.
- Being able to look up a donor type without placing a work order.
- better web browser compatibility
- Heightened emphasis on technology.
- Easier to gain access to data via UNet
- More tech implementation
- A strong focus on IT and simplification to obtain data
- technological changes- UNET redesign, new portal for service requests
- implementation of work orders and support system in Unet
- Help desk people have been very good at explaining how to complete some of the required input/changes.
- Homepage design
- new web page, more output fields
- newly redesigned web sites, better e-news, IT customer council created
- Changed some forms to report
- I like that some submissions can be sent electronically.
- I love the new reporting for antibodies.
- improved data portal and report access
- combined recipient and LD surveys. ROOT report changes
- New Service Portal
- SIMPLER MORE USER FRIENDLY TIEDI FORMS
- New Unet portal. Patient Safety Portal is less prominently displayed.
- New way to submit work orders for Tiedi
- On UNET, the need for a birth date for any user account requested. Not needed
- more IT help!

- new help desk/page
- new look in website. More required information
- webinar trainings posted on Secure Enterprises
- Webpage change.
- Website
- Website changes, you will be updating your internet explorer
- Website dashboard. ABO verification process
- Website for UNet - Fantastic! I wish that Waitlist module was functional in Chrome.
- New members are set up faster in UNet than before.
- Requiring more data on vessel use and destruction, updates on serologies. New look (more vibrant).
- Security Enterprise appearance and navigation.
- Starting to adapt to OPOs and Txp Centers going electronic.
- The new website. Adding resources was great and able to access from UNET
- Technology has improved and is a lot more user friendly
- The availability of more data without having to request it
- The look of the Secure Enterprise website changed dramatically.
- UNet changes
- UNet display
- UNET Homepage
- UNet landing page is updated. we have a new regional councilor
- UNET webpage has changed and is more user friendly.
- UNET website
- UNet website layout
- UNet website updates; webinars and training opportunities
- The process for submitting work orders through UNet has become much more cumbersome.
- TIEDI form changes and a re-vamp of UNET.
- TIEDI Forms
- Various changes to the application itself.
- User friendly look to new information
- Work orders
- You upload the UNOS Star files automatically now, which is good.
- I still have a difficult time finding resources and data since UNOS changed the UNET look. Seems you need to dig deep with multiple clicks and connections to different web sites. It is not obvious for example how to submit a Data request.
- Beyond the last year, but substantial improvement in IT resources and support. Unrelated, however, is a reduced willingness on the part of the organ center to assist with policy interpretation.
- You launched the clunky info portal.
- I've been working daily with the UNOS portal for about 5 1/2 years and I like the SSN and DOB double-checks on waitlist. Not thrilled with the changes to the online help, though--the processes seem a little confusing if not backwards.
- It can be hard to find info. if you don't know what policy to review. (ie. definitions contains how the date of txp. is determined)
- Longer turn-around times for many data requests. IT programming seems to move more quickly than previously
- donor net access from iphone still terrible!!
- New web site- sorry, still prefer the old one- I find reporting a change in forms cumbersome

## Policy-related

- Many policy changes/updates.
- Better effort to align with CMS requirements/ avoid duplication
- Faster enactment of policies.
- Dual SS# and birthdate verification, new heart pediatric guidelines
- extended committee serve time
- Changes in listing for liver transplant
- changes in allocation for kidney reflecting KDPI and more factors being considered for matching donors and recipients for kidney
- ECMO on the lung removal form
- KAS and A2Allocation for B ABO patients. Change to pancreas weight listing.
- Policy changes
- Policy changes and information lay out in UNET
- Policy changes ie organ verification at the time of arrival; attempts to make policies more closely aligned with CMS policies. Thank you!
- Policy is written in clear language.
- Policy changes, website changes
- Admission requirements for transplant list.
- many policy changes
- More high PRA patients are getting nationwide offers and more are getting transplanted
- More policies for implementation.
- Ongoing organ allocation improvement
- New KAS. HLA typing requirements for donors. CPRA updates.
- Ongoing organ allocation policy improvement
- Policy changes
- Policy changes and information lay out in UNET
- Policy changes ie organ verification at the time of arrival; attempts to make policies more closely aligned with CMS policies. Thank you!
- Policy is written in clear language.
- Policy changes, website changes
- SSN, Date of birth and ABO verifications
- ABO
- ABO
- abo change
- ABO policies, Education
- ABO policy change
- ABO verification
- ABO verification policy changes
- Strengthening policy language/closing the gaps for patient safety
- The new KAS
- Use of dialysis start date to calculate time on wait list
- VCA

- Conflicting policies and explanations. Dumping work product and expenses on transplant centers
- Obsession with geographic disparity is killing the transplant field for the last decade in the resources spent in this initiative and unfortunately they are marketed as progress
- Many major policy changes planned - and the new policies all start midweek and any day within a month. Would be soooooo much easier to start a new or significantly changed procedure at the beginning of a month. Just a thought....
- Addition of the times on labs in the LAS is ridiculous!
- mainly informative but not real changes in qi or progressive policies

### Customer Service/Staff-related Comments/Operational

- staff very helpful
- so collaborative and helpful
- An increase in the appearance of positive collaboration.
- Division of work across various departments and staff members
- Greater support although concerned less support and communication for Region 5
- increased focus on customer service.
- vetting widely, really widely - increased PR
- Wanting to hear what the OPO's 'have to say
- increased personal connection with the transplant centers, increased communication
- Like the focus on providing data that programs can work with (Transplant centers)
- Many new staff with calls made regarding donors and allocation.
- New Regional Representatives; Reaching out more to associations like NATCO.
- More new names and faces
- More talk about the Strategic Plan
- Greater emphasis on prioritizing strategic plan goals
- Focus on strategic plan and goal to perform more transplants
- Executive Committee leading strategic planning process and holding to project allocations
- organ center staff are much less helpful than in past years
- still struggling to move to a process driven organization
- Strong focus on goals alignment with strategic plan.
- taking on several projects in the research realm to improve transplant - I am supportive of this (COIIN project being one example)
- The most significant change has been enhanced data reports. Better support of the membership through increased educational activities, examples of forms for new policies, advocacy for the transplant community through innovative projects, much improved IT solutions, clear purpose through strategic plan.
- There have been multiple changes pushed through in rapid procession, but very little understanding of those changes by UNOS and transplant staff alike.
- A lack of balance in representation of care providers. UNOS has become a large organization that houses a number of political agendas. While this is necessary to some degree I have observed a loss of "community" that has made the transplant network so successful.
- when I call to clarify a policy, the person I talk to does not know the info, has to get back to me, and at least once, gave me the wrong information
- You don't care what the majority of OPO's and transplant programs think. You sure don't care about donor families.

- UNOS has become a political organization driving policy based in the wishes of a few well connected people. It is not responsive nor does it seek true input from the community
- UNOS is transforming into an organization that drives policy and forces changes as opposed to listening and responding to the community. More and more they advance an agenda to benefit the large, politically connected centers.
- An overabundance of surveys. Every time I turn around there is another UNOS survey in my email.
- More disorganized. Calls not returned. Poor explanations. Data entry errors. Programming errors.

### Compliance/Member Quality

- changes to the former DEQ staff and faster programming and implementation (or at least less backlog in this area)
- COIIN
- COIIN project.
- Appears to be more about compliance to the letter of the policy than it is about helping member institutions and in general, improving patient care.
- compliance is overbearing

### No change noticed

- Have only served one year, so I do not notice any changes as of yet.
- Haven't noticed a change.
- I am new to transplant, so I cannot answer this question accurately
- I can't say that I have noticed a specific change at UNOS.
- I don't know
- I haven't been privy to any changes.
- I predominately take organ offers so I've not noticed very many changes.
- Just signed up in the past year
- Just started receiving notifications this year.
- little
- Minimal
- new in this role
- No change at this time.
- no changes noticed
- no idea
- None

- None
- none
- none
- none
- none
- None
- None
- none
- None
- None
- None noticeable to me
- None really
- None to speak of.
- None, started OPO job last year
- None.
- Not able to identify any change.
- Not in contact enough to know
- not sure
- Not sure
- not sure
- nothing
- nothing
- nothing in particular
- Nothing of major significance.
- Nothing really
- Noto much
- Personally, I have not noticed a change.
- This has been my first year of involvement, so it's all new to me.
- Unknown

#### Unknown category

- Lots
- Format. More additional questions
- response time has greatly improved
- trying to be more user-friendly

Responses to open-ended question on 2016 UNOS Member Survey: UNOS has changed our method of informing members about recent and upcoming changes to UNet. Please let us know if you are aware of the following resources, what you think about them, and if you have any suggestions for improvement. UNOS Tech News, our monthly e-newsletter (email) about UNet system changes and technology news Technology section of Transplant Pro website

#### Positive feedback and awareness

- i am aware. It's informative
- I am aware. Short to the point titles are the best
- I am aware. Lots of info to weed through but it is good info.
- I am aware. No Suggestions.
- I read the UNOS Tech News when received and pass on any upcoming changes
- I read these
- I really like the Tech section. Appreciate the concise format
- I appreciate this information separated/easy to follow/aware
- aware and find it helpful
- aware and have visited often
- Aware and informative
- Aware and lillo at sites
- Aware and very much like them
- Aware. Using.
- Aware...they are very helpful
- Aware; no suggestions to improve.
- aware; think good; no suggestions for improvement
- Both are great
- Fully aware and satisfied
- AWARE OF BOTH
- Very good information.
- very helpful
- Aware, good way to receive information
- aware, no suggestions
- Good
- good information
- Good information in a timely manner
- Good summary of upcoming changes - review it every time

- good system Email yes
- Helpful
- Helpful to keep up to date
- Helpful. Thank you.
- I am aware and appreciate the resources.
- I am aware of both and rely frequently on the Transplant Pro website in the event that I accidentally delete the Tech News email from my Inbox.
- I am aware of the resources. No suggestions on my part.
- Just used it last week 1st time. impressed. a little trouble navigating through the ABO program
- Keep up the good work
- Like the e-newsletter and Tech news. Sometimes no time to read them
- Like them the way they are.
- Like this method - keep using
- Love the Tech news
- Love these methods!
- Monthly e-newsletter
- No recommendations. I find them very informative
- no suggestions
- no suggestions for improvement
- I'm aware and review as time allows
- Informative
- Prefer monthly e-newsletters
- read and mostly understand
- Read both regularly
- tech section of transplant pro is helpful
- They are both great.
- they are pretty good
- yes - the email notice is very helpful.
- Yes - they are very helpful in preparation and updating our resources.
- yes and this is very helpful
- Yes aware of the email newsletter. No suggestions
- TransplantPro website used
- The tech section is nice. Makes it easier to find changes.
- The Transplant Pro website is very helpful.
- The Transplant Pro website is very useful and convenient.
- Yes I am aware and it's very helpful
- Yes I'm aware of them and do find them helpful.
- Very helpful information
- this is effective
- Transplant Pro has been helpful
- Yes, aware. I prefer these resources to frequent emails.
- yes, good
- Yes, helpfu for those who need to know.
- yes, I am aware - please continue to post these on UNet, as well!
- Yes, I am aware and I like these resources.
- Yes, I am aware of these, I like them automatically keeping me updated.
- Yes, I am aware. They seem to be timely

- Yes, I am aware. They are good.
- Yes, I think the newsletters are sufficient and informative
- Yes, I'm aware and review them
- Yes, informative
- yes, very helpful
- yes, very insightful
- Welcome changes.
- aware
- Am aware
- aware of them
- Aware of UNOS Tech News
- Aware, appropriate
- Aware, cursory reading of them
- glance at them only.
- I am aware
- I am aware
- I am aware
- I am aware
- I am aware & review these upon receipt
- i am aware of them
- I am aware of them
- I am aware of them.
- I am aware of these
- I am aware of these resources
- I am aware of these.
- I am aware, no suggestions
- I am aware.
- I receive the newsletter electronically
- I scan the monthly newsletter
- I use both of these regularly
- I use the technology section of transplant pro website
- I have used the links on the updates to read information pertinent to my job
- I like being e-mailed
- I like the current way of communication
- I like the e-newsletter.
- I'm aware of them
- I'm aware of this
- I'm aware, but don't have time to read thoroughly.
- I'm aware. No suggestions.
- yes
- yes

- Yes
- yes
- Yes
- Yes
- yes
- yes
- Yes
- yes
- yes
- yes
- Yes
- Yes
- Yes
- yes
- yes
- Yes
- Yes
- Yes I am aware
- There is nothing for the time being
- Yes I'm aware
- Yes no comments
- yes, aware
- Yes, aware
- Use Transplant Pro but have not focused on Tech News. Will do so
- used transplant pro
- yes, aware.
- yes, aware.
- Yes, I get the Tech News. I still like system notices the most.
- yes? (not sure how you intended for us to answer this question, but I am familiar with both)
- Acceptable

#### Awareness of Tech News but not Transplant Pro Technology section

- aware of UNOS tech news, which is helpful but can be difficult to read. Not familiar with technology section on transplant pro
- Have relied on Tech News rather than Transplant Pro; easier to be pushed information than having to proactively look
- I am aware of the Tech News, did not know about technology section on transplant pro.
- Definitely aware of the Tech News emails, but had not accessed the "Technology" section on Transplant Pro until last week. Will add that as a resource
- Don't go to Technology section of Transplant Pro website. Use the e-newsletters and notifications
- e newsletter and the emails to our admin contacts
- Aware of newsletter, but not technology section.

#### Unaware

- Haven't noticed
- I am not aware

- I am not aware of this change.
- I am now.
- Not aware till question
- I was unaware.
- I wasn't aware.
- I'm not aware of this site nor monthly newsletter. I'd like to receive an automatic push
- Have not noticed an option in the e-newsletter.
- Not aware.
- NO
- not aware
- Not aware of
- Was not aware
- was not aware
- wasn't aware of the change
- Wasn't aware of the tech section
- Wasn't aware, haven't utilized
- didn't specifically know about this

#### Not relevant to my job

- I do not use the UNet system
- N/A
- N/A (Not UNet user)
- N/A to my job
- NA
- NA
- This area is not of interest to me, but I forward the information to those who need to know.
- I don't need to access UNet.

- I don't really use these
- I don't use UNet
- I am a back-up data clerk for UNOS.
- I only started looking at UNOS this year and am not familiar with everything on it
- Unet is more commonly used by clinical and quality teams
- As an association, we do not use UNet.

### Shortcomings and suggestions

- I am not very technical so sometimes the information is overwhelming. However, I know it is necessary.
- I don't get all the news. I was told the e-mail distribution is dictated by the Unet user role.
- Yes. It is sometimes hard to know who exactly receives which publication
- I had the survey filled out but clicked on the Technology link above to see what it was and all my answers disappeared.
- I have seen a significant decrease in effective and timely communication of policy changes to members. There does not appear to be clear and consistent format for informing transplant centers of these changes.
- I would appreciate an email notifying me of the monthly newsletter and any changes in policy.
- It is impossible to find the organ specific policy documents in the Transplant Pro website. The old UNOS.org website was much easier to navigate
- it's time consuming to read every way in which we are notified
- yes, aware of them. I don't care to know too many details about the technology. I just really care about how that affects us a transplant center and what we need to do. Since it contains information I don't need, I don't care to read it all.
- Already read it; have learned good information from it. It should not be used as the primary communication vehicle - just as a summary/reminder.
- Yes, aware, sometimes there is too much fluff and verbiage to get to the main message.
- yes aware. too much verbiage. unclear explanations. contradictory explanations.
- OK - but the notices on UNET are still the most valuable and the ones which come to my email
- Not effective
- often dont have time to read them
- Sometimes the Transolant Pro website can be difficult to navigate.
- The tech news email is the most helpful, however, the summary posting on the website are not helpful. Basically, the email lets us know changes are coming and that we need to start digging for information
- ummm...i clicked on the above link to Transplant Pro tech section and it wiped all my survey answers. poor survey design!

### Miscellaneous

- More online training for folks new to the industry as well as updates
- Usually rely on our OPOIT team to update me if any needed updates or changes.
- we need pediatric specific news and education for transplant professionals and patients/families!!!



Responses to open-ended question on 2016 UNOS Member Survey:  
We are always looking for ways to make your job as a transplant professional easier. Are there ways we can improve our existing services or are there new services we should consider?

### Technology/Data

- Have asked for years to have full availability to view our donor offers through Portal on Iphone & android. Absolutely ridiculous & inconvenient that this hasn't been done with today's technology. Why should I have to pull out another Tablet or computer when you basically have the potential availability on your phone.  
Since 2007 the OPO community has been vocal about DonorNet pain-points that don't seem to get much attention.  
When on call, an offer is called to our phone that we must press one to 'hear the message'. Just give me the message when I answer the phone. I don't mind pressing one to 'acknowledge the receipt of the offer' at the end. Very inconvenient and distracting to 'press one' multiple times if driving and just a pain & a useless step if not driving.
- It would be very helpful if DonorNet would alert a center when they are primary, if at first a provisional yes is placed as backup. Then the center would have 30mins to accept or decline the primary offer. Too many calls and too much wasted time takes place for calling centers just to alert them of being primary.
- DonorNet Why is the MAC not programmed into the system?
- Organ allocation must improve in efficiency. This is a combination policy and IT problem. DonorNet simply does not meet the needs of the "non-standard" donor. We need to be faster and more effective.
- Need to have a place in DonorNet for all Transplant Centers to go to obtain Donor culture results. The Patient Safety Contact list does not get updated by many txp centers and this makes it very hard trying to report positive cultures.
- Please make culture reporting from OPOs to transplant centers part of the DonorNet/UNOS system where the patient safety contact or person designated by the transplant center receives updated cultures notification automatically.
- It would be nice to get the UNOS# of the donor when you run the Prior Donor HLA Report
- Be more responsive to implementing changes in policy. The website and donor net is very difficult to use.
- It would be helpful to have more collaborative work on making the UNet system work for us and interface better with our donor management systems.
- donor net should look and act the same regardless of device: mobile or not, PC or apple. The mini-donorNet on mobile is a problem. The iPhone problem with no's transformed into yes's is a recurring problem.
- DonorNet mobile is needed
- DonorNet needs rules about updating in a timely fashion. If case aborted or closed, DonorNet should be updated within 24 hours,
- I complete Feedback in DonorNet for our OPO and there have been times when I've started to complete Feedback and needed refer to a match run for the donor or some other type of data. There isn't the ability to "save" what I've entered and as a result I lose the information once I

click on the match runs or other data for the donor. It is possible to "Save" and "Save and Close" the Deceased Donor Registration form in Tiedi and I'd like the ability to do the same for Feedback.

- I believe the Membership and Professional Standards Committee should allow active Business Membership organizations to make administrative changes to individuals under their center code in DonorNet
- make improvements to Donor Net- add more options for sorting organ offers. Especially an option to sort by ABO. -have been asking for this for years.
- continue improvement of User interface and upload ALL imaging on donors.
- Having the capability to attach images/videos such as chest x-rays, CTs, ECHO, US, etc. And, have them be working images with the ability to scroll through, measure, zoom, etc
- More Program/Developer resources. UNET takes too long to evolve with the needs/demands of the community.
- Put the Help Desk number on the top of each UNET application. I often heed to go looking for it when I have a dilemma
- A better way for the OPO to communicate with the transplant center via instant message using an app within UNet.
- The UNET website is not user friendly. It is difficult to now place work orders and none of the 6 other coordinators I work with like the changes that have been made.
- Better access to transplant data on UNet, easier way to use and manipulate the data
- I find it hard to find information I need in the UNET resources. Can you make this a little bit easier?
- Add fields for DNA types and alleles for DQB1\* and DRB1\*
- For validating the DDR, if no organs were recovered, have that be a "referral only".
- When I need to edit a particular field of a recipient record, there are times I cannot edit if the patient record is not complete. I should be able to edit only the field I'm working on and leave everything else the same but I can't.
- Q&A portal with live tech support
- Transferring Tiedi forms from one center to another should not be automatic.
- Continue to better define TIEDI variables. Provide help documentation/webinars on new data services as well as more granularity to visual analytics (add more variables from ROOT report)
- When searching in Tiedi allow the enter button serve as a the submit button. It's weird I know but stopping to grab your mouse every time to hit submit is a pain
- more guidelines on how to make changes in TIEDI Forms....for instance a recipient who is lost to follow up....IT walked me through this but it would be nice to have a drop down that would explain how to do this. Include DPA typing, allow allelic Unacceptables.
- Listing-would like to be able to pull south Carolina up without having to scroll through the Sapien Islands...it should be easier.
- You need to allow the "enter" or "return" to submit search results on all platforms
- Remove the time stamp for both creatinine and total bilirubin on the Lung Transplant Candidate Registration page. Both only need the date.
- Continue to develop and improve access to data through the technology available to us in the field.
- could you add the total number of organ offers at the bottom of each organ offer report?
- easier access to our center data on routine basis
- continue to provide support and improve turnaround time on data requests
- Easier ways to query our data directly from the UNOS website.
- make it easier for user to pull out more data.
- make it easier to build a data collection report.

- Provide all donor data on line in real time.  
Provide all data on line to all members pulling reports for our center.
- Develop a report the OPO can run for the timeliness of DDRs, PTRs. and feedback. I have to request it. Also, there seems to be two reports, one that goes to CMS and a second report that is more accurate. I assume there are differences in requirements.
- It is hard to track if a patient death or graft failure was entered into UNOS by another center or known through other sources. You have to send a data request for this information.
- I think expanding the available data analysis tools would be helpful... or adding more reports that are semi-user-definable.
- As a Transplant Research Coordinator, timing is a critical factor in many of our studies that enroll at time of transplant. Many people may not see research as a critical to the transplant process; however, that is how we come up with new advances, devices, and drugs to benefit our recipient population and continuously improve outcomes. Unfortunately, we frequently waste so much time having chase down answers that determine whether potential recipients will even be eligible for these studies. Critical pieces of information include updates on procurement time/ location, cross clamp times, details on organ storage (pump vs. ice), how many kidneys are going to a site, etc. It's a scavenger hunt to find all the pieces of information, and hopefully you can find the people who know. Recently there have been over 24hr delays in a cross-clamp time being entered. I've enrolled a patient only to find out the kidney had been taken to another state! Text updates would have been helpful. At very least, some sort of tracking.
- Better search capability for historical documents.
- Having the HELP desk available 24/7
- Improve tech support for KPD program to increase number of matches.
- Better integration with vendor software. Again, progress is happening in this arena, but it needs to be accelerated. UNOS has a long history/reputation of being behind the times on IT; there is a lot of work to do to improve that perception.
- Put the change of primary physician and/or surgeon into a web based document, pull the physician numbers that you already have in UNOS, and let the people who have to fill these out - transplant administrators - have some input into the questions to make it more simple for all.

## Compliance

- A quick reference regarding policy compliance would be nice. An example would be a list of types of communication with patients and when it needs to happen (ex: Letter regarding removal from waitlist - 10 business days after removal).
- Cleaner, clearer language, perhaps with examples of compliance and what an inspector would be looking for to fulfill the requirement.
- Forms to document the information you require to be documented (ex: ABO Verification) the way the surveyors are going to survey ahead of time so transplant centers aren't trying to guess and having to change there forms all the time.
- It would be nice if UNOS DEQ could be more explicit about what kind of documentation is necessary to comply with OPTN policy. OPTN policy is not always clear on what is required and DEQ makes that decision - finding out that supporting documents are not satisfactory at a site visit can be disappointing. Think about sharing your audit checklist.
- Need better explanation of how to implement
- Mock run through of a survey to really understand the process to be in compliance and how to properly prepare for one.

- More resources (QI tools, checklists, etc.) including samples of policy language for both transplant centers and/or OPOs on requirements to be met
- Would like better guidance on recommendations for compliance prior to policies being implemented
- better alignment with CMS and UNOS for regulatory matters.
- Having greater clarity about policy language and defining exact compliance requirements. Be more knowledgeable on questions (i.e. how UNET data/SRTR data reconcile); communicate better, when a program is told a process is meant for peer improvement then becomes punitive and staff then backtrack and don't seem to care of the impact on the transplant center, leads to lack of trust. Feels like the key constituent of UNOS is more CMS/Feds than transplant centers as opposed to earlier days.
- continue the collaboration with CMS to minimize/eliminate as much as possible the duplication of oversight compliance requirements
- I believe we need a document that outlines the UNOS requirements related to waitlisted patients that we can follow easily to make sure that we are in compliance. A side by side comparison with UNOS vs CMS would be even more helpful and would cut down on the work to find and compare the requirements.
- Please, please get together with CMS and develop clear guidelines for the ILDA role. There is so much variation out there that we are all grappling with how to do the job the best way for the donors. Especially confusing is what is to be documented in the hospital visit notes. We are all trying to stay one step ahead of a citation. We know the only reason we are doing what we are doing is for the donor safety and to make sure they understand what they are agreeing to by becoming donors. We need help understanding what is expected of us before hand not after the fact. There has been a lot of turnover and growth in the Donor world and many are new to the field-3 years or less. Thank you.
- I would like to see more joint releases between UNOS and CMS to ensure that centers remain compliant with both
- More emphasis should be placed on quality improvement for all members not just those who get into trouble.
- Not aligned with latest IOM and other collaborative forms of QI.....persistent punitive culture by MPSC on transplant programs and not upgraded to 21 st century
- UNOS tries not to be prescriptive and allows OPOs and transplant centers to develop their own policies but in some cases, UNOS should be more prescriptive with regard to policy requirements in order to improve and maintain compliance.
- When you come to review a program interview the professionals individually not with a manager present.

### Education/Web Resources/Communications processes

- for new staff, the more webinars and information dissemination the better!
- Appreciate the ability to obtain transplant-related CEU's on UNOS connect, would encourage more r/t to post transplant issues
- Concentrate on support and collaboration of OPOs as well as transplant centers. OPOs are under-represented in many areas (number of votes in regions, voices on committees)
- Add a listing of OPO's and hospitals the cover. Finding a list of transplant centers and OPO numbers was sort of easy to find, but trying to see where each covered was something I couldn't find.
- Consider forming a communication taskforce with transplant professions to address various communication areas of improvement. If this was formed, I would come forward and offer to co-lead/participate.

- Training site, web training for inputting data into Unet for all organs. I would use this site as part of new coordinator orientation.
- Better reference sections to learn independently
- Can there be a mini-UNOS primer at Transplant Management Forum?
- Frequently offer beginning education for new transplant employees.
- Go out and talk to hospitals . Once a yr informational session in person.
- having a conference or get together for Data coordinators to discuss problems and solutions that could help in reporting of data
- I appreciate the webinars to help maintain our CEPTCs and i would like to see more of them
- Webinars, on line learning modules with ABTC educational credits
- Just found out about the education part of your website. Very excited about this.
- Just thinking that since everyone has new residents/fellows starting in July, it might be nice to offer an intro to UNOS webinar aimed at that audience at some point in late summer/early fall. Using the UNOS portal is I believe a great way to get an introduction into transplant data especially since everyone across the US uses it. Our student doctors are often tasked with researching cases so using the UNOS portal for both donor and recipient information is a great skill for them.
- More continuing education please
- More training available
- My issue is finding time to educate myself, not what is provided by UNOS.
- On line learning modules for donation professionals that allow you to print a certificate of completion to document training.
- Perhaps offering a one to one session for new administrators... it is overwhelming
- Please consider providing support tools and resources for Individual OPTN/UNOS Members.
- Some training specifically focused on use by nurse coordinators would be helpful.
- we need pediatric-specific news and education for transplant professionals and patients/families!!!
- I found it difficult to explain the changes in how organs are allocated when my patients inquired. As a social worker, some patients benefited while others felt they had people jump over their seniority. I would have appreciated more content on how to help patients understand these changes.
- When you make changes to your website, it seems the most you say is, we've made some changes, tell us what you think. That is a terrible way to introduce changes, it is not supportive.
- For example the first few questions , it is difficult to navigate the website just to learn the basics. I am new to the opo world and the news letter is filled with a lot of updated polocias and since I am a novice in the world, I would like an area for more basic information or links to books to buy that provide the basics.
- Have one location where I can find all the changes and updates. I feel like I have to check many newsletters and areas of the website, including external professional organizations to get all the changes that occur.
- more easily searchable policy/procedure section
- Email of transplant pro should be automatic with listing of members in an transplant center data base. It should not require a separate request to transplant pro.
- Email all important notices, rather than have all these different newsletters & websites to go to. It usually takes quite a bit of time to find what I need. Also, this past ABO policy change had so much information it was difficult to figure out exactly what we needed to do - should have been summarized clearly, step by step process (checklist needed t be clearer/more specific).

- I want to be e-mailed when things are released like the Secure SRTR data available today. Even though the old pros know this it would benefit the newcomers to the community.
- Over communicate and up to date info to improve transparency

### Policy/Policy communication processes

- Additional assistance for new policy/policy changes - there has been a LOT of info about the ABO changes, but much of it has been vague or not specific enough to really help guide new workflows. I understand that you are not supposed to be prescriptive, but there could be more details regarding what is "acceptable" and what is not before a surveyor arrives.
- Additional help on the new ABO policy - very unclear guidance, conference calls have not been useful, policy seems rushed to get into place. Several members have specifically asked for guidance and none has been provided.
- Fix the stupid ABO checks and the inability to make CMS and UNOS requirements the same. Decrease the burden of these; how many millions are we spending on a process that does nothing for patient care; not a single patient life has been improved by the burdensome ABO checks; it's all about punitive actions from you.
- Also believe UNOS should offer more help with the solution to the changes - for example, providing a template for the organ check in process and pre-transplant verification prior to organ receipt. Centers across the country are struggling with this with implementation date looming.
- I wonder about the new ABO policy - I think this policy will continue to be the #1 cited policy in terms of policy violations. This new process appears to be more paper related than previously and I'm not sure I would like for UNOS to take an active position on better defining how best to prepare for new rule changes. The ABO verification / receipt of organ verification policy is a great example. I'm pretty sure the whole policy change was based on the Trans Net implementation...but that hasn't happened in all OPO's so now transplant centers are left to put in policies and procedures to account for a policy change. I have attended all of the webinars...etc., and still find myself confused as to what exactly UNOS is expecting from a documentation perspective! It is going to do or not do what UNOS expects.
- Understand reasons behind safe practices but burdens of documentation is becoming excessive.
- Get rid of times on creatinine and t-bili in the LAS.
- find a way to have a separate list for L/K pts as now the kidney coord is getting offers for them when there is no liver involved. there has to be a way!!!!
- I do not agree with multiple listing, it is the Have's and Have Not's and is not a fair system. Those that can afford to run around the country and list everywhere to get a kidney sooner do it. We live next to CA and they are pushing their pts to come to us for a kidney. We don't have enough kidneys for our own pts, why should we have to take on CA pts too?
- Consider what is best for donor families, shipping organs all over the place causes donations to last longer and disrupt family funeral plans. It is going to start causing organ donation to go down.
- Abolish the "no waivers" scam that OPOs use to prevent organ sharing.
- I often feel that policy changes are made with no understanding of what it is like at the front line --implementation is not considered. UNOS and CMS are not always in-line--being surveyed by both with different expectations is frustrating, time consuming and confusing
- You write policies that impact a large amount of people, donor families, the timing of organ donation, financial implications of an OPO, yet you never ask for any input.
- Should actually listen to public comment and make changes - these people are too close to the subject - when was the last time a substantive change was made following public comment?

- I would love to see more guidance documents available for multi-organ allocation policy rules.
- Improve the process of MELD/PELD exceptions!
- Maybe UNOS should be highlighting the front line workers of the OPO world and what they encounter, case reviews, issues and situations, questions/answers, make it more appealing to the front line staff and how the policies affect them and their work. Feels sometimes like your talking over our heads, come back down to earth and join us in the front lines. Lets share our day to day experience and how UNOS is part of it.waiting implementation)
- Bulldozing of allocation policies
- Get rid of the threshold for the >LAS 50 and data input every two weeks.
- Stop implementing regulations that have no benefit to members or patients.
- The burden of regulation is extreme but UNOS makes it clear
- There should be better defined policies for the data forms, and should not be left up to the transplant center. Since this information is used in SRTR reporting, it would be nice if the guidelines were more clear and specific for what needs to be reported.
- Writing policy that is easier to understand. Interpretation should not be in the equation...it should be clear
- Your policies on allocation are complete garbage. I find it to be absolutely ridiculous that you have a policy that an ABG must be performed within 2 hours of an offer and that a cxr must be done within 3.
- Having clear communication surrounding changes, along with ways to implement them would be very helpful.
- I would love to see an email alert prior to the effective date of policy changes. I know we already receive these, but they usually come with other information. I would love to see separate emails for these.
- Reminders weeks before policy changes go into effect to include synopsis of change
- The process of notifying us of policy changes really needs to be re-thought... it seems as though there are a variety of ways this information gets sent out but i have no way of ensuring that I have in fact read / received the latest information
- When there are major policy changes coming, I think more frequent email "ticklers" prior to the implementation date would be appreciated.
- So many policy and system changes occurring that it is VERY difficult to keep up with the changes and the timeline for implementation. Policy change notices will say effective date is 'pending implementation and notification of members,' and then months later the policy is suddenly (seemingly) in effect and we missed the notification of members. Very frustrating to a center trying to be in compliance.
- Perhaps highlighting the organ and area of interest (eg. kidney evaluation, liver post-transplant, etc.) when posting changes or updates that require policy or practice review and/or changes.
- Revise the TransplantPro website to have clearly labeled tab on the homepage with a link to the listing policy documents - it was much clearer and easier to find on the old website.
- Please don't wait so long to get educational information out when there are significant policy changes such as ABO. It takes time to get forms, policies, etc through committees.
- It is difficult to find all the UNOS policy change (Please create a dedicated page for approved policy
- Continue to improve clarity of policy language. Also consider paperwork reduction in your policy changes. Policies should enhance transplant practice and patient care not impede the flow.

## Board/Committees/Regions

- Is there a place to go to look for descriptions for committees? Open positions?
- Also, what is the process for nominating someone for a committee position? Who can nominate?
- Even though I was part of UNOS committee, it appears that decisions are made by a very few select individuals and not in a transparent manner.
- lack of diverse views on board makes it ineffective
- Not a broad selection of nominees on board to represent the entirety of USA with minimal geographic and racial disparity
- Could we move the Region 7 UNOS meeting to Minneapolis once in a while vs always having it in Chicago?
- also - I never hear from our Regional Administrator - Maybe meeting minutes should be distributed to all Transplant professionals - I'm not sure where to find minutes?
- Offer monthly webinars by Region to keep members fully informed.
- make region meeting more accessible for front line providers
- work related coverage often impacts ability to attend regional meetings -which are informative and demonstrate professional interaction

## Staff

- Hire most people with a donation / transplantation background
- Annual competency education for staff
- I believe there are. But do not know what they are. Ultimately culture needs to be changed.
- When submitting a suggestion for improvement through the safety portal, the first message said something about my concern would go to the MPSC and may elicit a review of our program because of it. Then I got an email from someone at UNOS who said they would take my suggestion to the team to propose changes and never heard anything else.
- I called the 1800 # last week in the middle of the night to double check that on eof the pts we listed was showing up s active in UNOS (MD thought they were missing donor calls). The person answering the phone seemed a little annoyed that I was calling but we did end up figuring out the issue.
- I wish there was a way to reach a live customer service rep when I need assistance during weekend call.
- I think that you are doing an excellent job.
- I think the services offered now are fine.
- I believe the UNOS Help Desk and other UNOS professionals do a good job of making my UNOS experience go smoothly.
- thanks!
- In all honestly, I think the increased communication has been improved and works. The transplant professionals need to take some ownership and pay attention to the notices, read them, and ask questions if they have them. I feel that the communication is clear and straight forward, but notice there are many that are confused at times (this could be because processes vary).
- Please maintain the good work you're delivering.
- You are improving by requesting feedback.
- You do a really good job

## Miscellaneous

- As a technologist, I am satisfied with the services I use.
- Admit your errors and pay the cost of transplant centers having to fix them.
- Prohibit insurance companies from using CUSUMs.
- I had the survey filled out up to this point but clicked on the Technology link above to see what it was and when I came back all my answers disappeared. Maybe next time do not put a link in the survey??
- Send statistics asked for without being turned over to another company who does not even give a price quote for services needed.
- I'm a heart transplant recipient and a volunteer, so I'm not sure this applies. I'm also a healthcare professional with executive, financial and consulting perspectives.
- Improve patient outreach.
- more networking for transplant administrators
- More outreach to transplant center staff including social workers!
- More social work info would be helpful.
- I would love to see more attention given to ancillary service providers like social work, nutrition and physical therapy
- Information designed for hospital development staff
- It's about right.
- Is this a list of people to contact for questions or just the general 800 number for data questions?

Responses to additional comment option offered with the staff satisfaction question.

### **Positive staff comments**

Always helpful and responsive

My questions and work orders are usually responded within a day.

Staff are helpful and knowledgeable.

Your organ offer coordinators are always very kind, professional and helpful.

Shannon has been so wonderful to work with.

UNOS staff always helped me.

very dedicated group

Committee Liaisons are terrific

When I have had a need of question, I receive answers promptly and most helpful!

Help desk staff is ALWAYS so nice. I enjoy talking with them when I call.

Most of the time they are excellent, but seems like too often they cannot help & refer me to Regional Administrator.

Board liaison and RA's are most common contacts

Have served on committees, UNOS staff are great!

I cannot say enough about everyone that I have had contact, knowledgeable, polite, willingness to assist. I just want to say to all of them-Thank you

Always helpful whenever I call....especially Christi Wong and Ana in Membership and the IT department is really friendly and very helpful.

UNOS staff have always been congenial and tried to be helpful.

Yes, most are very helpful and pleasant to interact with.

It appears that the staff is well informed and does a great job. They are very professional.

Extremely thorough and organized, as well as a great group of people.

UNOS staff are knowledgeable, polite and always helpful with issues.

Anytime I have contacted UNOS with a question, staff have always been helpful.

Everyone is very helpful.

A nephrology resident just asked me today if I've ever been to UNOS headquarters to see it--I said that I'd like to someday, to meet all of the people I've been working with by phone and email for so long.

help desk would be nice if had 24 hour availability in a reduced capacity-being able to change password has helped considerably. When called they are so helpful and courteous. The organ center is as well at 3 am it's a good feeling to know that they are a phone call away

Staff are good just wish that policies were vetted more thoroughly relative to implementation issues and impact on Tx Ctrs

### **Critical comments**

Some are very good, some are not...very person dependent

Changes that we send do not get updated in terms of primary MDs, etc.

I get e-mails from a variety of folks who do not seem to know who the data coordinator is for my program

I often have difficulty getting in touch with my regional coordinator and if I do am not always able to get a clear answer to my question.

Not satisfied with Region 10 manager's communication and assistance with RRB cases. Very lax in turnover of cases and communication when patient care is at stake.

I have only contacted my regional representative once, but he never returned my call or email (I both called and emailed).

Help desk is not always able to help with issues

Hard to get on committees

I find it difficult to stomach that we pay to have our patients registered, required to send in data, and have a difficult time getting answers to very simple questions and are charged to get them. UNOS needs to have ALL data available to members on the web so all can see all offers, all data by donor, transplant center, OPO, region, etc. Transplant centers are the reason UNOS exist, not the other way around.

One area of concern our center has with UNOS is the excessive cost to order the patient education booklets. I have been in Tx for 15 years responsible for ordering the books. There has never been more than a nominal fee to obtain these until now. My recent "purchase" was \$375 for the patient education material which seems very excessive. We pride ourselves on the quality of our program and how we represent ourselves including UNOS material. We much prefer to give our patient's original booklets vs photocopies versions which are less than professional therefore we order all the books needed from UNOS. One particular gripe is that the Multiple listing booklet and signature form is a UNOS mandated form during regulatory audits - If we are being asked to be sure the pt. has the information, why are we being charged for the booklet? This goes back to appearance and professionalism - we do not want to use photocopy versions representing the national listing body or our tx center. Could there be a fair assessment on these extra costs and consider dropping the charges to a more reasonable fee esp important for large sized centers like ours. Thank you .

The staff tend to try to drive policy as opposed to being responsive to the community. This is a function of poor leadership and political agenda of the CEO.

Sometimes lethargic and elliptical in their responses. We found mistakes in UNOS software that erroneously coded some of our patients as having lost their grafts. It took weeks and emails to get it corrected, but we had not confirmation that the corrections were submitted to SRTR. There was no acknowledgement of error and the fact that UNOS mistakes cost us time, money, and probably erroneous SRTR data. UNOS acted like a typical irresponsible agency that would not admit error, guilt, or take the actions necessary to correct the burden placed on my institution.

### **Lack of consistency on policy interpretation**

Often the questions are answered with staff reading from the help text of field definitions. When calling the goal is to expand understanding of the fields.

We sometimes get confusing answers from the helpdesk staff. An example would be when we have an error happening on the DonorNet website. Some helpdesk folks will have us put in a work order one way and the next person we talk to has us do something different.

I am not as confident in the answers given at times, as the voice on the other line has often left me as confused about a problem, as I was when I called.

consistently get different answers when we call UNOS with policy related questions

I think many times they do not understand the policies themselves. It has improved over the past couple of years.

Would appreciate more concrete answers when called with questions re: policy interpretation.

As noted above and there also appears to be a decrease in the level of knowledge of UNOS staffers about transplantation in general

At the AOPO convention last year, a UNOS representative was discussing UNET and changes that had been made, or were scheduled to be made in the future. When I inquired about one that had been implemented, she had no clue what I was talking about. Not sure how well versed some UNOS employees are in the area of occupation.

### **MPSC and compliance-related comments**

Inspection of process compliancy is sometimes based on inspector's interpretation of policy which can seem contradictory or inconsistent at times.

When making changes to policies (i.e. vessel reporting), it has been very confusing. When we ask questions of UNOS staff about the policy, even they don't know the answer. Yet, as a transplant center, we are held to these regulatory policies. Even talking with our rep, they seem somewhat confused and then we save their written emails to serve as documentation if we are ever not compliant. UNOS makes it very difficult for a center to implement a policy before they've worked out the kinks.

Many staff are overly concerned with the written word of the protocols and not willing to help you outside of what is on paper with understanding an issue. There is still too much concentration on punishing transplant centers and not a realization by the UNOS staff that their jobs exist due to transplant centers.

I would like for the MPSC to develop more plans to assist issues than just regulate the penalty.

MPSC oversteps its bounds. Our reactivation application was transformed into a new program application + additional requests by MPSC staff members .

MPSC group is not very customer oriented. They still come across as being 'punishers' in all their conversations. They do not understand the intent of transplantation to serve as many patients as possible, and not just to hit the magic outcome number exactly.

There are some staff at UNOS that have "an attitude" when working with transplant centers. The rules don't apply both ways, i.e. secure transmission of data, "human mistakes", etc. UNOS says "oops" and the transplant programs gets cited, has to write a PI plan, and be monitored by the MPSC.

Even with the re-written policies and crosswalk to help find the new policies - they STILL lack the tiny details that are needed to understand and follow any given process. Case in point, please refer to policy 3.5 that addresses letter obligations to patients. This section is completely silent on patients removed with removal code 7 in terms of indicating that the host hospital will be informed of the removal by UNOS via email which then drives the notification to the patient within 10 days from that hospital.

### **Communication issues**

Would like the communication process to be a little more clear. I find I have to check multiple communication pathways to get all the information. I wish it was all centrally located so if I only used one or two communication methods, I didn't have to worry about missing something.

communications about policy changes seem to be inconsistent. I should feel comfortable that all policy related information is emailed to me and I do not feel that way

I have not consistently received transplant pro monthly newsletters yet I've registered twice with the correct email

Although there are a lot of communication vehicles, there are many opportunities for improvement. I'd like to see communication streamlined, better organized, better clearly written. Sometimes it is very hard to identify when something is just an FYI versus a critical communication...especially if the critical communication is buried in a 50 page document (i.e. minutes from board meetings). Also, information is not easy to find when doing a search on the website. Most importantly, when policy language is written, there are often a lot of unclear language used and lots of areas of interpretation left in the policy. UNOS does not do a good job communicating the expectations for the vague/unclear/open to interpretation policy language. Often, an OPO will read policy language, receive no other guidance from UNOS, implement the policy change as best they can interpret it, and then be cited during a survey because the surveyors interpreted the policy language differently, even though the OPO was completely unaware of what the surveyors knew. There should be 100% transparency about how to comply and there most definitely is not currently. I'd love to see a communication taskforce formed to address these and other communication issues.

Would be nice if UNOS would communicate w/ dept's in transplant hospitals directly to convey required information. An example would be re: explant HCC data - could UNOS be in direct contact w/ these pathology dept's outlining required information? Why should this come from a frustrated transplant coord who can't complete the TIEDI form because we don't have the correct info?? - this leads to

As a new member to transplant team, I find it difficult to educate myself on the processes. The recorded webinars are too BORING and slow.

### **Technology**

there are programming issues that need to be addressed ... notified them a year ago for a glitch in uploading last name - it barks at the field length in XML - only allows 15 characters. So far nothing has been done. Also have a glitch with the admin section and it has yet to be fixed... over 2 years. I work around but it is frustrating that nothing is done

Updating fields to reflect new technology takes too long

IT changes are slow and confusing. Sure is purely designed.

additional work with the user interface could make things easier to review/respond to organ offers

### **ABO**

The transition to the new ABO verification policy was frustrating. The verification form was not available prior to implementation day and there were no written instructions on how RNs should access this form. At least one person at the Help Desk didn't have any idea what this form even was. At least 4 Regional Reps. were at a conference on the day of implementation. Their phones said to leave messages. I would have felt better being able to have a person to speak with. The documentation refers to the OPTN contractor. But the staff are going onto the UNOS computer system, which is called UNET. This could be confusing to new users. I was told by the regional rep. that the PreRecovery/Pre-Transplant Verification form must be part of the medical record if it is used as a source document, but I have not found this in the policies and have not yet received a response from my regional rep. regarding this.

Update to ABO requirements of OPOs does not make sense: without source documents we are only duplicating what is documented in DonorNet. We will not catch any ABO error made by Transplant Centers.

Would expect better updated ABO verification template in recipient's OR, to show prior to anesthesia/surgery start ABO verification. Would like template to meet all ABO verification requirements.

### **Miscellaneous**

Would love if UNOS and CMS could work together so a form meets all of UNOS and CMS requirements. ie: the recent form UNOS released for time out in OR for blood type could have also incorporated the additional factors- required during the time out by CMS for transplant. We had to take the UNOS form and create a new one with the additional CMS time out requirements.

I think we can do better (with the organ center) in facilitating organ placement and minimizing discards delinquent reporting.

technology news letter

I am a back-up data clerk for UNOS.

none

single contact to facilitate work within the organization seemed easier.

Haven't interacted with UNOS staff

Ignorant of bullying victim in transplant operation.

I'm not really involved with what work is performed.