

# OPTN Policies Plain Language Rewrite

# Project Background

- Plain Language Policy Rewrite Project began in 2009.
- OPTN members, advisors, and UNOS staff contributed to the preliminary rewrite drafts.
- Input incorporated to ensure that plain language edits did not affect the meaning of the current policies.
- Plain language guidelines were followed as much as possible, as outlined at [www.plainlanguage.gov](http://www.plainlanguage.gov).

# Project Progression

- Initially went out for Public Comment in July 2012
- Comments sorted into four categories:
  1. Style/formatting issues
  2. Possible substantive changes to existing policy
  3. Clarification/plain language issues
  4. Parking lot issues
- Since then, staff worked to address each comment received

# Collaboration

- OPTN/UNOS Committees (according to organ/subject)
- OPTN/UNOS Policy Oversight Committee Members
- Subject matter experts, including UNOS staff from:
  - Regional Administration
  - DEQ (Department of Evaluation and Quality)
  - Organ Center
  - Research
  - Instructional Innovations
  - Membership

# Public Comment – Round 2

- August 2013
- Two live web presentations presented to Regions to encourage review and comment
- Comment collected using a focused on-line survey from the OPTN public comment website
- All public comment received is included in Exhibit D of the POC board report

# New User-Friendly Features

- One searchable document
- Meaningful and consistent headings
- Consistent formatting
- Consistent headers and footers
- New numbering format
- Table of contents
- Increased use of tables & lists
- Page numbers
- Centrally located definitions
- Index
- Change history
- No More ~~Strikeouts~~ and Underlines

# Public Comment

- OPTN/UNOS Committees provided comments
- Regions were asked to review and comment but did not vote
- AST, ASTS, AOPO, NATCO provided comment through Regional Administrators

# Public Comment- Major Themes

- Requests for substantive changes that were added to the “parking lot”
- Some reviewers did not like the new allocation tables
- Minor typos
- Suggested re-phrasing for clarification
- Only a few inadvertent substantive changes were identified by reviewers



# Post-Public Comment Changes

Changes made post-public comment include the following:

- Identified typos and formatting issues
- A few changes to language structure for clarification
- Minor corrections to allocation tables in Policies 6, 8, 9, and 10
- Identified substantive changes were corrected

# Final Steps

- If approved, the policy rewrite will be effective on February 1, 2014
- The policies that will be posted on the OPTN website will be only policy that is approved *and* implemented
- No more strikeouts and underlines to decipher

# Final Steps

Other mechanisms are being considered to display approved but not yet implemented policy language:

## History

*Policy 3.5: Allocation of Deceased Kidneys:* 9/1/2007; 12/18/2007; 6/20/2008; 6/22/2010; 11/9/2010; 6/29/2011; 11/15/2011; 6/26/2012; 11/13/2012

*Policy 8: Allocation of Kidneys:* Pending implementation (XX/XX/20XX), see *Board briefing paper, June 2013.*

## Notes

- For membership and personnel requirements for kidney programs, see the *OPTN Bylaws, Appendix E.*
- For information on reporting candidate's unacceptable antigens to the OPTN Contractor, see *Policy 5.3.A: Reporting Unacceptable Antigens for Calculated Panel Reactive Antibody (CPRA).*
- For requirements to have a candidate's waiting time reinstated for immediate and permanent non function of a transplanted kidney, see *Policy 3.6.B.i: Non-function of a Transplanted Kidney.*
- For allocation of multi-organs that include a kidney, see *Policy 11: Allocation of Pancreas, Kidney-Pancreas, and Islets.*

# Resolution 12

**RESOLVED**, that the rewritten policies, as set forth in Exhibit B to the POC's report to the Board, are hereby approved, effective pending programming and notice to OPTN membership.

**FURTHER RESOLVED**, that the rewritten language of approved and currently implemented policies as set forth in Exhibit C to the POC's report to the Board, is hereby approved, effective February 1, 2014.

**FURTHER RESOLVED**, that the rewritten plain language version of the policies that are presented and approved by the Board at its meeting on November 11-12, 2013, as set forth in Exhibit D to the POC's report to the Board, are hereby approved, effective February 1, 2014.

*\*Page 38 of Board book*

**Plain Language Rewrite of  
Policies Approved at  
This Board Meeting  
(Resolution 12, part 3)**

# New Board-approved Policy Changes

- Changes to policy language approved at this board meeting need to be reflected in the plain language rewrite
- This rewritten language is shown in Exhibit D of the POC board report
- The third part of Resolution 12 addresses this language

# Amendment to Resolution 12

- On October 30, the OPO Committee made changes to the DCD proposal (Resolution 8) after recommendations from the Ethics Committee
- Voted 14-0 to accept changes
- This amendment incorporates these changes into the plain language rewrite of the policies

# Questions?

*Yolanda Becker, MD, Chair*  
*Sue Dunn, RN, BSN, MBA, Vice Chair*  
*Leigh A. Kades, MA, Policy Editor*



# Amendment to Resolution 12

- Line 195 of Exhibit D to the POC report to the Board:

## Strike:

Potential DCD donors are limited to patients whose medical treatment no longer offers a medical benefit as determined by the patient's primary healthcare provider and in consideration of any available advanced directive executed by the patient.

## Insert:

Potential DCD donors are limited to patients **who have died, or whose death is imminent**, and whose medical treatment no longer offers a medical benefit to the patient as determined by the patient, the patient's authorized surrogate, or the patient's advance directive if applicable, in consultation with the healthcare team.

# Amendment to Resolution 12

- Line 201 of Exhibit D to the POC report to the Board:

## **Strike:**

Although the donation discussion should ideally occur after the decision to withdraw life-sustaining measures, the patient's healthcare team and the OPO should collaboratively develop a communication plan, with consideration for first person authorization laws and advanced directives, to determine on a case-by-case basis the most appropriate time to engage the legal next of kin in the donation discussions or to allow for family-initiated discussions regarding organ donation.

## **Insert:**

Prior to the OPO initiating any discussion with the legal next-of-kin about organ donation for a potential DCD donor, the OPO must confirm that the legal next-of-kin has elected to withdraw life sustaining medical treatment.