OPTN Policies Plain Language Rewrite
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.
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
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 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.*
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.
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.