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

<table>
<thead>
<tr>
<th>Promote transplant patient safety</th>
<th>Promote efficient management of the OPTN</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Electronic transfer will reduce data entry and transcription errors</td>
<td>• Reduce opportunity for lost paperwork and transfer processing time</td>
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<tr>
<td></td>
<td>• Restore opportunity for transplant in timely manner</td>
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</tbody>
</table>
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.
<table>
<thead>
<tr>
<th>OSC Request for Feedback</th>
<th>Public Comment Response</th>
</tr>
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<tbody>
<tr>
<td>Should a deadline be proposed to complete full evaluations following a collective transfer?</td>
<td>Public commenters like that the proposal allows programs to set own deadlines due to variations in volume and resources</td>
</tr>
<tr>
<td>Should post-transfer reporting be done every 90 days until the post-transfer evaluation plan is complete?</td>
<td>Yes—additional reports supported to assure that transferred patients receive evaluations</td>
</tr>
<tr>
<td>Should a new post-transfer evaluation plan be developed if circumstances change?</td>
<td>No comments in support of this idea</td>
</tr>
<tr>
<td>What are expectations about the receiving program communicating active versus inactive status to candidates?</td>
<td>Public commenters supported having the accepting program inform patients what must be done to have an active status at the new program</td>
</tr>
</tbody>
</table>
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-Decline but discuss
  - 1-No recommendation but discuss
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.