OPTN Membership and Professional Standards Committee
Meeting Summary
November 5-7, 2025
Conference Call

Cliff Miles, M.D., Chair
Scott Lindberg, M.D., Vice Chair

Introduction

Membership and Professional Standards Committee (MPSC) met virtually via MS Teams in open and closed session on November 5-7, 2025, to discuss the following agenda items:

1. DCD Workgroup collecting feedback on proposed policy language
2. Changes to SRTR offer acceptance metric
3. Annual Review of Operational Rules and Monitoring Process
4. Report of Investigative Activities
5. Compliance Issue
6. Performance Issue
7. Membership Issues
8. Other Significant Issues

The following is a summary of the Committee's discussions.

1. DCD Workgroup collecting feedback on proposed policy language

The Chair of the Organ Procurement Organization (OPO) Committee presented a proposal that aims to improve safeguards for potential donation after circulatory death (DCD) patients in the organ procurement process. The proposal introduces new reporting requirements for OPOs for unplanned pauses in the donation process due to disagreements about withdrawal of life-sustaining therapy.

OPOs will be required to notify the OPTN within 24 hours of any unplanned DCD pause, its initiation, and when the process resumes or terminates. A pause can be requested anytime from authorization to cross-clamp, and donation does not proceed until the pause is resolved. The policy change will require OPOs to register potential deceased donors earlier in the OPTN Donor Data and Matching system. Reporting will be required for any potential donor with authorization, even if donation does not occur after a pause. Auto-resuscitation events must be reported if occurring beyond established observation periods.

Reports will be submitted through the Patient Safety Portal using an Excel template, but future formal data collection may be considered if event volume increases. Templates will include donor ID, dates/times of process initiation and pause, stakeholder roles, rationale, notification verification, and actions taken. Stakeholders will be notified, including patient/agent, healthcare team, hospital leadership, OPO leadership, and transplant programs with accepted organ offers. The Membership and Professional Standards Committee (MPSC) will review all pause reports during monthly meetings.

Summary of Discussion:

No decisions were made.

Committee members asked for clarification of the definition of a pause and who can initiate a pause. The OPO Committee Chair replied that a pause is an unplanned pause/suspension due to disagreement about withdrawal of life-sustaining therapy. Pauses are not for general objections to DCD suitability but specifically for disagreements about withdrawal of life-sustaining therapy. Anyone involved in patient care, donor hospital staff, recovery staff, OPO staff, patient's family/agent, or the patient themselves can initiate a pause. Pauses are only reportable if there is a conflict, consensus does not require reporting. A member noted there may be confusion about the term "pause" and suggested clarity that a reportable pause is a suspension due to conflict, not routine evaluation. Another member suggested that scenarios be provided for what is and is not a reportable pause. The OPO Committee Chair replied that scenarios will be provided during the public comment process.

Committee members asked questions about how donor hospital staff will be educated about the pause process. The OPO Committee Chair replied that each OPO must develop its own education plan; potential education options include combining in-person education and handouts for all staff involved in a case. A member asked if there is a burden to document education about the pause process for every care provider in each donor case. The OPO Committee Chair clarified that the proposed policy does not require individual documentation for each care provider, but OPOs should have a policy for providing information to all staff involved.

A member asked what happens if a resolution cannot be reached around whether the patient will expire within an appropriate timeframe. The OPO Committee Chair replied that if there is no dispute about withdrawal appropriateness, it is not a reportable pause. The policy focuses on disagreements about whether withdrawal should occur, not on prognostication of patient death.

A member asked if patients themselves make decisions about withdrawal of life-sustaining therapy. The OPO Committee Chair replied this is a relatively rare occurrence but is possible. The policy covers scenarios where the patient is capable of participating in decision-making.

A member asked what is the MPSC's role after a pause is reported. The OPO Committee Chair replied that the MPSC will review cases and outcomes but will not adjudicate disagreements in real time.

A member asked if there is variability in DCD consent processes across the country. The OPO Committee Chair confirmed variability and noted that the proposed policy will set minimum required elements for authorization discussions.

A member asked if OPO staff should be prohibited from obtaining consent for DCD-related procedures. The OPO Committee Chair replied that hospitals vary in consent requirements, but OPOs must confirm consent is obtained. The member suggested that clarifying language be added that OPOs are not permitted to obtain consent themselves.

A member asked when the proposal will go out for public comment. The OPO Committee Chair replied that there is no precise date yet. There is an upcoming OPTN Board of Directors vote and a HRSA determination. This would be an out-of-cycle public comment period, probably towards the end of the year.

2. Changes to SRTR offer acceptance metric

A SRTR representative reviewed the offer acceptance ratio, how it interacts with allocation out of sequence and the changes that the SRTR has been making to the metric to try to be responsive to

allocation out of sequence. He initially provided a broad overview of the cohort of offers that are used to calculate the offer acceptance ratio, noting that it only includes offers for organs that are ultimately transplanted, offers that a program could have accepted, and offers to single-organ candidates. Offers on match runs with no acceptance, offers after the last acceptance, and bypassed offers do not count towards the offer acceptance ratio. Duplicated offers and most multi-organ offers are excluded, with some exceptions. Offers to candidates listed for a kidney/pancreas who are willing to accept a kidney alone are included. For duplicated offers, if an OPO generates more than one match run, only one decline is counted in the evaluation. However, in the case of a decline for both a single kidney and a dual kidney offer for the same donor, both offers are counted. With the increase in allocation out of sequence, the SRTR updated its methodology for the program specific reports (PSRs) issued in July 2025 to exclude declined offers after the start of allocation out of sequence indicated through usage of bypass code 863. For the January 2026 PSRs, the start of allocation out of sequence will be identified using the codes included in the OPTN's new analytic definition. The SRTR made this change to the methodology to remove a potential disincentive for transplant programs to either decline for a range of candidates or decline for all of their candidates. If a program determines that it would not accept the organ for any of their candidates, the program can decline for all candidates or a range of candidates without concern that those declines will be counted against them in the offer acceptance ratio if the OPO moves to allocation out of sequence. The SRTR representative showed data that indicated that this change to the methodology did not dramatically change any program's expected value or offer acceptance evaluation.

Summary of discussion:

No decisions were made.

Committee members asked why this change was made if there is no major impact on any program's evaluation. The SRTR representative responded that the purpose was to remove any disincentive to transplant programs' coding out or entering bulk declines for their candidates. The purpose of the offer acceptance ratio is to promote efficiency in the system. Disincentivizing bulk declines creates inefficiency. The model is being recalibrated based on removal of those offers and the data presented demonstrates that exclusion of those offers does not disproportionately impact one center over another.

The Committee was also interested in efforts to educate transplant hospitals about this change. The SRTR is in the process of updating the SRTR website to document this change and it was included in an announcement on the draft release of the upcoming PSR. Other communications are also being considered. A Health Resources and Services Administration (HRSA) representative also noted that there are discussions occurring between the stakeholders involved in and supporting the Allocation Out of Sequence Workgroup on communications to the broader community on the appropriate way to engage with bulk declines that maximizes the efficiency of allocation without penalizing anyone.

Committee members asked some questions about how specific circumstances unrelated to this recent change are addressed in the offer acceptance methodology. The SRTR representative noted that a transplant program's expected acceptances are based on an evaluation of overall acceptance behavior by all programs. As long as an individual transplant program's acceptance behaviors are not significantly different than other programs, the behavior will not disproportionately impact that transplant program's offer acceptance ratio. The SRTR representative also noted that based on the fact that, on average, organs are accepted very early on the match run, once a transplant program has declined for a few candidates, subsequent declines have very little impact on the program's expected. Once a

transplant program has declined an organ for a few candidates, the program's expected is going to be roughly the same if the program declines for another 30 or 100 or 1000 more candidates.

3. Annual Review of Operational Rules and Monitoring Process

Over time, the MPSC has approved processes and operational rules to make their workload smoother and to allow committee members to focus their efforts on the most significant and impactful issues. In the past, the Committee approved these processes individually and they have remained in place unless a policy, bylaw change, or process improvement created a need to update them. Beginning in 2022, the Committee was asked to review all approved rules and processes annually. This review is intended to increase communication and confirm that all existing rules are relevant. Staff presented each rule, providing time for the Committee to deliberate or suggest changes.

Summary of Discussion:

Decision: The Committee approved all existing operational rules as presented for another year by a vote of 26 Yes, 0 No, 0 Abstentions.

4. Report of Investigative Activities

No decisions were made.

Contractor staff provided an overview of investigative activity data provided to the MPSC on a recurring basis, most recently from patient safety reports received from July through September 2025. Monthly reports include the number of reports staff received, mode of reporting and subject, member type, general classification of the issue, how many cases were closed without sending them to the MPSC for further evaluation and how many are still being actively investigated. Quarterly reports include a rolling four-month overview of trends that can highlight potential systemic concerns. The MPSC utilizes these reports to gain insight into the nature and volume of events reported and detect patterns that might necessitate policy development or educational initiatives within the community. These reports also allow MPSC members to prepare for upcoming case reviews and identify cases for recall.

5. Compliance Issue

Decision #1: The Committee approved the consent agenda by a vote of 25 yes, 0 no, 0 abstentions.

The Committee reviewed a consent agenda consisting of four transplant programs that had undergone a focused desk review during this cycle, including one kidney program, one living donor liver program, one lung program, and one pancreas program. The Committee released all four programs from monitoring. The Committee also reviewed 2 transplant hospitals for re-running a liver match within eight hours and closed all with no action. The Committee reviewed 39 case investigations during this cycle, consisting of member complaints or self-reported potential policy violations. The Committee issued 20 Notices of Noncompliance and closed 19 issues with no action. In addition, the Committee reviewed 11 reported living donor events this cycle. One event was an aborted nephrectomy, and four were aborted hepatectomies, all of which were reported within required timeframes and closed with no action. There were six living donor redirections; all reported on time and closed with no action. Lastly, there were three recommendations on cases from the Third-Party Subcommittee, two to close with no action and one Notice of Noncompliance.

The Committee approved the consent agenda by a vote of 25 yes, 0 no, 0 abstentions.

The Committee also discussed cases in closed session.

6. Performance Issue

Decision #1: The Committee approved the consent agenda.

The Committee discussed eight member programs, requesting one program to voluntarily inactivate, one program to remain voluntarily inactive, recommending four programs to participate in an informal discussion, continuing to monitor one program, and releasing one program from monitoring.

7. Membership Issues

Decision #1: The Committee approved the consent agenda by a vote of 23 yes, 0 no, 0 abstentions.

The Committee is charged with determining whether member clinical transplant programs, organ procurement organizations, histocompatibility laboratories, and non-institutional members meet and remain in compliance with membership criteria. During each meeting, it considers actions regarding the status of current members and new applicants and applications are presented to the MPSC members as either a consent or discussion agenda. The Committee reviewed and approved the consent agenda by a vote of 23 Yes, 0 No, and 0 Abstentions.

The Committee considered the applications and other actions listed below and will ask the Board of Directors to approve the following recommendations during the December 2025 meeting.

- Approve 1 Transplant Program Reactivation
- Approve 2 Transplant Component Inactivation Extensions

The Committee reviewed and approved 3 applications for new and changed key personnel for Transplant Programs or Components. It also received notice of Inactivation's, Withdrawals, and OPO key personnel changes.

The Committee met in closed session and considered a reactivation request with a key personnel change application.

Upcoming Meeting

- December 5, 2025, 3-4pm, ET, Virtual
- December 16, 2025, 3-4pm, ET, Virtual
- December 19, 2025, 3-5pm, ET, Virtual

Attendance

- **Committee Members**
  - Josh Abelson
  - Brad Adams
  - Abbas Ardehali
  - Mitzi Barker
  - Megan Bell
  - David Bruno
  - Michael Daily
  - Amishi Desai
  - Niraj Desai
  - Chad Ezzell
  - Roshan George
  - Dipankar Gupta
  - Shelley Hall
  - Richard Hasz
  - Nicole Hayde
  - Dean Kim
  - Lindsay King
  - Varvara Kirchner
  - Kevin Korenblat
  - Pete Lalli
  - Scott Lindberg
  - Maricar Malinis
  - Michael Marvin
  - Deborah Maurer
  - Clifford Miles
  - Saeed Mohammad
  - Kenneth Newell
  - Anthony Panos
  - Deirdre Sawinski
  - Paul Stahler
  - Carrie Thiessen
- **HRSA Representatives**
  - Briana Doby
  - Allison Hutchings
  - Sarah Laskey
  - Raymond Lynch
  - Joni Mills
- **SRTR Staff**
  - Jonathan Miller
  - Jon Snyder
  - Nick Wood
- **UNOS Staff**
  - Sally Aungier
  - Tory Boffo
  - Jadia Bruckner

- Aileen Corrigan-Nunez
- Katie Favaro
- Liz Friddell
- Houlder Hudgins
- Andrew Klein
- Lee Ann Kontos
- Ellen Litkenhaus
- Delaney Niles
- Emily Powell
- Liz Robbins Callahan
- Melissa Santos
- Erin Schnellinger
- Sharon Shepherd
- Kaitlin Swanner
- Stephon Thelwell
- Betsy Warnick
- Joann White
- Emily Womble
- Claudia Woisard
- Karen Wooten

- **Other Attendees**
  - PJ Geraghty, Organ Procurement Organization Committee Chair
  - Jon Magee, OPTN Board of Directors
  - Bill Ryan, OPTN Board of Directors
  - Justin Wilkerson, OPTN Board of Directors