Meeting Notes

OPTN
Organ Procurement & Transplantation Network

DCD Workgroup and OPO Comm Capstone Policy Meeting

Date: 3/30/2026
Time: 11:00AM – 12:00PM
Host: HRSA

Purpose: DCD workgroup and OPO committee to discuss public comments

Meeting Attendees

Organization	*Name(s)*
HRSA	Brianna Doby
HRSA	Shannon Dunne
HRSA	Sarah Laskey
HRSA	Raymond Lynch
HRSA	Joni Mills
HRSA	Lule Neureiter
DCD Workgroup	Patrice Ball
DCD Workgroup	Rebecca Baranoff
DCD Workgroup	Rachel Beekman
DCD Workgroup	Micah Davis
DCD Workgroup	Garrett Erdle
DCD Workgroup	Andrew Flescher
DCD Workgroup	Kyle Herber
DCD Workgroup	Cassie Hertert
DCD Workgroup	Precious McCowan
DCD Workgroup	Greg Veenendaal
OPO Committee	PJ Geraghty
OPO Committee	Kerri Jones
OPO Committee	Lori Markham
OPO Committee	Rachel Markowski
OPO Committee	Shane Oakley
OPO Committee	Sharyn Sawczak
Summome	Anne Thomas

Action Items

Action Item	*Owner(s)*	*Due Date*
n/a	Enter task owner	Enter date

Meeting Notes and Key Decisions

Meeting Notes

Agenda Item: Public Comments

- PJ led the DCD Policy Work Group in reviewing public comments. Participants discussed how to address feedback, including the decision to forward NRP-related comments to a separate policy group and to clarify which comments would be reflected in the current DCD policy revision
    - **Comment Analysis Process:** PJ explained that nearly 91 unique public comments were analyzed, categorized by themes such as reporting transparency, NRP disclosure, standardization, DCD process, role clarity, NRP ethics, and waiting period. Comments were grouped by source, including individuals, organizations, advocacy groups, and transplant centers, with duplicates excluded from analysis
    - **NRP-Related Comments:** PJ and Brianna clarified that all comments related to NRP disclosure, ethics, and family communication would be forwarded to the NRP policy workgroup, as active policymaking is ongoing in that area. The DCD group will not address these in the current policy revision, ensuring all stakeholders have equal opportunity to comment when the NRP policy is released
- **Themes and Exclusions:** PJ outlined the major themes from public comments, noting that some comments overlapped multiple themes. Two comments were excluded as duplicates, and the analysis emphasized concerns and proposed policy changes, particularly around NRP and ethical considerations

Agenda Item: DCD Pause

- Participants discussed the practicalities of implementing and documenting the DCD pause, including education requirements, stakeholder responsibilities, and operational feasibility, ultimately agreeing on just-in-time education and policy-level documentation rather than case-by-case records
    - **Education and Documentation Requirements:** The group debated whether to require individual documentation of pause education for each staff member involved in DCD cases. Participants agreed that this would be overly burdensome and instead supported a policy requiring OPOs to ensure stakeholders are educated as part of each DCD process, without specifying documentation in the donor record
    - **Third-Party and Transplant Center Responsibilities:** Participants discussed the challenges of transplant centers and third-party vendors educating staff on pause procedures, given variability in OPO policies. The consensus was that each OPO should have a policy meeting requirements, with education provided to relevant staff, but not necessarily documented for every individual
    - **Operationalization of Pause Education:** Participants suggested using huddles or touchpoints for just-in-time education, focusing on those directly involved in patient care. Participants agreed that education should be provided at key moments, such as pre-OR huddles, rather than attempting to reach every staff member individually
    - **Policy Language and Examples:** One member requested guidance or examples for hospitals, and PJ confirmed that OPTN would provide sample language or tools to help hospitals implement pause education policies. The group agreed that OPOs would encourage hospitals to include pause language in their policies, but OPTN would not require specific hospital policy wording

Agenda Item: Waiting Period

- **Establishment of Minimum Waiting Period for DCD:** Participants discussed and confirmed the inclusion of a five-minute minimum waiting period between circulatory arrest and organ recovery in the revised DCD policy, clarifying its application and ensuring alignment with current practices and scientific justification
  - **Policy Language and Rationale:** PJ explained that the new policy would require a minimum five-minute waiting period from pulselessness to the start of organ recovery, explicitly linked to concerns about auto-resuscitation. This standardizes practice, as current intervals vary from two to five minutes, and is supported by scientific literature referenced in the policy proposal
  - **Clarification of Practice Variability:** Participants raised questions about whether the policy accommodates different practices, such as waiting before or after death declaration. PJ and Brianna clarified that the policy covers both approaches, ensuring no center is excluded based on their current protocol, and that the language will be updated for clarity

Agenda Item: Standardization and Role Clarity

- **Standardization and Role Clarity in DCD Practices:** Participants addressed requests for national consistency in DCD practices, including minimum standards, role delineation among OPOs, hospitals, and transplant centers, and alignment with recent CMS and HRSA guidance, with plans for further policy development and legal review
  - **National Consistency and Minimum Standards:** PJ reported that public commenters requested reduced variability and minimum standards in DCD practice to ensure patient protections are consistent nationwide. A technical expert panel has been convened to explore national OPO standards that align with federal, state, and local laws
  - **Role Delineation and Safeguards:** The group discussed the need for clear delineation of responsibilities among hospitals, OPOs, and transplant centers, particularly regarding neurologic and clinical assessments, and to prevent conflicts of interest. PJ noted that recent CMS/HRSA guidance will be incorporated into policy revisions, with legal review to ensure compliance
  - **Policy Language Updates:** PJ and Brianna highlighted a recurring theme about the responsibility for 12-hour neuro checks, clarifying that OPOs will document hospital neuro checks rather than ensure their accuracy, and that policy language will be updated accordingly

Agenda Item: Reporting and Transparency

- **Reporting Requirements and Transparency for DCD and NRP Cases:** Participants discussed explicit reporting requirements for DCD and NRP cases, including adverse events and pause documentation, agreeing on timeframes for reporting initiation and resolution of pauses and emphasizing centralized, transparent data submission
  - **Reporting Timeframes and Process:** PJ explained that reporting of DCD pauses must occur at the earlier of two time points: within 72 hours of initiation of the unplanned pause or within 24 hours of resolution of the unplanned pause, whichever occurs first. Both initiation and resolution must be reported, ensuring no pause goes unreported, even if unresolved for extended periods
  - **Transparency and Oversight:** The group agreed that reporting requirements should be explicit, with centralized data submission to HRSA and OPTN, covering deviations, adverse events, and auto-

resuscitation events. These measures are intended as core safeguards for patient safety and compliance

- **Policy Language Clarification:** Participants discussed the benefit of reporting both initiation and resolution of pauses, with PJ clarifying that the process allows for combined reporting when events occur close together, and separate reporting when resolution is delayed

Agenda Item: Additional Considerations

- **Additional Considerations – Undue Influence, Education, and Policy Enforcement:** PJ and Brianna briefly addressed topics including evaluation of undue influence, support for increased education, and the meaning of policies being enforceable by the Secretary, clarifying current enforcement mechanisms and the distinction between automatic and emergency-triggered pauses
  - **Undue Influence Evaluation:** PJ noted that there was limited commentary on undue influence, but CMS has issued interim guidance, and OPTN will continue to consider this in future policy development
  - **Education Support:** PJ stated that commenters supported more education, and OPOs will update both just-in-time and overall staff training, as well as hospital education, in line with policy changes
  - **Policy Enforcement by Secretary:** Brianna explained that policies enforceable by the Secretary are subject to an extra layer of accountability, currently limited to data collection requirements, and that further steps would be needed to expand enforceability to other policy areas
  - **Automatic vs. Emergency Pauses:** Brianna clarified that automatic triggers for pauses are part of normal OPO processes and are not reportable under the new policy, which focuses on emergency, manually-triggered pauses

Agenda Item: Next Steps

- **Next Steps for DCD Policy Revision and Approval:** PJ outlined the process for advancing the revised DCD policy, including further review and feedback, policy text revisions, legal compliance checks, and a planned OPTN Board vote in May, with Brianna confirming the timeline and procedures
  - **Policy Revision and Review Process:** PJ described that the OPO committee has reviewed public comments and identified necessary language changes. OPTN and HRSA staff will revise policy text and provide justification for any unchanged proposals, focusing on patient safety considerations
  - **Board Approval Timeline:** The revised policy will be advanced to the OPTN Board for legal review and a vote, with the target date set for May. The board will verify compliance with bylaws and evaluate the proposed revisions for clarity and alignment with requirements