Normothermic Regional Perfusion (NRP) Workgroup: Meeting Summary

Meeting Information: Agenda and Attendees

Monday, March 2, 2026 | 1:00–2:00 p.m. ET | Location of Event: Teams

The following are meeting minutes from the Normothermic Regional Perfusion (NRP) Workgroup meeting, which took place on **March 2, 2026, 1:00–2:00 p.m. ET**.

Agenda

- Welcome
- Review Board Leadership Feedback on Draft Elements of Proposed Policy
  - Revise draft text
- Next Steps and Adjourn

Attendees

Attendee Name(s)	Affiliation
PJ Geraghty, John Magee, Bill Ryan, Rachel Beekman, Brendan Parent, David Foley, Kris Croome, Lori Markham, Sarah Koohmaraie, Steve Weitzen	NRP Workgroup
Brianna Doby, Raymond Lynch, Annie Tor	HRSA
Rachel Shapiro, Christine Jones, Doug Fesler, Amy Lin, Rebecca Fritz, Sophie To, Taylor Melanson, Tennille Daniels, Zulma Solis	OPTN Board Support

Meeting Summary

Welcome and Announcements

NRP Workgroup Chair PJ Geraghty opened the meeting by reviewing the agenda and confirming that the purpose of the session was to discuss Board Leadership's feedback and to conduct a final, detailed review of the drafted policy elements document.

Review of Board Leadership Feedback on Draft Elements of Proposed Policy

The Board Support team shared the draft policy elements document during the meeting and captured edits and discussion of the draft elements in real time. The Board Support team will upload the finalized document reflecting this meeting's discussion to Box and disseminate the document to the workgroup.

The workgroup chair walked through the document and led discussion of Board Leadership's feedback.

Authorization and Consent & Donor Patient Safety Reporting

The workgroup discussed disclosure requirements related to NRP. Members agreed that NRP must be disclosed to donor families when it may be used. If NRP is definitively not going to be used (e.g., hospital policy prohibits it or specific organs will not be procured), detailed discussion of its elements is not required.

Key elements that must be addressed during authorization discussions include:

- What NRP is and its purpose (organ optimization and improved transplant outcomes).
- The potential impact on specific organs (e.g., heart resuming function, liver producing bile, kidneys producing urine).
- Risks associated with NRP, including safeguards to prevent brain reperfusion.
- Alternatives, where applicable, and situations where NRP may be necessary for donation to proceed.

The workgroup emphasized that all authorization information must be provided at a 6th-grade reading level, with interpretation services as needed. Technical terminology should be minimized, and informational sheets may be developed to support family understanding.

The workgroup discussed whether NRP authorization should be separate from general donation authorization. The workgroup agreed that this decision may remain at organ procurement organization (OPO) discretion, provided that explicit language about NRP is incorporated if the OPO chooses to have one authorization document.

Data elements such as timing of vessel transection and documentation of surgical steps should be recorded. To avoid additional burden on transplant centers and the OPTN, the policy will not require centers to submit these data to the OPTN, but they must be available upon request for audit or review purposes.

Surgical Procedures and Standards

The workgroup reviewed and refined surgical standards for NRP. Members discussed whether the policy language should explicitly state that new guidance supersedes prior directives. The Board Support team will revise the document and coordinate on the messaging strategy with the Health Resources Services Administration (HRSA) to ensure clarity without creating confusion.

The workgroup agreed that paralytic agents during any part of the NRP process should be prohibited to avoid masking potential signs of life in the unlikely event of technical failure. The Board Support team will revise the document to emphasize this prohibition.

The workgroup emphasized the importance of standardized huddles. The workgroup outlined two distinct huddles:

- Pre-departure huddle (before traveling to recovery site).
- On-site huddle (prior to withdrawal of life-sustaining therapy).

The pre-departure huddle must address criteria for the hospital's donation after circulatory death (DCD) policy, type of NRP, cannulation approach, withdrawal location, acceptable timeframes, and role clarity. If only one team is involved and all parties agree, this huddle may be deferred at the OPO's discretion.

The workgroup agreed that the on-site huddle is mandatory and must include role delineation, withdrawal logistics, airway management responsibilities, NRP modality confirmation, and escalation plans. Failure of key team members to participate may be reported as a patient safety event. The workgroup discussed revocation of organ offers and agreed that it should be applied judiciously.

The workgroup discussed Board Leadership's concern about third-party vendors and what authority the OPTN has over these parties. The workgroup acknowledged limitations in OPTN authority over non-member hospitals but agreed that OPOs should provide clear guidance and support. Suggested revisions included clarifying that OPO and transplant teams may not participate in withdrawal decisions or death declarations.

Workgroup members discussed management of rare events involving potential signs of life after pronouncement. A clear plan must exist for immediate notification of the primary care team and return of the patient to hospital management if necessary. While the workgroup debated the disclosure of this rare scenario to families, they agreed to incorporate this topic into hospital planning requirements rather than explicit family consent language.

The workgroup discussed Board Leadership's comment regarding the policy's alignment with the Multi-Organ Transplant (MOT) policy. The group agreed that NRP modality prioritization will align with the MOT policy framework. If MOT policy revisions are pending, interim language will reference the current prioritization structure.

Next Steps

The Board Support team will revise the policy elements document to reflect the workgroup's discussion. The Board Support team also will conduct a legal review and confirm updates with the workgroup before submitting the document to HRSA and Board Leadership for an additional review. Following HRSA and Board Leadership's review, the document will be presented to the Board for a vote on whether to approve the draft elements for policy development.

Action Items:

- **Board Support:** Distribute post-meeting materials (agenda, meeting summary, and recording) for workgroup members.
- **Board Support:** Conduct legal review and make final revisions to the draft elements document. Share the document with HRSA and Board Leadership after workgroup approval.