

OPTN Membership and Professional Standards Committee (MPSC) Update

Summer 2023

Topics



Allocations Monitoring

OPO Performance Monitoring Enhancement

Require Reporting of Patient Safety Events Proposal

Allocations Monitoring Subcommittee

- The MPSC observed a large increase in the number of allocations out of sequence (AOOS)
- The MPSC has been evaluating data to identify potential improvements to monitoring and to inform recommendations for policy and programming improvements
- Working to determine root cause; noted increases coincide with:
 - Increase in organ utilization
 - New Centers for Medicare & Medicaid Services (CMS) OPO performance metrics
 - Changes to OPTN kidney and liver allocation policies
- The MPSC supports efforts to increase organ utilization and determines, in most instances, individual AOOS seem appropriate to ensure organs are successfully transplanted
 - Allocating harder-to-place organs
 - Decreasing cold ischemic time (CIT)
 - Placing organs after “late turndowns” by transplant programs

Percentage of organs that were allocated out of sequence

Shown are values for all organs combined, livers only (LI+LIS1+LIS2) and kidneys only (LKI+RKI+EKI)

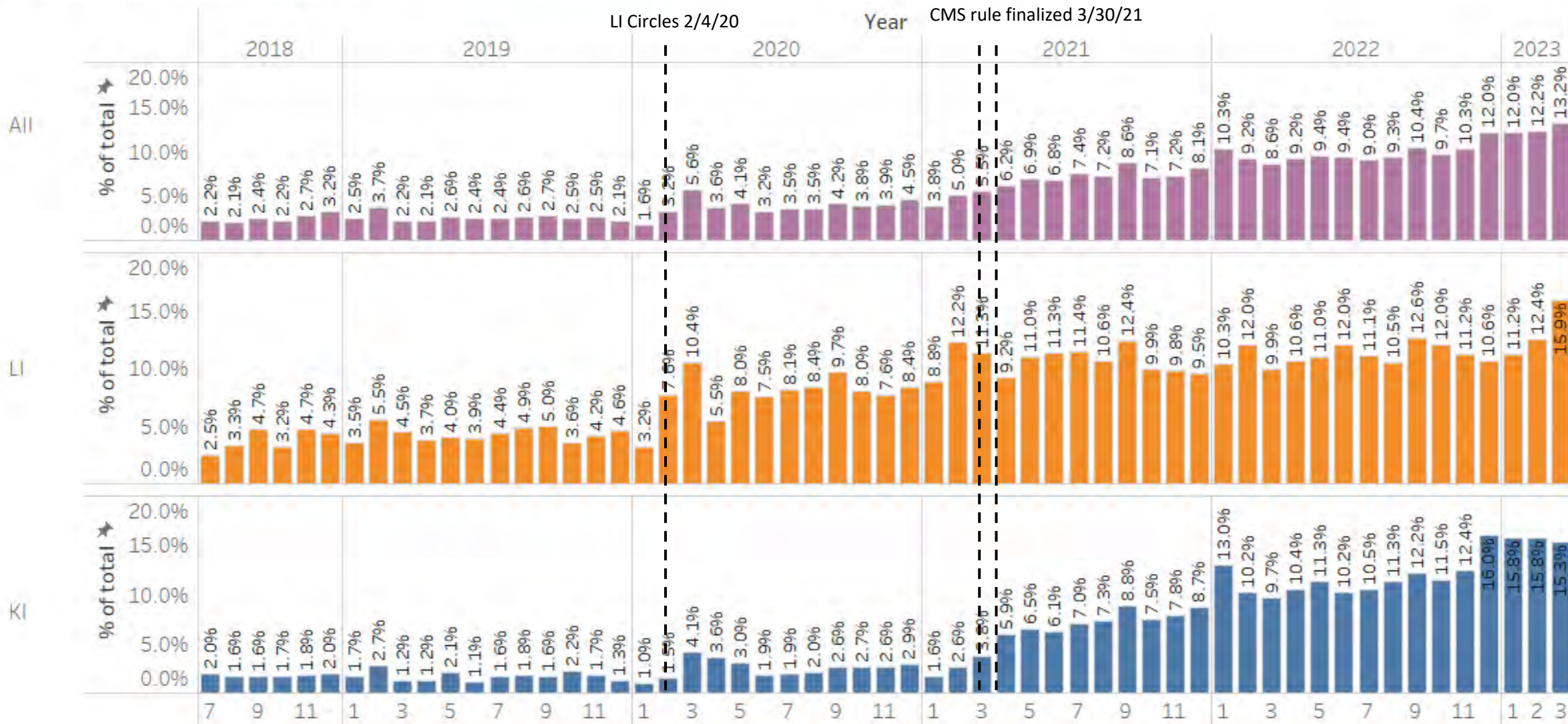
July 1st, 2018 - March 31st, 2023

KI DSA removal 3/15/21

CMS rule finalized 3/30/21

LI Circles 2/4/20

Year



Allocations Monitoring Subcommittee

- MPSC is focusing on improving monitoring of allocations out of sequence by:
 - **Considering possible definitions of “late decline” and inquiring with transplant programs accordingly**
 - Evaluating aggregate data to identify any concerning patterns and trends in AOOS
 - Creating specific triggers to identify individual allocations requiring in-depth review
 - Evaluating SRTR organ yield data to identify donor and/or recipient characteristics that suggest an organ will be hard-to-place and may not require in-depth review
 - Considering increased data collection that can improve allocation monitoring and make recommendations to the OPTN Data Advisory Committee as needed

OPO Performance Monitoring Enhancement

- The MPSC is evaluating potential changes to OPTN OPO performance monitoring
- Over the last 6 months, MPSC has
 - Received updates from SRTR on current state and suggestions to consider
 - Learned more about CMS OPO performance measures
 - Defined scope of the project and how to measure success of the project
 - Concluded that comprehensive "monitoring enhancements" are needed and not simply new “metrics”
- Sponsoring work group with representatives from various OPTN committees
- OPTN Board of Directors provided feedback on scope and prioritization of areas of this OPO performance monitoring enhancement work

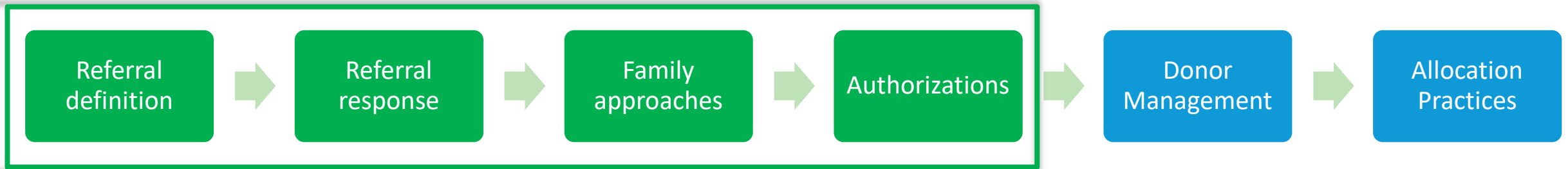
OPO Performance Monitoring Enhancement

- What differentiates an OPO that performs well from an OPO that does not perform well?
 - Adequate resources and training
 - Effective relationships and communication
 - Effective quality improvement processes
- What parts of the donation process are the responsibility of OPOs, OPOs can impact, and/or have wide variation across OPOs?
 - Referral definition and response rate
 - Authorization
 - Family approaches
 - Donor management – case time
 - Allocation practices – particularly with DCD, NRP, perfusion, medically complex donors
 - Communication and collaboration with donor hospitals and transplant programs

OPO Performance Monitoring Enhancement

- The MPSC feels the OPTN needs separate metrics from CMS but acknowledges metrics should be complimentary
- Improved transplant program offer acceptance rates are essential to increasing the transplantation rate
- Standardizing critical OPO processes and consistent data definitions are essential to improve member performance, effective data collection and efficiency of the system
- Increased data collection is required to proactively monitor and understand member behavior and improve transparency
 - For example, how do we gather donor-hospital level data to assess donor potential?

Parts of the donation process that are the OPOs responsibility that OPOs can impact:



Managing Relationships with Donor Hospitals and Transplant Hospitals

Questions?

Require Reporting of Patient Safety Events

OPTN Membership and Professional Standards Committee (MPSC)

Purpose of Proposal

- The OPTN contract requires that the OPTN notify MPSC leadership and HRSA of certain types of safety events within a specific time frame
- OPTN policy does not specifically require members to report some of these specific patient safety events, including "near misses"
- Align OPTN members' reporting requirements with the requirement for the OPTN to notify MPSC leadership and HRSA of certain patient safety events

Proposal

- Add specific patient safety reporting requirements to Policy 18
 - MPSC can further fulfill their charge of reviewing events identified as presenting a risk to patient safety, public health or the integrity of the OPTN
 - Over time, the MPSC can provide guidance about effective practices to limit risk to transplant candidate, recipient, and living donor safety
 - Consolidate reporting requirements into one area for members to easily reference
- Update OPTN Improving Patient Safety Portal Safety Situation and Living Donor Event form instructions
 - Streamline the reporting process for members and create a single reference point when submitting a report

Transplant Hospital Proposed Requirements

- The proposal requires transplant hospitals to report the following events through the Patient Safety Portal within 24 hours of becoming aware of the incident:
 - A transplant of the incorrect organ into an organ recipient occurs
 - A transplant of an organ into the incorrect organ recipient occurs
 - A donor organ is identified as incorrect during pre-transplant processes conducted according to either Policy 5.8.A: *Pre-Transplant Verification Prior to Organ Receipt* or Policy 5.8.B: *Pre-Transplant Verification Upon Organ Receipt*
 - The potential transplant recipient is identified as incorrect during pre-transplant processes conducted according to either Policy 5.8.A: *Pre-Transplant Verification Prior to Organ Receipt* or Policy 5.8.B: *Pre-Transplant Verification Upon Organ Receipt*

Transplant Hospital Proposed Requirements

- The proposal requires transplant hospitals to report the following events through the Patient Safety Portal within 24 hours of becoming aware of the incident:
 - An organ was delivered to the incorrect transplant hospital and resulted in non-use of the organ
 - The incorrect organ was delivered to the transplant hospital and resulted in non-use of the organ
 - An organ did not arrive when expected and resulted in the intended candidate not receiving a transplant from the intended donor because of the transportation issue
 - An ABO typing error or discrepancy is caught before or during pre-transplant processes conducted according to either Policy 5.8.A: *Pre-Transplant Verification Prior to Organ Receipt* or Policy 5.8.B: *Pre-Transplant Verification Upon Organ Receipt*

Recovery Hospital Proposed Requirements

- This proposal will broaden the current living donor requirement to report a liver living donor listed on the liver wait list or a kidney living donor listed on the kidney wait list within two years after donation.
- Recovery hospitals will now be required to report when a living donor is listed on the wait list within two years after donation.

OPO Proposed Requirements

- The proposal requires OPOs to report the event, “an ABO typing error or discrepancy is caught after the OPO’s deceased donor blood type and subtype verification process, as outlined in Policy 2.6.C: *Reporting of Deceased Donor Blood Type and Subtype*”, through the Patient Safety Portal within 24 hours of becoming aware of the incident

OPTN Member Proposed Requirements

- The proposal requires all OPTN members to report the following events through the Patient Safety Portal within 24 hours of becoming aware of the incident:
 - Any sanction is taken by a state medical board or other professional body against a transplant professional working for an OPTN member
 - Evidence is discovered of an attempt to deceive the OPTN or the Department of Health and Human Services (HHS)

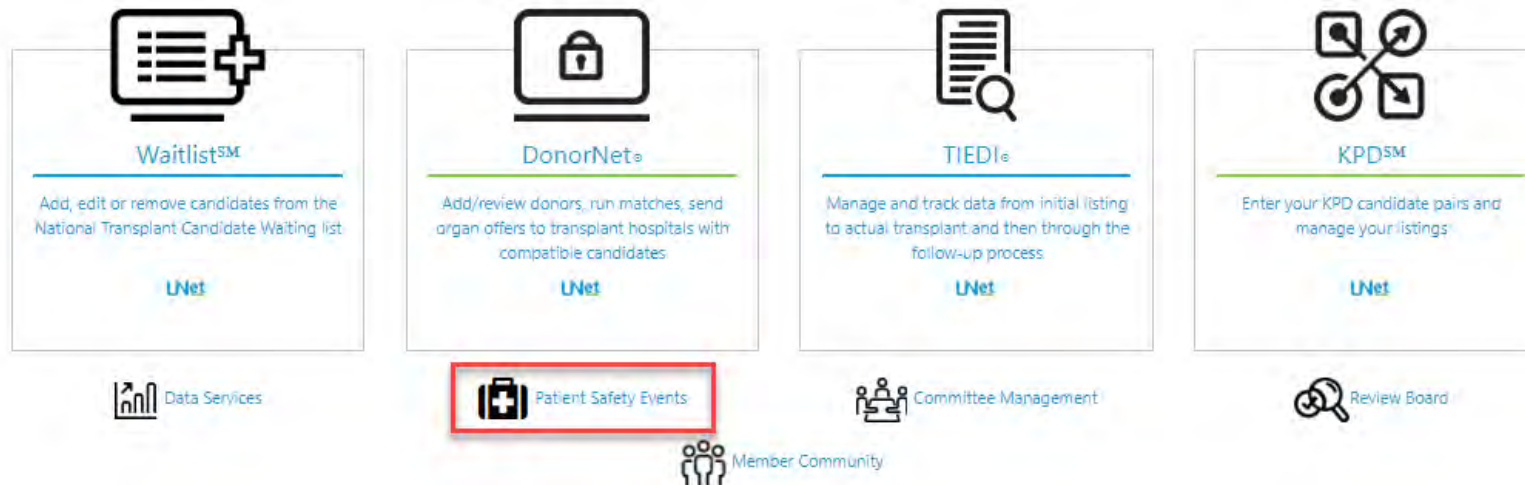
Rationale

- If these patient safety events are considered important enough for purposes of notification to MPSC leadership and HRSA, these events should specifically be required by OPTN policy to be reported to the OPTN
- Should not result in a significant increase in member burden
 - From August 2022 through May 2023, the OPTN has received about 17 reports (N=578) that would meet this proposed criteria, and would be required rather than voluntary reporting
 - The MPSC expects these events to be infrequent; however, it is important that the MPSC is aware when these events occur so they can help provide feedback.
 - If members are reporting multiple of these events a year, it further supports the need for MPSC review.

Member Actions

- Become familiar with the proposed patient safety reporting requirements
- Report these events within 24 hours after becoming aware of the incident through the OPTN Improving Patient Safety Portal

Welcome to the Secure EnterpriseSM, your secure gateway to the UNetSM system and other UNOS-developed transplant applications. [View system status](#)



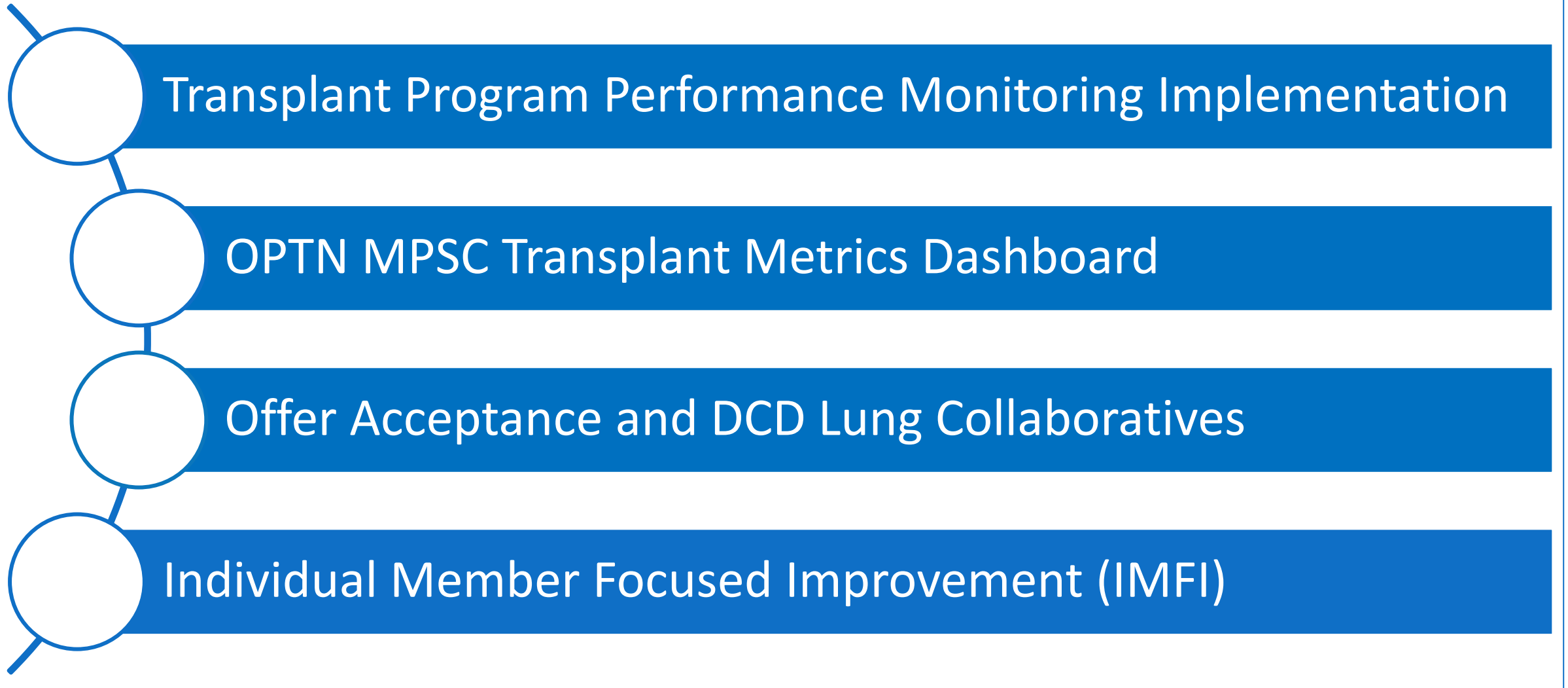
What do you think?

- Based on the “near miss” definitions considered for incorrect organ or incorrect potential transplant recipient, do you have any concerns with the proposed definition?
- Do you agree with requiring reporting for living donors placed on the wait list for any organ within two years after donation?
- Do you think the transportation events included in this proposal as required reports are appropriate?
- Are there other definitions for ABO typing errors or discrepancies that the MPSC should consider?

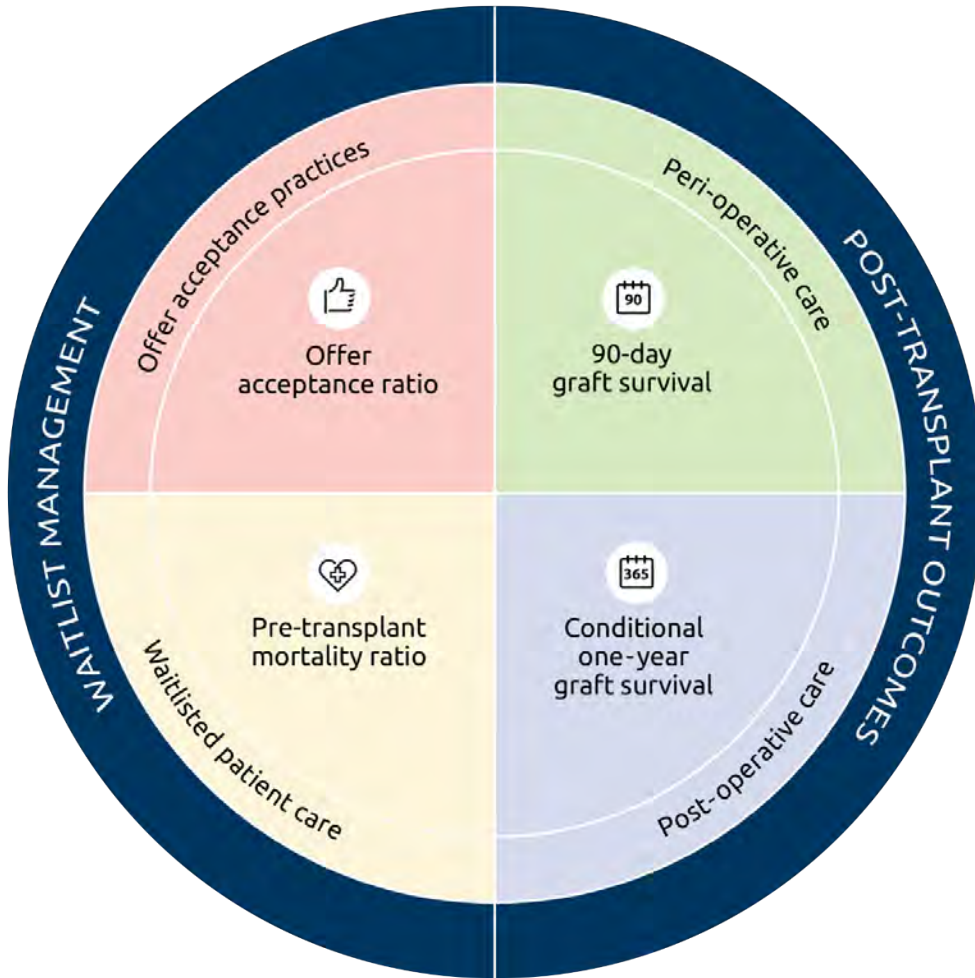
Member Quality Update

Summer 2023

Topics



Transplant Program Performance Monitoring



Implementation Timeline

Implemented July 2022:

- 90-day graft survival hazard ratio
- One-year graft survival conditional on 90-day graft survival hazard ratio

Implemented July 2023:

- Offer acceptance rate ratio
- First offer cohort: 1/2022 – 12/2022

July 2024:

- Pre-transplant mortality rate ratio
- First Observation window: 1/2022 – 12/2023

Offer Acceptance Rate Ratio

- MPSC sent out first inquiries based on the offer acceptance rate ratio in August
- MPSC chose to include the offer acceptance metric in the new transplant performance monitoring system because
 - There is significant variability between programs in performance
 - Transplant programs have significant, if not total, control over this metric
 - Encourages behaviors that will increase offer acceptance rates leading to an increase in transplants and efficiency in the system
- Offer acceptance rate ratio criteria
 - **Adult:** Greater than 50% probability that the transplant program's offer acceptance rate ratio is less than 0.30 during a 1 year period
 - **Pediatric:** Greater than 50% probability that the transplant program's offer acceptance rate ratio is less than 0.35 during a 1 year period

Offer Acceptance Rate Ratio Review Process

- Initial inquiry requests information on:
 - Composition of program
 - Process for consideration and acceptance of offers
 - Process for review of offer acceptance practices and acceptance rates
 - Plan for quality improvement and demonstrated improvement
- Programs provided
 - Overall offer acceptance rate ratio data and published SRTR subgroups for relevant organ
 - Information on offer acceptance data tools available in the OPTN Computer System Data Services portal
 - Offer of one-on-one education session with staff on offer acceptance data tools

OPTN Performance Metrics Toolkit

Additional Resources added to the OPTN Website

Enhance Transplant Program Performance Monitoring

Toolkit



Background



Bylaws changes



Implementation
timeline



Risk-adjustment
and performance
evaluation



Education and
resources

Background

In December 2021, the [OPTN Board of Directors approved bylaw changes](#) that will allow for a more holistic evaluation of transplant programs. [OPTN Bylaws](#) outline membership requirements for organizations and individuals to participate in the U.S. transplant network.

Education and resources

The proposal's [public comment page](#) has information and educational resources about the metrics, including:

- A **video introduction** of the changes outlining what's involved
- A recording of an Aug. 4, 2021, webinar with Rich Formica, M.D., providing a more **detailed analysis**
- A September 2021 recording of MPSC chair, Ian Jamieson, and SRTR director, Jon Snyder, discussing the **four evaluation metrics involved**, including risk-adjustment and frequently asked questions

Instruction

- **Download the PDF:** [Enhanced Transplant Program Performance Metrics](#) provides a quick review about how risk adjustment works for the four metrics used to evaluate performance
- **Download the PDF:** [Effective Practices to Improve Post-transplant Outcomes](#)
- **Download the PDF:** [Effective Practices to Improve Offer Acceptance](#)

[Use this link](#) to access these professional education resources and learning modules:

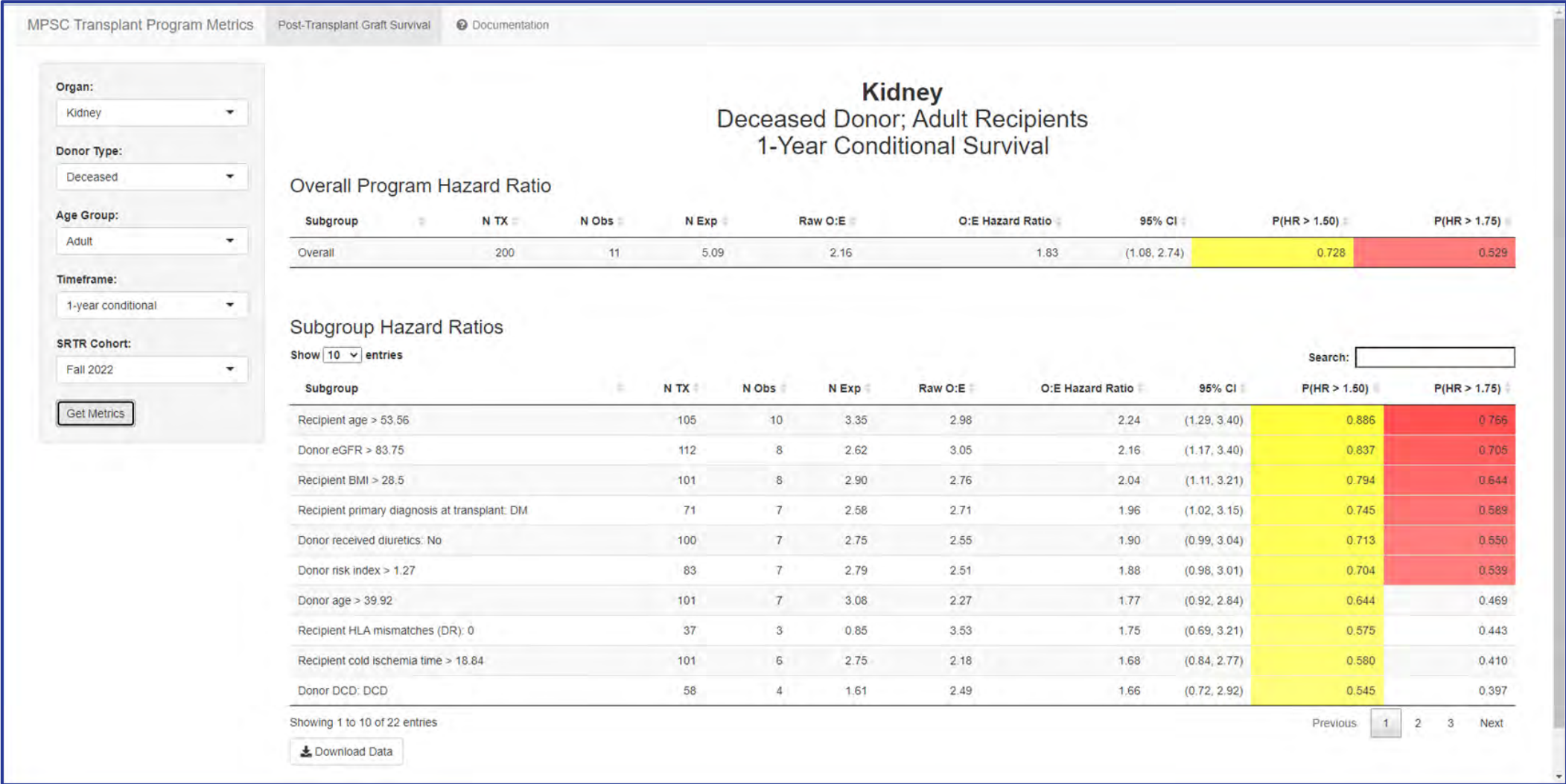
- **QLT150:** MPSC transplant program performance monitoring
- **QLT151:** MPSC post-transplant outcomes and risk adjustment (confers CEPTC credits)
- **QLT152:** MPSC Offer Acceptance Rate Ratio and Risk Adjustment (confers CEPTC credits)
- **QLT153:** MPSC pre-transplant mortality rate ratio and risk adjustment (confers CEPTC credits)
- **OPTN Offer Acceptance Collaborative Playlist** (confers CEPTC credits)
 - The modules have information about:
 - MPSC transplant program performance monitoring, the offer acceptance rate ratio, and OPTN tools to drive improvement.
 - Effective practices related to offer acceptance and hear lessons learned from previous collaborative participants.

Learn more about monitoring and performance reviews: [What to Expect: Performance Reviews](#)

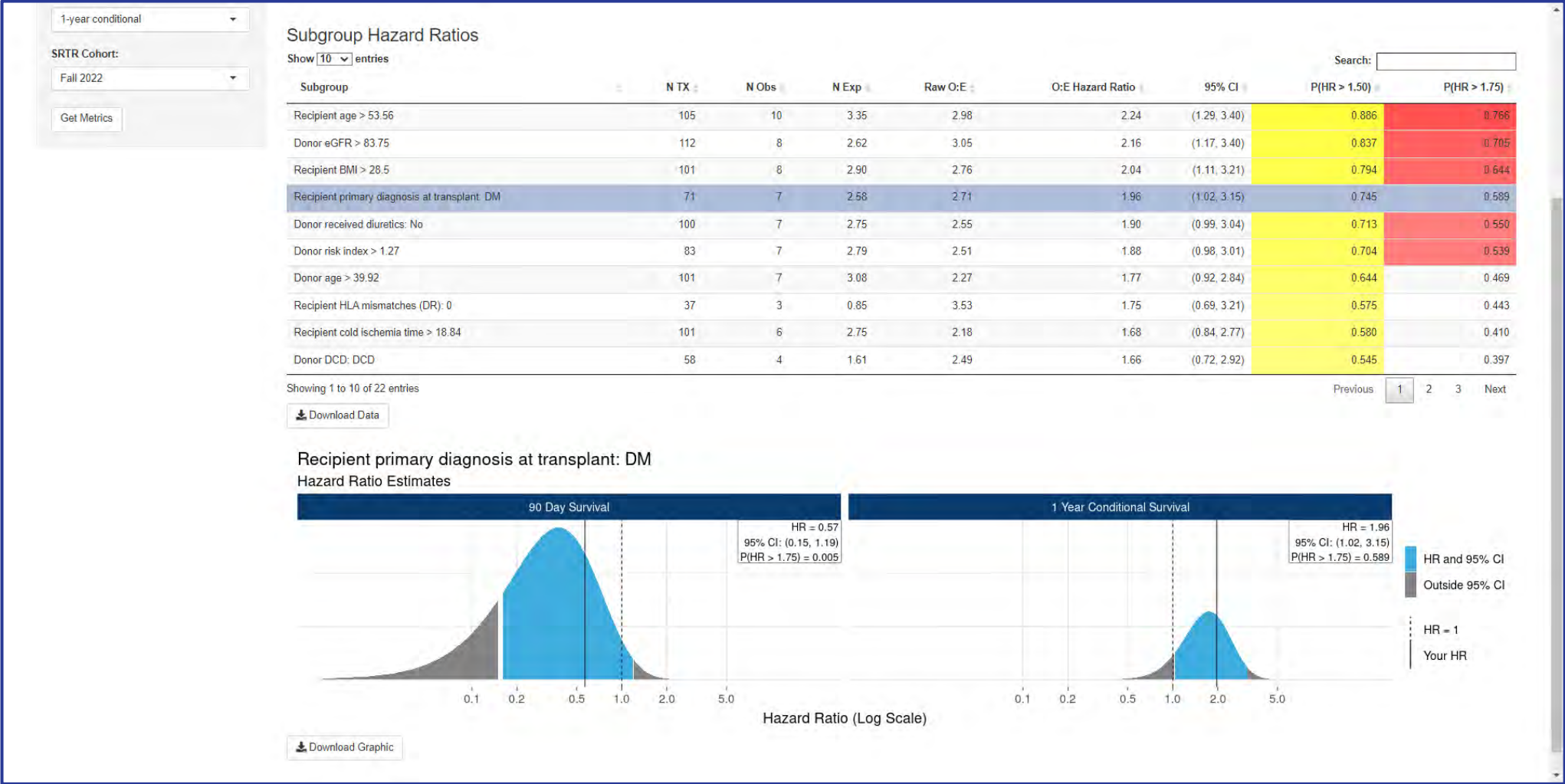
SRTR reporting

The SRTR has also added information to transplant programs' SRTR secure sites to help you understand whether your program meets the new MPSC performance monitoring criteria. This information is intended to support you as you plan and evaluate your program's performance.

New OPTN MPSC Transplant Metrics Dashboard



Subgroup Analysis





Collaborative Improvement Project Updates

Offer Acceptance Collaborative

83 transplant programs (adult and pediatric)

49 kidney, 12 liver, 17 heart, and 5 lung

Goal

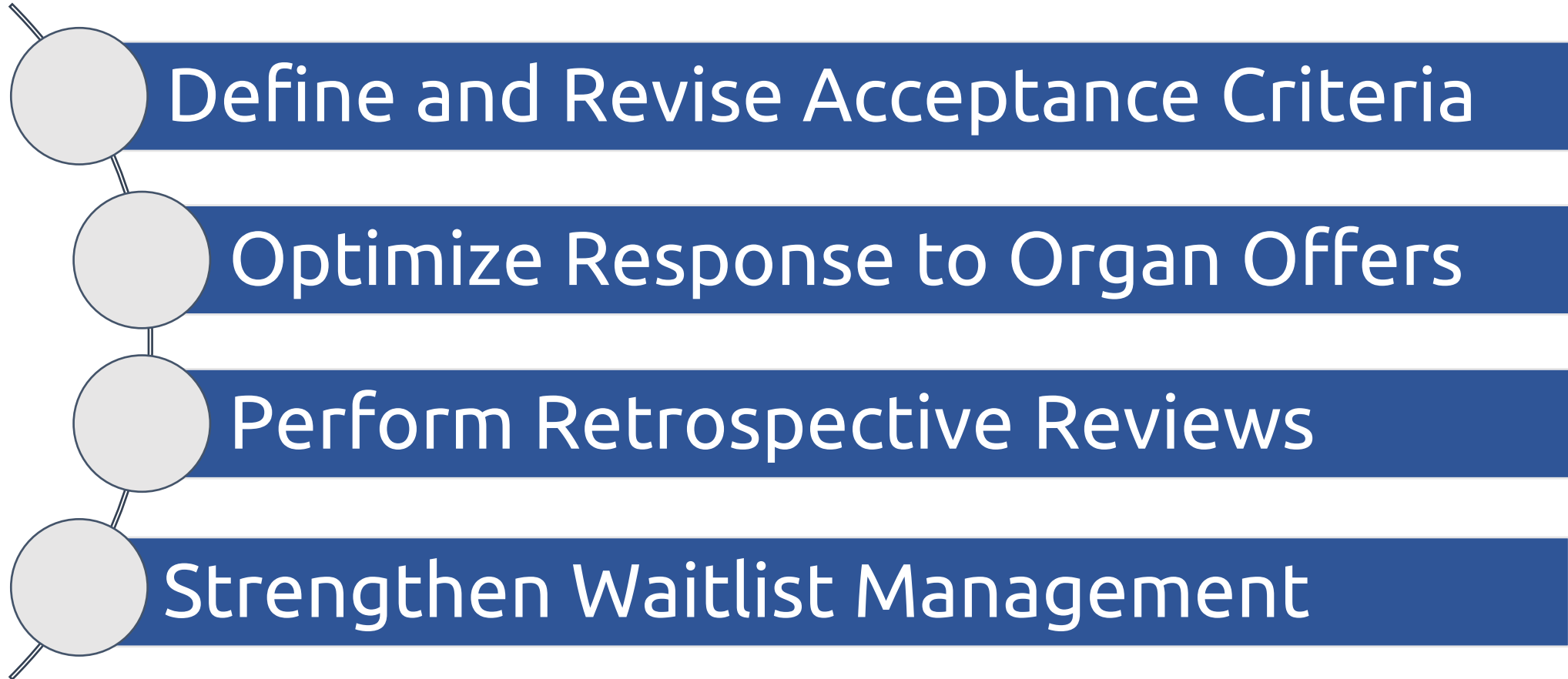
Increase offer acceptance rates over the 6 months prior

Kidney by 20%

Liver, Heart, and Lung by 15%



Improvement Areas



Understanding data is critical to improvement!

DCD Lung Transplant Collaborative

29 adult lung programs (~45% of adult programs)

Goal

Increase DCD lung transplants by 30% over the previous 8-month period

Improvement Projects

Optimize internal processes and strengthen collaboration with OPOs

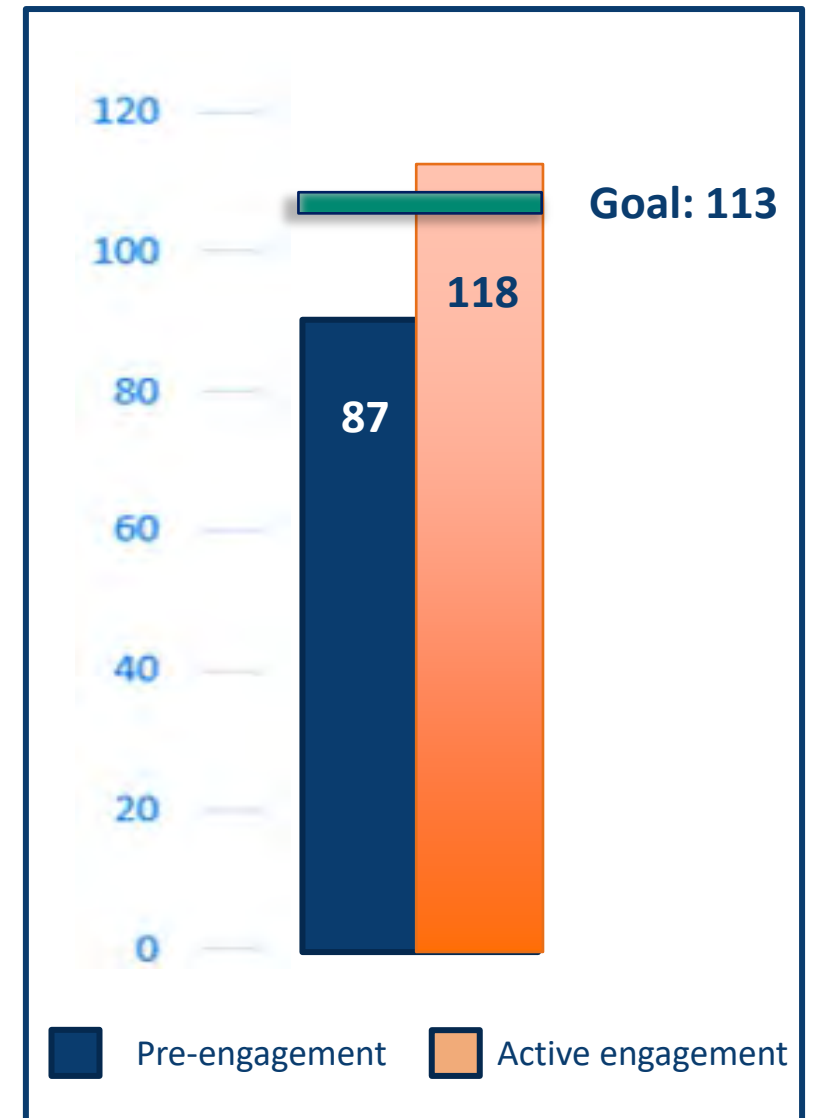
Engagement Activities

Collaborative Calls, Webinars, Coaching and more coaching!



DCD Lung Transplant Collaborative Progress

- Pre- engagement (April – November 2022)
n=87
- Cohort goal (December – July 2023)
n=113 (30% increase)
- As of July 14, 2023
n=118
- Project concludes July 31, 2023
 - Goal surpassed
 - Stay tuned for evaluation report



OPTN DCD Lung Collaborative *Learning Congress*

Marriott Riverwalk + San Antonio, TX
Sept. 26-27, 2023



1 ½ day in-person conference
2 people from every adult lung program will be invited
OPOs will be incorporated
Virtual options will be provided for broader audience

Highlight DCD lung improvement projects and continue the momentum of this effort!

What's Next?

- Evaluate current projects
- Disseminate findings
- Share resources
- Explore next project
 - ***DCD Liver Transplant Collaborative***



Questions?
Contact ci@unos.org

Individual Member Focused Improvement (IMFI)

Primary Aim	To develop a plan to increase efforts at monitoring and improving OPTN member performance using collaborative quality improvement opportunities.
Purpose	To help individual members improve through the use of quality improvement tools and engagements custom designed for the member and their unique need.
Participation	<ul style="list-style-type: none">• Broader deployment of initiative started as of 10/1/2022; IMFI is available to all OPTN members and is entirely voluntary• 9 pilot projects (eight transplant programs and one OPO have been completed as of July 2023)• 8 additional projects are underway as of July 2023
Timeframe	<ul style="list-style-type: none">• Discovery occurred during winter 2019/early 2020• Continue to iterate on what project structure, timeframe, and services work best for the members throughout 2023

IMFI

Individual Member Focused Improvement



IMFI Improvement Activities

OPTN Computer System Data Services Portal Education

- Data services tool review of Kidney Waiting List Management tool, ROO, & RUM, among other relevant tools
- Real-time troubleshooting with OPTN Subject Matter Expert

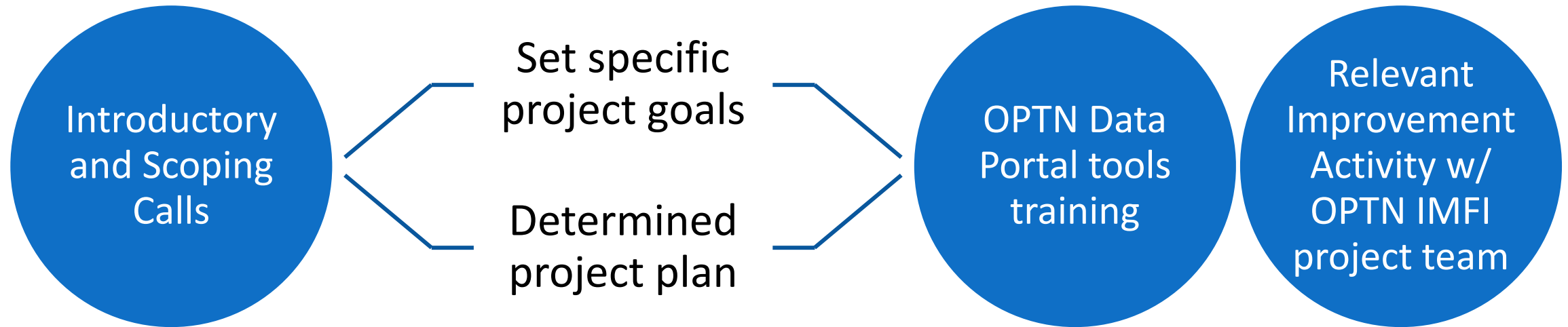
Process Mapping/Failure Modes and Effects Analysis/Fishbone

- Map the member's requested and relevant process in a collaborative session
- Identify pain points and recommendations for improvements

Peer Mentoring

- Peer mentors with relevant expertise
- Virtual session(s) where member can ask peers questions and for feedback about a variety of topics

General IMFI Engagement Process



Examples of IMFI Project Goals

- To improve efficiency in a program's referral to listing process
- To improve management of waitlisted candidates and patient readiness
- To assist the establishment of a new program and prepare for growth following COVID
- To increase efficiency and effectiveness of peri-transplant OR processes
- To standardize and improve consistency of post-transplant care management practices

Feedback or Questions

- For performance monitoring, email MPSCReports@unos.org
- If you are interested in learning more about CI, email ci@unos.org
- If you are interested in learning more about IMFI, email MQFeedback@unos.org