

**OPTN Membership and Professional Standards Committee (MPSC)**

**Meeting Summary**

**February 25-27, 2020**

**Chicago, Illinois**

[REDACTED], FNP, Chair  
[REDACTED], Vice Chair

**Introduction**

The Membership and Professional Standards Committee (MPSC) met at the O'Hare Hilton in Chicago, Illinois on February 25-27, 2020, to discuss the following agenda items:

**Addressing Medically Urgent Candidates in New Kidney Allocation Policy (Kidney Committee)**

1. Member Related Actions – Applications Guidance on Blood Type Determination and Modify
2. Blood Type Determination and Reporting Policies (Ops and Safety Committee)
3. Modifications to Released Kidney and Pancreas Allocation (OPO Committee)
4. Individual Member Focused Improvement (IMFI)
5. Update on ABO Verification and Living Donor Event Projects
6. Membership Requirements Revision Project
7. Performance Monitoring Enhancement Project
8. Educational Referrals
9. Encouraging Self Reporting of Potential Patient Safety Issues
10. Refusal Code Update
11. Kidney Accelerated Placement (KAP) Project Update
12. Redacting member-identifying information from case packets
13. Member Related Actions - Performance
14. Member Related Actions – Compliance
15. Ongoing Monitoring Updates
16. Interview with OPO 654410
17. Member Related Actions – Applications

**1. Addressing Medically Urgent Candidates in New Kidney Allocation Policy (Kidney Committee)**

The MPSC received a presentation from the Vice Chair of the Kidney Transplantation Committee on its proposal "Addressing Medically Urgent Candidates in New Kidney Allocation Policy." Following the presentation, MPSC members offered several questions and comments.

An MPSC member observed that when a candidate has exhausted every dialysis access point, then none are left to use during transplant. The Committee might be able to require three out of four major access points to be exhausted so one is still left for transplant.

The Vice Chair replied that the Committee discussed this point at length. Some regions currently require a candidate to be out of access, and whether there is sufficient access for perfusion of the kidney is a hospital decision. Other regions are more accommodating in their definition of urgency. This proposal is the middle ground that the Committee found to justify increased priority on the match run for medically

urgent candidates. It is up to individual programs to determine whether a candidate is suitable for transplant or has adequate access for post-transplant therapy.

An MPSC member asked why the Committee did not prioritize medically urgent candidates right behind 100% CPRA candidates in the match run, especially if there are few of them?

The Vice Chair stated that some groups were not supportive of this position on the match, such as the pediatric community, who expressed that transplantation in children is medically urgent, and even medically urgent adults should not receive priority over children. Again, the resulting proposal tries to balance multiple viewpoints.

An MPSC member observed that pediatric candidates are prioritized over medically urgent candidates in the proposal. If there are multiple pediatric candidates and one is medically urgent, is that candidate prioritized over the other pediatric candidates?

The Vice Chair asked whether the MPSC member was referring to two medically urgent pediatric candidates, and the MPSC member said yes. The Vice Chair said that the Committee didn't address pediatrics specifically, but it decided that the tiebreaker between two medically urgent candidates would be the amount of waiting time accrued at the medical urgency status.

The same MPSC member then asked if a medically urgent pediatric candidate gets more priority than other pediatric candidates do.

The Vice Chair explained that the Committee's intent was for medically urgent candidates in any bottom classification to be prioritized over other candidates in that classification, but she was unsure how that would be programmed and would take the question back to the Committee to clarify.

A MPSC member asked how the process for the surgeon and nephrologist to sign off on medically urgent candidates would work.

The Vice Chair said that programs would have to document it in the candidate's medical record in a way that the program could later submit the information for review or audit. The Committee envisioned something similar to documentation that a candidate meets simultaneous liver-kidney criteria or to the sign-off on unacceptable antigens that is required for high CPRA candidates.

The MPSC member then suggested that the primary surgeon and physician for the transplant program could sign off.

The Vice Chair stated that those individuals might be the ones signing off at many programs. However, the Committee did not want a medically urgent candidate to be unable to be registered at the appropriate status because the primary surgeon or physician was out of town or otherwise unavailable to sign off on the candidate's status.

An MPSC member observed that medically urgent candidates are likely to have higher EPTS scores and may be higher-risk candidates, and Sequence A is preferentially directed toward candidates with lower EPTS scores and higher post-transplant survival. Removing the medically urgent status from Sequence A and moving that status higher in Sequences B, C, and D may garner additional community support for the proposal.

The Vice Chair explained that when the Committee decided to allow the candidate to be on their last dialysis access as opposed to completely out of access, they were able to move the medically urgent status farther down in the sequence. The Committee will be monitoring usage of this status and will be able to identify whether the policy is behaving as intended.

An MPSC member stated that dialysis access choices vary between patients, which may warrant prospective reviews of medical urgency requests to ensure patients are appropriately prioritized.

The Vice Chair replied that the policy explicitly requires exhaustion of or contraindication to the various access points, and the intent of the committee is that patient preference does not fall into these categories.

The MPSC was polled on their support of the proposal, with a result of 6 Strongly Support, 23 Support, 2 Neutral/Abstain, 3 Oppose, and 2 Strongly Oppose.

## **2. Guidance on Blood Type Determination and Modify Blood Type Determination and Reporting Policies (Ops and Safety Committee)**

The MPSC received a presentation from the Vice Chair of the Operations and Safety Committee on its proposals “Modify Blood Type Determination and Reporting Policies” and “Guidance on Blood Type Determination.” Following the presentation, MPSC members offered several questions and comments.

An MPSC member asked what circumstances could cause someone to have an indeterminate blood type other than massive blood transfusion or bone marrow transplant.

The Vice Chair explained that the guidance document lists a number of other circumstances. Massive transfusion is the most common. Others include ABO non-identical stem cell transplant, infections and cancers that can cause an acquired B phenomenon, elevated globulin levels such as in patients with multiple myeloma, weak antigen expression, and age. Pediatric donors in particular may not clearly express their reverse typing. The Operations and Safety Committee recognizes that some of the circumstances that may affect the donor’s blood type may also prevent someone from being a suitable donor, but since these circumstances could also apply to recipients, the committee wants to provide a complete list of things that could affect blood type reliability.

An MPSC member observed that the proposed policy requires OPOs to document all blood products received since admission to the donor hospital. He recommended that since some OPOs are moving toward transporting donors to a central facility, the committee might want to clarify that “admission to the donor hospital” means from the start of the death event, not when the donor arrives at the OPO recovery facility.

The Vice Chair said that the committee could include that clarification in the proposal and summarized the committee’s discussions about the appropriate timeframe for this requirement. The committee did not want to include transfusions that may have occurred far enough in the past as to be unlikely to affect the blood typing, but they also did not want the requirement to be too onerous, especially if a reliable pre-transfusion blood sample was available. The committee was unable to provide a specific timeframe where typing might be affected after transfusion, since blood banking experts on the workgroup were unable to say exactly when an individual reverts to their native blood type after receiving a massive transfusion.

The Vice Chair explained that the workgroup also considered the blood banking perspective when treating a patient who needs blood. If the blood bank is unable to determine a patient’s blood type, they will sometimes call the patient type O and give them a transfusion of type O blood for safety purposes. That typing information is not reliable if the patient then becomes a donor. The committee included information on these conflicting perspectives in the guidance document.

An MPSC member who previously served on the OPO Committee described an effort by that committee to remove specific lab values and detailed requirements from some policies so the committee would not

have to update them frequently to keep up with newly available technology. The MPSC member asked if the Operations and Safety Committee considered that practice with these proposals.

The Vice Chair said that they tried to provide a framework and requirements to follow without being so restrictive that people could not get things done. For example, the committee loosened the existing policy that said that the ABO results must match because it does not make sense in cases of conflicting or indeterminate blood type results. Even if a member goes through a process to resolve the results, the results are still not going to match. The committee wants OPOs to look at the entirety of circumstances when they receive conflicting or indeterminate results, provide that information to transplant hospitals considering organs from the donor, and do a deep dive rather than just calling the donor blood type AB. The committee added policy language to help members identify risks and safety concerns while trying to provide education and background in the guidance document. The committee has heard feedback from members with previous blood typing issues that those issues might have been resolved if the language had existed before.

An MPSC member asked whether the DNA-based typing assay mentioned in the guidance document would add significant costs for OPOs. They also asked how quickly OPOs could obtain results from that type of assay.

The Vice Chair explained that the appendix to the guidance document goes into more detail. From a cost standpoint, real-time PCR costs a couple hundred dollars and takes a couple of hours, if a tissue typing or serology lab has that kind of capability. The committee did not want to require OPOs to use a testing technique that they may not have the capability to use, which is why the information is in the guidance document instead of policy. It is also important to note that the FDA and other regulatory institutions have not approved some of the DNA-based methodologies, which is why the guidance document recommends them as an adjunct to testing that's already been done, and not as an alternative method or additional test to guarantee a reliable result. OPOs need to look at the entire set of donor information, including test results, transfusion history, and medical history, and then make a thoughtful decision in collaboration with their blood bank experts, chief medical officer, and transplant programs.

An MPSC member asked if the committee discussed requiring patient safety event reporting of indeterminate blood typing results in order to track trends and gain a better understanding of these events.

The Vice Chair said that the committee did not have widespread discussions about that idea since there is not a lot of required patient safety reporting outside of disease transmission events. There did not seem to be universal support on the committee to make that a requirement, but it would be great to have that data to see how frequently these events occur.

An MPSC member asked if the committee looked at discrepancies between different labs that might result from different methodologies. With the possibility of more organs traveling farther, there may be an increase in multiple labs testing the same donor.

The Vice Chair explained that the committee did not look at discrepancies between different labs because the OPTN does not have that type of data, only the existing patient safety reports. However, the policy would cover conflicting or indeterminate results not only resulting from one lab but from multiple labs.

An MPSC member observed that the policy about documenting blood products administered to the donor appears to address just those administered while the donor is admitted to the hospital. The MPSC member asked if the committee discussed blood products delivered in the field or anything related to the time that the OPO had a qualified sample.

The Vice Chair stated that the guidance document recommends looking for transfusion sources outside of the donor hospital as well, but the committee did not want to write policy language that would require all transfusion history and create an onerous requirement for OPOs.

The MPSC Chair asked if the recommendation to report conflicting or indeterminate blood typing results via the patient safety portal could be included in the guidance document.

The Vice Chair agreed to take that question back to the Operations and Safety Committee.

The Vice Chair then extended his thanks to the MPSC for their guidance, as the letter they provided was extremely helpful to the workgroup. He also thanked the MPSC members who participated in the workgroup.

The MPSC was polled on their support of the policy proposal “Modify Blood Type Determination and Reporting Policies” with a result of 14 strongly support, 20 support, 2 neutral/abstain, 0 oppose, and 0 strongly oppose.

The MPSC also was polled on their support of the guidance document “Guidance on Blood Type Determination” with a result of 18 strongly support, 17 support, 0 neutral/abstain, 0 oppose, and 0 strongly oppose.

### **3. Modifications to Released Kidney and Pancreas Allocation (OPO Committee)**

The MPSC received a presentation from the UNOS Policy Analyst for the Organ Procurement Organization (OPO) Committee on its proposal “Modifications to Released Kidney and Pancreas Allocation.” Following the presentation, MPSC members had several comments for consideration when drafting the final policy language.

Kidney and Pancreas allocation do not have equivalent problems. The major difference being ischemic time for the pancreas. Time is an extremely critical component when a pancreas is flown to a recipient center. A 250 nautical mile (NM) share is totally unreasonable for that because time is of the essence. If a program flies the organ in, they should be able to keep it at their center.

An MPSC member asked if this proposal was supported by the Pancreas Transplantation Committee. The representative explained that the Pancreas Committee initially wanted 150NM in the first proposal and is seeking feedback for the larger 250NM circle proposed during the current public comment period.

From an OPO perspective, the proposal makes sense for reallocation of a kidney because it gives the Host OPO flexibility and keeps them involved where as another OPO may not even be aware that that kidney is coming in. For pancreas, there are significant concerns that we are making policy because someone across town “might” have an interest. Last year, six thousand organs that were recovered for transplant and ultimately discarded. We have to stop making policy around the notion that someone might have an interest and everyone wants to get all offers. Practicality is that if we take a pancreas and fly it out from Oklahoma to Florida, sight unseen and something goes wrong with the intended recipient, by the time this is figured out it’ll be too late to reallocate it to someone off of the list or even across town. The two proposals need to be functionally different.

If someone in Region 5 sends a kidney to someone in Florida, regardless of if they or the Organ Center (OC) reallocates, there would be coordinators or OC staff trying to place a kidney somewhere where they don’t know the centers. The kidney is just too far away. In this case, we would pass it to the OC and that takes more time.

Once an organ is at a program, time is not our friend. When the original policy approved at the last Board meeting for removing DSA went from 500NM to 250NM, we realized that the more cooks there

are and people involved, the more challenges there are and the likelihood of discards increases. We should be discussing smaller circles or something more locally directed and then evaluate the data to see if it's working and then expand to a larger geography. Concerns still exist around discards. If we are eliminating DSA, we are expanding allocation. If we are demonstrating that this is a success for allocation and reallocation and if we have the ability to discuss limitless geography, we could really create a tremendous disincentive and major pushback from the community. If we find out that the numbers indicate more organs are not being transplanted and if that reason is cold time, it will be because of the allocation policy. There is no downside to making kidney reallocation circles smaller and pancreas reallocation circles as small as possible.

The committee should consider looking at population density to determine different circle sizes for different geographic areas. 250NM creates a problem in a dense population with 100 transplant centers being offered an organ at one time where 500NM might be okay for others.

The MPSC decided to vote separately on the two proposals as one of the members felt that if they voted together, the results for the kidney proposal would be contaminated by the vote for the pancreas proposal. The sentiment vote for Kidney was 7 Strongly Support, 19 Support, 3 Neutral/Abstain, 6 Oppose, and 1 Strongly Oppose. And for the Pancreas proposal, 2 Strongly Support, 7 Support, 9 Neutral/Abstain, 7 Oppose, and 9 Strongly Oppose.

#### **4. Individual Member Focused Improvement (IMFI)**

The Committee was introduced to the new initiative, Individual Member Focused Improvement (IMFI), the purpose of which is to monitor and improve member performance through the use of quality and performance improvement (QAPI) tools and engagements custom designed for the member and their unique needs. This proposed improvement partnership aims to increase collaboration with members, and share the transplant community's effective practices. The initiative is currently in the very early discovery and planning phase of what is projected to be a 3 year discovery and design. The program will facilitate partnership with individual members that will entail customized coaching, resources and/or training needed to help said member work toward a defined project aim. IMFI will be another tool on the path for improvement, it will eventually be open to all members and is meant to be a value add. Additionally, IMFI will not replace any current monitoring, processes or policies.

During the current community feedback and requirements gathering phase, staff are conducting key informant interviews with select members, seeking community feedback in a variety of venues and modalities and will ultimately refine the IMFI framework based on the trends and insights learned through this discovery process. The discovery phase will also be used to estimate time and resources needed and how many improvement projects can be undertaken simultaneously. All of the learnings from the community feedback and requirements gathering phase will be used to develop a pilot project and plan for large scale deployment to all members. There has been a potential pilot project identified.

The engagements with members will be customized and bucketed based on the scope of the problem, estimated length of time of the engagement, and resources needed. There are two pathways by which members can get involved with IMFI: 1) Members contact us with a QAPI issue with which they would like help; 2) Staff and the Committee can use IMFI as another tool in our toolbox to help members improve when the data is showing they are having an issue.

The Committee later discussed a potential IMFI pilot project with a member who has requested assistance. The potential pilot member approached staff at a regional meeting to ask for help and during initial conversations with them many of the issues highlighted, while serious and impactful, are far beyond the scope of what we can hope to impact with this project. However, upon drilling down deeper into their specific program issues, the framework of the proposed pilot is as follows:

High-level project goal: Increase access to kidney transplant among patients with ESRD in Puerto Rico.

- a) Suboptimal kidney utilization and waitlist management – do a Kidney Waitlist Management Tool demo with member; UNOS Connect Learning Module on Kidney Waitlist Management Tool, ROO and RUM report
- b) Suboptimal deceased donor offers and acceptance – do an acceptance criteria review
- c) Delayed referrals from units/nephrologists – process map the referral process
- d) All of the above and general SME guidance/consultation – exploratory/consultative peer visit.

#### **5. Update on ABO Verification and Living Donor Event Projects**

At previous meetings, the Committee has discussed increasing MPSC transparency by publishing information about some of the issues it has reviewed. Topics under consideration were blood type determination and living donor events. The MPSC determined these issues are timely and the MPSC should proceed with these projects.

#### **6. Membership Requirements Revision Project**

The Committee continued its work on this project. Staff provided an update on the work completed by the Membership Requirements Revision and MPSC/Histocompatibility Advisory Subcommittee since the last Committee meeting. Committee small groups considered four topics based on either a request from the subcommittee for guidance from the full Committee or on the amount of discussion during the small group sessions at the November meeting. The topics discussed in small groups and a summary of the committee's recommendations follows:

- *OPTN Bylaws, Appendix A, A.1.F. Geographically Isolated Transplant Program Applications:*  
Following discussion in small groups and among the full Committee, the Committee supported removing this section from the bylaws. The Committee requested that the removal be delayed until an exception that could be applied to other situations can be developed in conjunction with revisions to the organ-specific membership requirements. The Committee supported including provisions for close monitoring of programs that are granted an exception. The Committee will consider incorporating an exception into conditional approval provisions in organ specific appendices or in Appendix D.
- *OPTN Bylaws, Appendix D, D.7. Transplant Program Key Personnel and D.8.A. Surgeon and Physician Coverage – On-site Definition and Coverage Plan provisions:*  
Following discussion in small groups and among the full Committee, the Committee supported leaving the “on-site” language to allow for flexibility for different types of programs. The Committee also supported continuing to allow simultaneous on-call in the coverage plan but could not come to agreement on whether to keep the 30 miles or to use minutes. A question will be included in public comment document as to whether miles or minutes are the most appropriate.
- *OPTN Bylaws, Appendix D, D.6. Transplant Program Director:*  
Following discussion in small groups and among the full Committee, the majority of the Committee supported eliminating this position as duplicative with no clear responsibilities enumerated in the bylaws.
- *OPTN Bylaws, Appendix D, D.9. Changes in Key Transplant Program Personnel – inactivation language for lack of key personnel:*

Following discussion in small groups and among the full Committee, the Committee supported enforcing the inactivation provisions when transplant program does not have key personnel positions filled. If a program is staffed by a single surgeon or physician, if the surgeon or physician departed, the program would need to immediately inactivate. For programs with additional surgeons or physicians, there can be a 30 day grace period. If the program cannot submit a complete application within 30 days, include an option for the program to submit a plan to fill the position within a reasonable time that will need to be reviewed and approved by the MPSC.

## **7. Performance Monitoring Enhancement Project**

In order to determine what would be appropriate metrics for performance monitoring, the Committee must decide what the goals are for MPSC monitoring. Committee small groups participated in a brainstorm session on what the goals of MPSC monitoring should be. The themes that arose from the discussion include:

### Patient Centered

- Increasing safe and equitable transplants
- Maximizing organ use
- Recipient quality of life
- Maximum benefit vs. minimum outcomes
- Are you good at keeping people alive?
- Not better or worse – acceptable standard deviation

### System Goals

- Ethical stewardship – use of organs
- Relationships in community
- System-wide performance improvement opportunities

### Quality

- Collaborative improvement
- Identify members that will benefit from quality improvement
- Holistic review of members
- Support innovation while monitoring quality
- Member resources to prevent negative outcomes
- Identify shifts in performance and alert/help member in “real time”

In a follow-up discussion, Committee members supported the consideration of a scorecard approach that would result in a more holistic review of a program or OPO. Committee members also favored looking for ways to use more real-time data in evaluations and evaluate whether it is possible to gather data on the disease population rather than just those that are accepted on the waiting list. One Committee member also suggested considering measurements of how areas, regions and/or Donor Service Areas (DSAs) are working together. Another Committee member felt it was important to make sure that any metric chosen did not discourage expansion of the donor pool or increasing transplants. Several Committee members encouraged putting together reasonable metrics that can be adopted in a timely fashion rather than looking for perfect metrics that will delay adoption of new metrics. As a next step, staff will use a survey tool to collect Committee members' evaluation of possible metrics including which are the top metrics to be used as a trigger for review versus metrics that could be reviewed and used during a review.



## **8. Educational Referrals**

Staff discussed the educational initiatives currently taking place and asked for MPSC feedback regarding educational topics to share with the community. There are many MPSC related abstracts and presentations in the works that will be presented at upcoming transplant conferences. Some of these educational initiatives focus on self-reporting, member interactions with the MPSC, multi-organ allocation and performance improvement. The MPSC Chair encouraged staff to follow up with other appropriate OPTN committees about the need for clarity in OPTN multi-organ allocation policies based on the MPSC's review of a number of cases. Staff encouraged committee members to share additional ideas and expertise regarding educational opportunities to share with the community.

## **9. Encouraging Self Reporting of Potential Patient Safety Issues**

The Committee received an update from staff on this OPTN/HRSA contract task. Staff updated the Committee on the discovery efforts to determine ways to encourage members to self-report potential patient safety issues, including key informant discovery calls, presentations and requests for feedback at regional meetings, and focus groups at conferences to a gather feedback from the community. Staff are also requesting feedback from the community about the improving patient safety portal in UNet<sup>sm</sup>. One Committee member suggested included an area where a member can provide more detail such as a policy being confusing or the reason something happened. Another Committee member encouraged streamlining the process so it is less of a time burden on members.

The Committee had further discussion on the goal and scope of the project. Staff noted that the overall goal is to find ways to encourage members to self-report issues rather than mediating disputes between members following a complaint. Through increased reporting, the OPTN and MPSC can promote member improvement through assistance in identifying potential patient safety issues and in developing root cause analyses and corrective action plans to mitigate risk, promote general awareness, formal education, and distribution of guidance. It can also help inform the development of appropriate policy requirements. The Committee provided feedback on the scope of the project. The OPTN should encourage members to report

- issues that involve potential noncompliance with OPTN obligations,
- situations that people think the OPTN can act on or that the OPTN system will benefit from knowing about,
- ongoing systemic patient safety issues that are transplant specific,
- situations that result in non-utilization of organ or delay of transplant, and
- member requests for help with issues that are within the scope of OPTN.

Two Committee members noted organizations that have been successful at this have figured out ways to mitigate penalties and made self-reporting part of the evaluation process such as self-reporting is evidence of a highly developed and successful QAPI process. In addition, a Committee member suggested that we need to emphasize that we are offering help to improve member internal processes to identify issues and not an effort to identify issues in order to penalize members.

The OPTN is also incorporating expanded reporting of data about the reports we receive. The Committee had a brief discussion of the types of data that the Committee would find helpful in a routine periodic report. As an example, the Committee was provided with a report prepared for the Operations and Safety Committee. The Committee was asked to provide feedback on whether they would find this data helpful or if there was any other data, not currently provided, that would be helpful. One Committee member suggested that it would be helpful to know the top 5 violations for each type of

action the MPSC takes. Since limited feedback was received, the Chair encouraged members to provide feedback by email to staff. Staff will also consider ways to get additional feedback through a survey or Committee Management post.

Finally, the Committee continued consideration of changes to MPSC processes that may help encourage reporting and decrease the work load of the Committee. Staff provided an update on the feedback received from the Committee in November and the operational rule adopted by the Committee in December. Staff provided a list of possible triggers that could be used to identify cases that do not need to be reviewed by the Committee. Currently, the default is to send everything to the Committee except for very specific exceptions. Staff are requesting guidance from the Committee to try to develop a broader system for evaluating what issues will be reviewed by the Committee and what issues can be reviewed by staff, documented and closed and brought to the attention of the Committee only when there is a pattern or serious event. Following introduction of the topic, the Chair requested that staff develop a survey to gather feedback from the Committee to bring back to a future meeting.

#### **10. Refusal Code Update**

Staff presented an overview of the Refusal Code Project and requested MPSC feedback. The project entails a comprehensive review of the PTR refusal codes, which were last updated in 2004. The community has requested that the codes be updated and specifically that code 830 “Donor Age/Quality”, be broken up to improve the data quality and decision making, and to better understand why organs are being refused or not utilized. In 2018, Donor Age/Quality was used as the refusal reason nearly 70% of the time. The proposal includes renaming refusal reasons, improving the selection drop downs on the screen, and increasing the number of categories from 23 to 31. Staff are requesting feedback from the community at this time and a draft list was shared with the committee.

A committee member asked about the plan to encourage transplant hospitals to use the new codes instead of continuing to use a “default code”. Staff tried to make the new refusal codes as simple as possible, including short descriptions, and avoiding a new catch all code. Staff explained that this initiative was effectively tested through UNOS labs in 2018, but we have refined it more since then. An MPSC member suggested providing a code report out or scorecard to individual programs and OPO’s on a regular basis. If programs could see the information more readily, it would be easier for them to self-monitor.

Staff responded to multiple committee member questions regarding choosing several categories. There will be an option to choose a primary and secondary refusal code, and a comment box to provide more information. A committee member suggested allowing more refusal options. Staff explained that the intent was to not overwhelm members by adding too many refusal codes. Committee members suggested adding an abnormal donor function code, unable to meet OPO needs code, and splitting the organ anatomical damage or defect. MPSC members also suggested separating the refusal codes based on organ type to better track and capture data.

The MPSC Chair encouraged committee members to reach out to staff if they had specific questions about categories/refusal codes. There will be more education coming out about this proposal. Staff thanked the MPSC for their valuable feedback and encouraged them to reach out with any questions.

#### **11. Kidney Accelerated Placement (KAP) Project Update**

Staff presented an overview and first quarter update of the Kidney Accelerated Placement (KAP) project. The project focuses on increasing placement of extremely hard-to-place kidneys through the Organ Center. The concept involves using data to identify donor “triggers” for accelerated placement and detecting transplant hospitals that utilize hard-to-place kidneys in order to accelerate offers of hard-to-

place kidneys to programs more likely to accept and transplant them, while continuing to offer to all programs. The goals from the onset are 3-fold and include decreasing placement time, which will hopefully improve the organ quality, and increased utilization.

Donors have to meet three triggers in order to apply for kidney accelerated placement. They must be an adult donor that has a KDPI of >80% at the time of match submission and it is only applied on a match once all offers at the local and regional level have been refused and it is coming to the Organ Center for placement. Research identified several key donor characteristics that differentiated accepting or declining high-KDPI, national offer kidneys from the Organ Center to create the algorithm of qualifying transplant programs. This is implemented based on all kidney transplants performed in the prior two years, updated monthly. Transplant programs qualify if they have transplanted a kidney from a donor with similar characteristics as the current donor on the match. Another key element is determining each specific match in real-time at the time of allocation. Age, peak serum creatinine, history of diabetes, history of IV drug use, and donation after circulatory death were determined to be most predictive characteristics of organ acceptance for these kidneys and make up the transplant program qualification algorithm along with KDPI.

The President signed an executive order on July 10, 2019, to increase access to kidney transplants. This project was implemented on July 18, 2019, as a year-long project with ongoing evaluation. Updates have been posted on the OPTN website and presented at Regional Meetings. Staff recognized the five individuals on the Data and Safety Monitoring Council who have contributed to this effort. The group was charged with reviewing and finalizing stop/pause criteria, determining measures of success for the project, reviewing evaluation of the project to identify areas of concern, and providing recommendations at the end of the project regarding next steps and broader uses of this methodology for other organs/policy.

Staff gave an overview of the first 90 days of the KAP project. There were a total of 3,348 kidney match runs during this time and 746 of these donors were KAP-eligible donors. The Organ Center attempted placement of 339 of these donors at KAP-eligible sequences (national level sequences). There were 66 kidneys placed during the accelerated portion of KAP, 56 (17%) of donors had a KAP related acceptance, and 5 kidneys were placed after all accelerated hospitals refused the organ. Staff noticed an increased utilization (conversion from acceptance to transplant) during the first three months. There was no decrease in time spent offering kidneys or associated cold ischemia time. Staff also mentioned that the kidneys were offered to and accepted by candidates at considerably more aggressive centers.

Staff wrapped up the presentation by discussing key findings and next steps. The methodology is allocating to hospitals more likely to accept and transplant hard-to-place kidneys. Accepting candidates received the kidney transplant more often, rather than another candidate at the same hospital or different hospital, and there is no decrease in time spent offering kidneys or associated cold ischemia time. The Data & Safety Monitoring Council has no concerns with the project at this stage and will continue to monitor match offer time and cold ischemia time. Staff asked for MPSC feedback.

Several MPSC members mentioned the new allocation policies and suggested adjusting time limits for future accelerated placement initiatives. A Committee member recommended creating a dashboard to display this data. Staff explained that a new "alert message" on the match run shows that accelerated placement is in process and a hyperlink will display more information. Several Committee members mentioned having some level of flexibility in the accelerated placement criteria to avoid organ discard. A Committee member, who is also on the Data and Safety Monitoring Council, provided further clarification. Staff thanked the MPSC for their valuable feedback and said there will be more updates to come.

## **12. Redacting Member-Identifying Information from Case Packets**

Staff introduced the next topic to the MPSC in order to gather feedback and help streamline case review processes. The item for discussion is whether staff should continue redacting member-identifying information from MPSC case packets. Examples of member identifying information include member name, logo, four-letter member code, member location, and the names of member employees. This would not include PHI, staff will continue to redact PHI. Staff explained that the current process was developed to protect the integrity of the peer review process. Some advantages to why this process was implemented is that it may promote unbiased decision-making. Redacting member identifying information provides an additional layer of patient confidentiality during review and if information was ever released. It also protects MPSC reviewers. For example, if there were ever a case where a member asked about a particular situation, the MPSC reviewer could simply say "I don't know because the case packets are blinded."

There are also many disadvantages to this process. There is conversely a potential for less informed decision making. Knowing all the facts may help reviewers make their decisions in an appropriate way. In addition, MPSC reviewers can often identify the member based on compliance history or other information within the packet. Furthermore, member identity may ultimately be revealed during interactions such as informal discussions. There is also minimal risk to the organization if information is accidentally missed.

Currently, the redacting process is not consistently applied across all MPSC review types. Member identifying information is redacted for all compliance case packets, until member identity is known through interactions with member. The compliance cases take approximately 237.5 hours per meeting cycle to redact and QA (95 cases X 2.5 hours). The Performance Team does not redact member identifying information for the initial posting in Committee Management; however, they redact case packets posted to the discussion agenda for full MPSC review. Membership does not redact member identifying information because the material is necessary for case review. Staff need to implement a consistent process regarding Performance and Compliance cases. The question is, should staff redact all or no member identifying information in compliance and performance case packets.

The Committee discussed the pros and cons of redaction and providing unbiased opinions during the case review process. Staff mentioned that UNOS General Counsel is fine with not redacting member identifying information because redaction doesn't necessarily provide complete protection. The Committee discussed conflicts of interest and recusing themselves if they feel that they cannot make an unbiased decision. The MPSC Chair emphasized the amount of hours staff spend redacting case packets when ultimately the information is revealed during member interactions. A Committee member mentioned the fact that they can typically identify a member, despite staff's redaction efforts, so it seems like a waste of valuable time.

After further discussion, the Committee voted to stop redacting member identifying information from MPSC case packets. Staff will provide further information for the Committee before any permanent changes are made.

## **13. Member Related Actions - Performance**

### **Performance Consent Agenda:**

The Committee approved the continued monitoring of 26 transplant programs under review for lower than expected one-year graft and patient survival. Of these, the Committee invited four programs to participate in informal discussions before the July 2020 MPSC meeting. The Committee approved the release from monitoring of 15 transplant programs under review for less than expected one-year patient

and graft survival; and recommended that seven programs skip a cycle of reporting. The SRTR provided data that showed 30 programs newly identified transplant programs for outcomes review.

The Committee approved the continued monitoring of three transplant programs under review for functional inactivity, the Committee approved the release of one transplant program under review for functional inactivity. The Committee approved sending an initial inquiry to three additional programs identified as functionally inactive.

The Committee approved the release of one OPO under review for organ donor yield and approved sending an initial inquiry to two OPOs.

The Committee approved the consent agenda by a vote of 37 for, 0 against, and 0 abstentions.

**Performance Discussion Agenda:**

The Committee approved the following Performance Recommendation:

- Hospital 628240 Lung (adult): Recommendation that this program be discussed with the entire MPSC:

The adult lung transplant program at was initially identified for less than expected patient survival in the Fall 2015 PSR. The program continued to be flagged for six consecutive cohorts, for both graft and patient survival. Ad hoc subcommittee reviewers remain concerned about the lack of improvement regarding the outcomes data. The reviewers agree that recent patient events demonstrate issues with infection control, patient management, and patient safety. Two of the ad hoc reviewers recommended that the MPSC consider inactivation of the program. The MPSC recommended that the program participate in an interview with the MPSC at the July 2020 meeting, with the knowledge that the MPSC is considering to request the program inactivate.

The Committee approved the recommendation by a vote 35 for, 0 votes against, and 0 abstentions.

**14. Member Related Actions – Compliance**

**Compliance Consent Agenda:**

The Committee reviewed a consent agenda consisting of 38 transplant programs at 21 transplant hospitals that had undergone an MPSC requested follow up desk review. The Committee recommended closing the surveys for 28 of these programs. Ten programs did not meet thresholds for compliance, and were recommended for an MPSC-directed follow-up review. The Committee also reviewed 24 complaints, late data reports, or self-reported policy violations, and 15 routine allocation monitoring reports from 26 OPOs, 3 labs, and 5 transplant programs. The Committee issued one Letter of Warning, 12 Notices of Noncompliance and closed 26 issues with no action. In addition, the Committee reviewed seven living donor events, including three aborted procedures, two redirected organs, and two living donor deaths. The Committee closed five of these issues with no action and issued two Notices of Noncompliance for late reporting.

**The Committee approved the consent agenda by a vote of 37 Yes, 0 No, and 0 Abstentions.**

**Compliance Discussion Agenda:**

The Committee also discussed two allocation analyses, three case investigations, one living donor death and one site survey because reviewers did not agree on the appropriate outcome.

OPO 654410 Allocation Analysis: OPO 654410 allocated 5 hearts, 1 bilateral lungs and 1 right lung out of sequence during the review period. Reviewers believed the OPO unnecessarily expedited recovery ORs

for four donors. The Committee discussed the case and decided to issue a Notice of Noncompliance. The Committee voted 31 Yes, 0 No, and 1 Abstentions.

OPO 68044O Allocation Analysis: OPO 68044O allocated 1 heart, 2 kidneys, 2 livers and 6 bilateral lungs out of sequence. A reviewer was concerned about the heart and lung allocations for three donors. The Committee discussed the case and decided to close the review with no action. The Committee voted 34 Yes, 2 No, and 1 Abstentions.

Three heart/lung allocation cases were held from the November 2019 meeting to allow the MPSC to seek guidance on relevant OPTN Policies before determining appropriate actions.

OPO 60879O Case Investigation: A hospital reported that OPO 60879O refused to allocate lungs to the primary heart/lung candidate who was offered the heart. The Committee reviewed the OPO's root cause analysis and corrective action plan and closed the issue with no action with a vote of 26 Yes, 9 No, and 1 Abstention.

OPO 65329O Case Investigation: A hospital reported that OPO 65329O refused to allocate lungs to the primary heart/lung candidate who was offered the heart. The Committee reviewed the OPO's root cause analysis and corrective action plan and closed the issue with no action with a vote of 26 Yes, 9 No, and 1 Abstention.

OPO 71033O Case Investigation: A hospital reported that OPO 71033O refused to allocate lungs to the primary heart/lung candidate who was offered the heart. The Committee reviewed the OPO's root cause analysis and corrective action plan and closed the issue with no action with a vote of 26 Yes, 9 No, and 1 Abstention.

Hospital 61193O Living Donor Event: Hospital 61193O reported a living donor death within OPTN reporting requirements. The living kidney donor was found deceased at home within three months of donation; no autopsy was performed. The Committee reviewed the event and the hospital's corrective actions and requested that Hospital 61193O participate in an informal discussion with a vote of 32 Yes, 1 No, and 0 Abstentions.

Hospital 68708O Lung Program Site Survey: A routine site survey was conducted at Hospital 68708O's lung program on December 11-12, 2019. Surveyors were unable to verify resting O2 levels in five of ten records reviewed. Three of these patients were transplanted. The records for the three transplanted patients had resting O2 in Waitlist as 25L. The center's documentation showed the resting O2 levels were 6L for one and 10L for the other two. Because of the discrepancies, these patients' resulting lung allocation scores (LAS) were significantly higher than they should have been. Surveyors also noted the functional statuses of 1 and 2 listed for these patients were not consistent with resting O2 levels of 25L. The Committee discussed the case and decided to request an informal discussion with the hospital's lung program. The Committee voted 34 Yes, 0 No, and 0 Abstentions.

### **15. Ongoing Monitoring Updates**

Hospital 64064O Monitoring Update: On June 5, 2017, the OPTN Board of Directors placed Hospital 64064O on Probation for violations of the Bylaws, Appendix L.15.4 and L.15.5 (OPTN Determinations and Actions). After many submissions of requested information and review by the MPSC as well as an informal discussion on May 23, 2019; the MPSC recommended Hospital 64064O for release from Probation and requested continued monitoring for a period of 18 months. The OPTN Executive Committee approved the MPSC's recommendation on June 26, 2019. The MPSC reviewed the current SLK outcome data at the February meeting and will continue monitoring.

Hospital 61095O Monitoring Update: After reviewing reports that Hospital 61095O failed to perform ABO verification and transplanted the wrong kidney into a recipient and later transplanted a kidney from an HBV Core antibody positive donor into a recipient who had not consented to receive an HBV Core antibody positive organ, the Committee recommended an announced peer visit. The announced peer visit took place on June 19-20, 2019. At the February meeting, the Committee reviewed the hospital's updated response to the peer team's recommendations and requested that hospital leadership participate in an informal discussion to address the slow progress on key recommendations. The Committee voted 28 Yes, 0 No, and 2 Abstentions.

RESOLVED, that the Membership and Professional Standards Committee requests that Hospital 61095O participate in an informal discussion with the committee.

Hospital 61477O Informal Discussion Update: The Committee heard an update after the living donor component of the hospital's kidney transplant program participated in an informal discussion. Hospital 61477O falsely stated a potential living kidney donor had cancer as a reason to not proceed with donation after the donor reported feeling pressured to donate in a Kidney Paired Donation (KPD) agreement. The MPSC initially reviewed this report at its meeting on November 6, 2020. At that time, the Committee issued a Letter of Warning and requested an Informal Discussion with the living donor component of the kidney transplant program. The hospital participated in the informal discussion on January 23, 2020. Reviewers observed there did not seem to be clear leadership on the call, and the participants gave the impression they were uncertain about internal processes. The MPSC also expressed concern that multidisciplinary review processes were not in place. The subcommittee recommended the MPSC continue to monitor the program and requested they submit additional information. The MPSC reviewed these recommendations, and passed this resolution with a vote of 33 Yes, 0 No, and 3 Abstentions.

RESOLVED, that the Membership and Professional Standards Committee continue to monitor the living donor component of the kidney transplant program at Hospital 61477O for compliance with Policy 14.1.A (Living Donor Psychosocial Evaluation Requirements).

Hospital 69253O Issue Peer Visit Report: The MPSC reviewed a report from a peer team that visited Hospital 69253O in January 2020. MPSC leadership requested the peer visit after UNOS staff received anonymous reports that Hospital 69253O did not have adequate lung transplant surgical coverage; the hospital self-reported the retention of a suture needle during a lung transplant; and a media report alleging the hospital kept a heart recipient alive to avoid being flagged for outcomes. The peer team recommended multiple opportunities for improvement, including developing a more collaborative, multi-disciplinary approach within the thoracic programs; defining a long-term organizational structure; committing to providing financial support to execute long-term success; recruiting a strong Primary Program Administrator; and the need for leadership to recognize the importance of involvement in the quality process. The Committee voted to issue the peer visit report and request a plan for quality improvement with a vote of 36 For; 0 Against; and 0 Abstentions.

RESOLVED, that the Membership and Professional Standards Committee approves the peer visit report to be issued to Hospital 69253O.

Hospital 66534O Interview Update: The MPSC reviewed the outcome of an Interview with Hospital 66534O, which was conducted on January 21, 2020. The MPSC requested the Interview after reviewing a

report that Hospital 66534O requested and transplanted a kidney with a liver in a patient who did not qualify for a simultaneous liver-kidney (SLK) transplant, despite being advised that proceeding would be a policy violation. After the interview, the MPSC issued a Letter of Warning to Hospital 66534O and requested the hospital submit additional information regarding Hospital 66534O's QAPI program and staff education, and GFR data for its SLK patients. The MPSC reviewed this submission and decided to monitor Hospital 66534O's simultaneous liver-kidney transplants for one year. The Committee voted 32 For, 0 Against, and 1 Abstention.

RESOLVED, that the Membership and Professional Standards Committee will continue to monitor Hospital 66534O's simultaneous liver-kidney transplants for one year.

Hospital 68884O Update: In June 2019, after investigation of reports of issues with patient care and evaluation of graft failure, the Committee Chair requested that a UNOS Site Survey, Informal Discussion, and Peer Visit be scheduled as soon as possible. After the directed Site Survey and the Informal Discussion, Committee Leadership asked Hospital 68884O to inactivate its transplant programs. The hospital inactivated on July 6, 2019. The Peer Visit occurred on July 23-24, and the hospital submitted its initial response to peer team recommendations. In November 2019, the Committee reviewed the hospital's response and determined Elements of Reactivation, including an informal discussion, which Hospital 68884O must complete prior to reactivation of its programs. At the February meeting, the committee heard an update regarding approved Key Personnel Application changes and ongoing efforts to schedule an informal discussion to evaluate the programs for potential reactivation.



#### **16. Interview with OPO 654410**

In November 2019, the MPSC reviewed a report that OPO 654410 recovered organs prior to asystole, despite family authorization, in violation of Policy 2.15.H (Organ Recovery). In addition, the Committee reviewed the outcome of an informal discussion conducted with the OPO in September 2019, and documentation the OPO submitted in response to the discussion. Based on its review, the MPSC considered recommending the adverse action of Probation for OPO 654410, and requested that the OPO participate in this interview with the MPSC. During the Interview, the OPO presented additional information, including a letter signed by the donor's mother after the conclusion of the case attesting to her verbal authorization for brain death recovery of her daughter's organs. After the interview, the Committee had concerns regarding the OPO's Quality Assurance and Performance Improvement (QAPI) program and its culture and leadership. The committee was also concerned by the OPO's decision to re-approach the donor's mother after the recovery to gain documentation of authorization for brain-death recovery, and believed this may have caused additional, unnecessary emotional injury to the donor family. By a vote of 29 For, 2 Against, and 0 Abstentions, the MPSC issued a Letter of Warning to OPO 654410 and recommended additional monitoring of the OPO's QAPI program and metrics.

RESOLVED, that the Membership and Professional Standards Committee issues a Letter of Warning to OPO 654410 for violation of Policy 2.15.H (Organ Recovery).

FURTHER RESOLVED, that OPO 654410 submit the following:

- Most recent Quality Assurance and Performance Improvement (QAPI) plan;
- Most recent QAPI metrics;
- Examples of recent RCAs OPO 654410 has conducted; and
- QAPI meeting minutes.

#### **17. Member Related Actions - Applications**

Application Related Topics: 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 35 For, 0 Against, and 0 Abstentions.

The Committee took the actions reported below during its meeting and will ask the Board of Directors to approve the following recommendations during the June 7-8, 2020 and December 6-7, 2020 meetings as listed below and detailed in Exhibit A. The recommendations will be forwarded to the **Board of Directors for approval.**

Board of Directors Meeting: June 7-8, 2020

- Approve 1 New Program
- Approve 1 New Living Donor Component
- Approve 2 New Living Donor Components as conditional

- Approve 6 Non-Institutional Renewal

Board of Directors Meeting: December 6-7, 2020

- Recommendation to Approve 15 New Pediatric Components upon Bylaw Implementation

The Committee also reviewed and approved the following program related actions and personnel changes as shown in Exhibit B, hereto entitled "Changes in Key Personnel."

- 43 applications for changes in Transplant Programs or Components key personnel

The Committee also received notice of program membership status changes including withdrawals and inactivations as well as Organ Procurement Organization changes in key personnel as shown in Exhibit C.

#### Proposed New Operational Rule

Committee members discussed a new operational rule proposed by UNOS staff. Traditionally, only applications in which all subcommittee voters agree to approve the application were included on the Membership consent agenda. When the subcommittee voted to reject an application, the application was brought for discussion with the full committee. This led to the MPSC having discussions to reject applications that do not meet the OPTN Bylaws, which the MPSC has no option to approve. To eliminate this discussion, which takes the MPSC's time but does not allow for the MPSC to take a different action than the subcommittee recommendation, staff proposed that, when a subcommittee unanimously agrees on a rejection, that decision be placed on the Membership consent agenda. This change would be consistent with the way that Performance and Compliance create their agendas. For those cases, if the subcommittee agrees on an action, it goes on the consent agenda.

Staff will continue to review the application and prepare a staff summary. The summary will indicate whether the completed application meets the OPTN Bylaw requirements. The cases will still be posted for a subcommittee of reviewers so that they can confirm the staff assessment of the application.

Proposed rule:

If all reviewers agree to reject an application, the rejection will be placed on the consent agenda for the full MPSC to approve.

If approved, the rule will be effective immediately and used in creating the next consent agenda.

The Committee approved the operational rule by a vote 37 for, 0 votes against, and 0 abstentions.

#### **Upcoming Meetings**

- April 14, 2020, Conference Call, 2-4pm, ET
- May 21, 2020, Conference Call, 2-4pm, ET
- June 29, 2020, Conference Call, 2-4pm, ET
- July 21-23, 2020, Chicago, IL
- October 27-29, 2020, Chicago, IL

### Attendance

- **Committee Members**

- 
- | Age Group | Percentage |
|-----------|------------|
| 18-24     | 10%        |
| 25-34     | 15%        |
| 35-44     | 20%        |
| 45-54     | 25%        |
| 55-64     | 30%        |
| 65+       | 35%        |

- **HRSA Representatives**

- [REDACTED]  
 ■ [REDACTED]  
 ■ [REDACTED]

- **SRTR Staff**

- [REDACTED]

- UNOS Staff
- Other Attendees

\* Participated by phone

**Exhibit A**

**Program and Histocompatibility Laboratories – Recommended for Board of Director’s Action**

<b>Application Type</b>	<b>Region/ Center Code</b>	<b>Organization Name</b>	<b>Program</b>	<b>Proposed Individual(s)</b>
New Program	03ALUA	University of Alabama Hospital	VCA (Parathyroid)	N/A
New Component/ Conditional Approval *	08IAIV	University of Iowa Hospitals & Clinics	LDL	██████████ ██████████
New Component	10OHUC	University of Cincinnati Medical Center	LDL	██████████ ██████████████████
New Component/ Conditional Approval *	10OHUH	University Hospitals of Cleveland	LDL	██████████ ██████████████████

\* - 12-month conditional approval

**Non-Institutional Membership- Recommended for Board of Director’s Action**

<b>Application Type</b>	<b>Region/ Center Code</b>	<b>Organization Name</b>
Medical /Scientific - Renewal	02POAS	American Society For Histocompatibility and Immunogenetics
Medical /Scientific - Renewal	02POEB	Eye Bank Association of America
Medical /Scientific - Renewal	02POTP	American Society of Transplantation
Individual Member - Renewal	09GPLM	██████████
Public Organization - Renewal	09VPHR	New York Cardiothoracic Transplant Consortium
Public Organization - Renewal	09VPNY	New York Center for Liver Transplantation
Public Organization - New	05VPFA	Transplant Families

**Pediatric Component Implementation – Recommended for Action by the Board of Directors in  
December 2020 upon Bylaw Implementation**

<b>Region/ Center Code</b>	<b>Organization Name</b>	<b>Program</b>	<b>Proposed Individuals</b>
02PACH	UPMC Children's Hospital of Pittsburgh	LU	██████████ ██████████
02PACH	UPMC Children's Hospital of Pittsburgh	PA	██████████ ██████████
03FLJM	Jackson Memorial Hospital/University of Miami School of Medicine	LU	██████████ ██████████
03FLJM	Jackson Memorial Hospital/University of Miami School of Medicine	PA	██████████ ██████████
03FLUF	UF Health Shands Hospital	LU	██████████ ██████████
03FLUF	UF Health Shands Hospital	PA	██████████ ██████████
04TXCM	Children's Medical Center of Dallas	HR	██████████ ██████████
04TXTC	Texas Children's Hospital	HR	██████████ ██████████
07ILLU	Loyola University Medical Center	LU	██████████ ██████████
09NYUC	New York University Medical Center	LU	██████████ ██████████
09NYUC	New York University Medical Center	PA	██████████ ██████████
10INIM	Indiana University Health	LU	██████████ ██████████
10INIM	Indiana University Health	PA	██████████ ██████████
10MIUM	University of Michigan Health System	LU	██████████ ██████████
10MIUM	University of Michigan Health System	PA	██████████ ██████████

**Exhibit B**

**Changes in Key Personnel**  
**Transplant Programs**

<b>Region/ Center Code</b>	<b>Organization Name</b>	<b>Program</b>	<b>Proposed Individual(s)</b>
02DEAI	Alfred I duPont Hospital for Children	LI	[REDACTED]
02MDUM	University of Maryland Medical System	HR	[REDACTED]
02MDUM	University of Maryland Medical System	LU	[REDACTED]
03ALCH	Children's of Alabama	KI	[REDACTED]
03ALVA	Birmingham VA Medical Center	KI	[REDACTED]
03ARBH	Baptist Health Medical Center	HR	[REDACTED]
03FLFH	AdventHealth Orlando	HR	[REDACTED]
03GAEH	Children's Healthcare of Atlanta-Egleston	HR	[REDACTED]
03LAOF	Ochsner Foundation Hospital	LU	[REDACTED]
03MSUM	University of Mississippi Medical Center	LI	[REDACTED]
04TXHD	Medical City Dallas Hospital	PA	[REDACTED]
04TXHD	Medical City Dallas Hospital	KI	[REDACTED]
04TXHD	Medical City Dallas Hospital	LDK	[REDACTED] [REDACTED]
04TXHI	CHI St. Luke's Health Baylor College of Medicine Medical Center	LU	[REDACTED]
04TXHS	Methodist Specialty and Transplant Hospital	KI	[REDACTED]
04TXHS	Methodist Specialty and Transplant Hospital	PA	[REDACTED]
04TXJS	University of Texas Medical Branch at Galveston	LDK	[REDACTED] [REDACTED]
04TXPL	Medical City Fort Worth	KI	[REDACTED]
04TXVA	Michael E. DeBakey VA Medical Center	LI	[REDACTED]
05AZUA	Banner University Medical Center - Tucson	KI	[REDACTED]
05CACH	Rady Children's Hospital	HR	[REDACTED]
05CALL	Loma Linda University Medical Center	HR	[REDACTED]
05CALL	Loma Linda University Medical Center	PA	[REDACTED] [REDACTED]

<b>Region/ Center Code</b>	<b>Organization Name</b>	<b>Program</b>	<b>Proposed Individual(s)</b>
05CASD	University of California San Diego Medical Center	KI	[REDACTED]
05CASF	University of California San Francisco Medical Center	PA	[REDACTED]
05CAUC	University of California at Los Angeles Medical Center	LI	[REDACTED]
06WASM	Swedish Medical Center	KI	[REDACTED]
06WASM	Swedish Medical Center	LI	[REDACTED]
07WISL	Aurora St. Luke's Medical Center	HR	[REDACTED]
08COSL	Presbyterian/St. Luke Medical Center	KI	[REDACTED]
08IAIV	University of Iowa Hospitals & Clinics	LI	[REDACTED]
09NYUC	New York University Medical Center	LI	[REDACTED]
10OHUH	University Hospitals of Cleveland	LU	[REDACTED]
10OHUH	University Hospitals of Cleveland	PA	[REDACTED]
11KYJH	Jewish Hospital	HR	[REDACTED]
11NCBG	Wake Forest Baptist Medical Center	LDK	[REDACTED]
11NCMH	University of North Carolina Hospitals	LI	[REDACTED]
11TNUK	University of Tennessee Medical Center at Knoxville	LDK	[REDACTED] [REDACTED]
11VANG	Sentara Norfolk General Hospital	HR	[REDACTED]



**Exhibit C**

**Members Changing Status – Withdrawn**

<b>Region/ Center Code</b>	<b>Organization Name</b>	<b>Program/Component</b>	<b>Effective Date</b>
04OKCM	Children's Hospital of Oklahoma	Membership	1/13/2020
05CASV	St.Vincent Medical Center	Membership	1/27/2020
07ILCH	Advocate Christ Medical Center	LU	2/11/2020
07MNSM	Saint Marys Hospital (Mayo Clinic)	Membership	1/13/2020
11TNVU-VA1	Nashville Veterans Administration Hospital	Membership	1/13/2020

**Members Changing Status – Inactivation**

<b>Region/ Center Code</b>	<b>Organization Name</b>	<b>Program/Component</b>	<b>Effective Date</b>
05AZUA	Banner University Medical Center-Tucson	PA	1/31/2020
05CAMB	UCSF Medical Center at Mission Bay	LDK	2/12/2020
08MOCM	Children's Mercy	LI	1/17/2020
08NEUN	The Nebraska Medical Center	VCA	12/26/2019

**OPO Key Personnel Changes**

<b>Application Type</b>	<b>Region/ Center Code</b>	<b>Organization Name</b>	<b>Proposed Individual(s)</b>	<b>Effective Date</b>
Medical Director	04TXSA	Texas Organ Sharing Alliance	████████	2/1/2019
Medical Director	05CADN	Donor Network West	████████ ████████	4/4/2020
Administrative Director	10OHLC	Life Connection of Ohio	████████ ████████	12/16/2019