

## DonorNet® User Session “Smooth Sailing with DonorNet”- NATCO 2008

### Donor Net Educational Session at NATCO’s Annual Meeting in Boston

Thirty-one DonorNet® users, representing both the OPO and transplant communities, voluntarily attended this session on Tuesday August 12, from 6 -9p.m. UNOS staff kicked the evening off by answering specific questions from the audience and presenting some slides covering some new DonorNet® features.

As the evening progressed, a spirited and enlightening dialogue ensued between the OPO and the transplant center professionals.

We discovered that many of you are expert users of DonorNet® and have a lot of how-to knowledge to share with your colleagues. This exchange of information among colleagues was the most valuable part of the evening. We encourage you to set up these types of informal meetings and events in your own donor service area (DSA) and continue to communicate with your OPO and transplant center colleagues about the most effective ways to use DonorNet®.

The transcript below will refresh your memory if you were lucky enough to attend and it will enlighten you if you were unable to be there. We’ll start off with some basic Q & A and then move to a rough transcript of the discussion that occurred between the attendees.

### Questions you asked and the answers we gave you:

Q: Donor Trac Challenge—how do you get data from one system to the other?

A: UNOS directed members to the [DonorNet2007.net](http://DonorNet2007.net) site. There is a data dictionary supplement that is helpful for 3rd party vendors such as DonorTrac.

Q: Can you teach OPOs how to upload echoes? One OPO said that we’d like to upload it but the hospital has software limitations. They can’t get Quicktime. We get a CD copy but we can’t covert the file into anything that’s playable. The software needs to be on UNet<sup>sm</sup>.

A: One OPO [New England Organ Bank] hopes to share some Best Practices on how to take advantage of this capability within DonorNet. They have purchased a portable scanner and have used that to create images for uploading into DonorNet. The tentative plan is to partner with UNOS so that the information can be more widely disseminated, potentially in the form of webinar (via Live Meeting). In one state, they are scanning chest and liver x-rays but aren’t doing echoes.

Q: Some centers had not responded within an hour. The coordinator didn’t realize it was her responsibility to let the transplant center know that they hadn’t responded within the time limit. She had already given someone else provisional acceptance and then the original center said they wanted it, recording provisional acceptance some 3 hours later! Is there any way we can document how long the center has had the offer?

A: Yes, notifications and responses all have timestamps recorded in the database. We can see how long they’ve had it when they’ve responded. The OPO is responsible for making a decision to move further down the list when a candidate record appears with ‘Evaluation time (or notification time) exceeded. If the OPO records ‘822 – time limit exceeded’ response, then the transplant center would

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not have an opportunity to enter a late response. (The system does not automatically record the refusal response for time limit exceeded to allow for extenuating circumstances. The control to manually enter that response after an hour is left with the OPO working the match).

UNOS inquired as to whether the coordinator was aware of the ‘Allocation’ toggle control. If you set the toggle to ‘Allocation Complete’, then the transplant center can’t enter a response. UNOS demonstrated this toggle, and how it temporarily puts the match in a state where additional electronic offers cannot be made, and transplant centers cannot record responses. The OPO can change the toggle back to ‘Allocation in progress’ if the placement falls through and offers need to be resumed. This toggle can be a useful tool for OPOs, one that is not as permanent as setting a match to ‘closed’, which is an action that cannot be undone, and prevents future electronic offers from the match.

Q: So, if I think I’ve placed it, and set the toggle to ‘Allocation Complete’ and then find I need to resume placement efforts, will the centers who I notified be re-notified?

A: No. This will be a manual effort on the part of the OPO if placement attempts are resumed. Knowing that the transplant centers were essentially ‘locked out’ and unable to enter a response, some further down the list may have ‘timed out’, and be displaying ‘notification (or evaluation) time limit exceeded. This is not a response, but a reflection that one hour has passed. The OPO would need to manually contact the TXC to resume the offer, and get their offer response recorded. UNOS demonstrated how it worked from both the OPO and the Transplant Center side.

Q: My lab no longer does PT. Could the requirement change to PTT and INR? I have to enter estimated PT since hospital does not perform PT.

A: The fields required for electronic offers were set in cooperation with the Electronic Organ Placement Working Group with the assumption that the data selected could always be reasonably obtained on all donors, all the time. Any changes to those system specifications would be considered an enhancement request to be reviewed for programming.

Q: How can I see what the surgeon has chosen to look at in his/her view?

A: As an OPO, you are unable to see whatever individual customization each user has set up for their view (on a mobile device or on a PC). However, the orientation and order of the fields as seen on a PC by the transplant centers is the same view of the donor record that an OPO user has when printing out a donor summary. It may aid communication to be aware of the differences in the TXC and OPO view of the donor summary.

Q: I’d like to be able to make “back up” offers so the doctor knows they are backup, OR offer 2 of 3 multi visceral as part of nature of offer.

A: There is no way within the notification system to distinguish a back-up offer from a primary offer; nor to distinguish a multi-visceral offer from a single organ offer. Some OPOs offered that they have leveraged the ‘Donor Highlights’ text box to include information related to these situations.

Q: Can we place more out of state calls (electronic notifications) at one time?  
[Users want to be able to notify more centers regionally. Their rationale is – if the offer isn’t accepted locally, then it is a marginal offer and they want to expedite the offer to an aggressive center.]

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A: The Electronic Organ Placement Working Group set thresholds. During the pilot phase: 5-pre cross clamp; 10-post cross clamp and this was determined to be too high. They were lowered to 3 and 5 respectively. The transplant centers, generally, have been satisfied with the lowered thresholds.

Q: Is the allocation allowance for centers being notified going to increase?

A: There are no plans currently to change the thresholds from the existing 3 – pre-cross clamp and 5 -post-cross clamp.

Related OPO Comment: Many transplant centers are still not entering correct acceptance criteria. When the threshold was higher, I was able to place the organ on the last one, but with the current limitations, I don't have enough time.

Q: How do I know what criteria my candidates are being screened on? (Without reviewing them individually)

A: The easiest way to do this is to create a Custom Report in waitlist, and select the candidates and criteria you are interested in reviewing. There are step-by-step instructions for creating custom reports in the online Help documentation.

### Comments you dropped in the fishbowl:

- Waitlist – entering acceptance criteria - min/max height – Way too many confusing pop-ups if the values are outside the normal range.
- Contact management – want to set monthly on call schedule
- I Love it!
- Add NAT and other serology click buttons to serology page OPO view.
- DonorNet is very user friendly. It has made our donor screening more accurate. Great job on creating the system!
- Would like to see more out of state calls at one time! Otherwise Love it.
- Thank you for all the updates!
- Need forum for 1)OPOs, 2) TXCs 3)then put them together – discussion forum
- When listing pt. make sure mouse rollover (??) does not change diagnosis & other elements.
- Listing criteria for DCD donors – age range; travel range
- Add a donor hospital phone # to the provider information section.

### Additional comments received during exhibit hours:

- DonorNet - The TXC view of the donor – Meds/Fluids needs to be merged with vital signs.
- Waitlist – entering acceptance criteria - min/max height – Too many confusing pop-ups if the values are outside the normal range; makes it difficult to list a patient with donor acceptance criteria values outside the recommended ranges.
- DonorNet – OPO users want to be able to notify more centers regionally/nationally. Their rationale is – if the offer isn't accepted locally, then it is a marginal offer and they want to expedite the offer to an aggressive center.
- DonorNet - Add a donor hospital phone number # to the provider info.

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### Dialogue between OPOs, TXCs, and UNOS Staff

*Prior to the comment we will indicate what perspective the comment is coming from: OPOs, Transplant Center (TXC) or UNOS Staff (UNOS). If the originator is unknown, Q or A will be used to distinguish the questions and answers.*

TXC: Is it possible to put the phone number of the center/hospital where the provider information displays?

A: Some OPOs will put the transplant center phone number into the comment section. UNOS staff and other OPO users discussed the use of the Contact Phone number that is required when a match is run, and can be kept updated ‘real-time’ on the match. This SHOULD reflect the accurate contact number for the person making offers.

Education issue: “Our OPO takes all of the offers. Our office isn’t open at night, so if the coordinator doesn’t change their telephone number on the match run, the transplant center person calling about the offer will get the tape machine at the office.”

Can an email go out reminding them to always record a number where they can be reached?

OPO: You’ve already put an offer out and then they change the contact at the transplant center and then 12 hours later things change and you want to contact the 2nd center but the person you originally talked to is no longer there and you call the wrong person and they get pissed. [It is frustrating contacting a surgeon (or coordinator) who indicated Provisional Yes, but who is no longer on call.]

UNOS: (demonstrated) In December of 2007, we updated the OPO console screen to show “Primary Currently on Call” in addition to the primary that was contacted, and secondary (if contacted). This feature should help alleviate the problem of who to contact.

Challenge: Patients listed for multiple organs. In some cases, a candidate might accept only one needed organ, in other cases the offer is not wanted unless BOTH organs are available! The system is not designed to address these cases.

Best Practices for multi-visceral suggested by members: use the Donor Highlights field to communicate these situations. ‘Liver placed locally’, or ‘multi-visceral available’

Member dialogue:

TXC: Every OPO does it differently. Coming from a transplant center that takes every offer but lung, if the OPO writes that the liver has been accepted locally, or if it’s a liver and intestine offer you need to be very specific and write that you’ve already accepted the liver locally from the liver/intestine offer. Or be very specific, like, ‘we’re going to keep the kidneys on the pump unless the output is this’, or ‘we’ll take them if the patient dies within 30 min., otherwise we don’t want them’. And ALWAYS give an accurate phone number. Also, you can indicate ‘multi-visceral available’.

TXC: We’ll have a liver/kidney patient listed on both the kidney and liver lists. We wouldn’t take a kidney without a liver, but we would take a liver without a kidney.

OPO: If I’ve run a list and I’ve placed the kidneys, then I’m going to code you out. You’ll get bypassed. That’s a flaw in the system [UNOS note: Existing programming meets system specifications]. We need to be able to list each candidate for all the organs they need. Just because you list the patient for all those organs doesn’t mean you have to be offered all of them at the same time.

OPO: I’ve been on the other end of the phone when I’ve made a mistake and they need 2 lungs and I

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only have one and they scream at me and say, “didn’t you see that I needed two?!” On the other hand a center might be mad that you’re calling them with an offer of one organ when they need multiple organs.

TXC: When you’re listing a patient it asks you if you will accept a DCD donor. Yes, but I’m not going to accept one from far away. Can there be a pull down box that allows me to say we will accept a DCD donor within the following mileage or regional limits? Also, why can’t we say we’ll accept a DCD donor under a certain age?

UNOS: The system does not currently allow for donor acceptance criteria selections that include multiple selections (like DCD and age). That represents a different level of screening complexity.

Q: Why can’t all of UNET and DonorNet talk to each other? For example: A provisional yes entered by a transplant center shows up in Tiedi as the organ being transplanted but it still shows up in DonorNet as a provisional match. Why can’t the record automatically be updated? (i.e. TIEDI Deceased Donor Registration (DDR) form shows who the actual recipient is, but that may not be who accepted the offer in DonorNet.)

UNOS: The data as recorded in DonorNet on the match should reflect placement efforts and intended recipient, which potentially is not the actual transplant recipient. If the recipient indicated on the match is not the one that received the organ, then UNOS staff may investigate to determine the cause of any apparent discrepancy.

TXC: How do we access the R.O.O.T. Report? Can we set up a schedule that lets us receive them on a regular basis? Does it include pancreas islets? [One TXC indicated they have had to make a data request for regular creation of the R.O.O.T. report for their center for pancreas islets. Could they have that automated, so they do not need to regularly request the report, since it is an ongoing need?]

UNOS: The R.O.O.T. report is automatically generated and access to the report is based on permissions to a specific organ waitlist program. UNOS staff present was not aware that Pancreas Islets were not a part of the standard report. UNOS staff will follow up with the UNOS Research department to determine if it is feasible to include Pancreas Islets with the standard, or create a schedule for recurring reporting for TXCs in that situation.

Q: Is there any universal place for data like lab results?

A: On the transplant center side you can customize your view.

TXC: I can understand the frustration on both sides. If you have updated labs and they are all entered in DonorNet correctly, I can understand that it would be frustrating for you to get calls from centers. But coming from the transplant side, we are often interested in labs like bowel sounds and stools and other information that isn’t in there [as part of the electronic DonorNet record].

If you’re getting a heart offer and they tell you to open an attachment, then you have to plug in your card and do all kinds of stuff before you can read it, so like I said before its real helpful if you can include as much as possible in the comment section. The Transplant center can take a look in the donor highlights section and get data about the donor that isn’t necessarily captured elsewhere within DonorNet (e.g. multivisceral).

TXC: Can OPOs click a button that says “This is a back-up offer”?

OPO: We tell people that this is a back up offer and if it becomes a real offer, we’ll contact you again.

UNOS: Oct. 22 is the Pre-Collaborative Meeting—Making the Match! An email is expected to go out

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soon asking OPOs and Transplant Centers for DonorNet Best Practices. Everyone is encouraged to participate and attend this event.

### Comments during Acceptance Criteria slide presentation:

Prior to using the new Waitlist Update Utility, UNOS staff cautioned everyone to print out your list before you use the Waitlist Update Utility and hit confirm, updating your entire waiting list! This will enable you to more easily track your changes, and correct any mistakes in updating, if necessary.

Comment: Sometimes with pull down screens it is possible to make critical changes you aren't aware of. You can be rolling down and not realize you just rolled through a change. Radio buttons are better and it's more difficult to make an unintentional change.

Comment: The waitlist question for kidney asks 'What mismatches will you accept'? It used to ask you what matches you would accept. There is no popup warning if you enter 0 (indicating that you will only accept perfect matches)

### Comments during Donor Refusal slide presentation:

TXC: Suppose the organ is DCD and then it becomes brain dead? What should I do? Why isn't the procurement coordinator in the position to reoffer the organ if it goes from a DCD donor to a brain dead donor?

A: Donor Refusal is designed to ensure that you do NOT get further calls about a specific donor, PERIOD. The decision to use the Donor Refusal option is one that is based on subjective data. Single rule out criteria (like DCD) are not good cases for use of the Donor Refusal option. If the only reason to refuse a donor is DCD vs. brain dead, then be sure to use a standard Transplant Center refusal on DCD donors, NOT the Donor Refusal option! If you use the transplant center refusal option, you'll have an opportunity get an offer again if the donor converts from DCD to brain dead and new matches are run. The only time you should use the Donor Refusal code is on a donor that you determine, through careful review of the entire donor record, to be 'exceptionally unacceptable'.

OPO: I offer an organ to a center for someone on their liver list and they say no. Can I then offer someone else a kidney and can they do a donor refusal on the kidney?

UNOS: Yes. The Donor Refusal will be applied for a center, only for the organs selected by the user. The user will only be able to select organ programs for which he has permissions at that center.

### Ongoing Dialogue between OPOs, TXCs, and UNOS Staff

TXC: As a transplant center, when we get an initial offer, why do we keep getting paged again and again and again for the same offer? Sometimes we have not even been able to log into DonorNet to begin evaluation before the phone rings again! Sometimes, I am listening to one message and DonorNet call again.

UNOS: The electronic notification system was intentionally designed to notify groups of CANDIDATES (not centers) to ensure that the full hour was given for notification time, and the full hour for evaluation time for each. There was concern that the one hour evaluation time limit was simply not ample for those centers with large programs to properly respond to offers. This functionality that results in

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multiple calls for the same offers was deemed a necessary part of the system to ensure that centers were aware of all offers and had ample time to respond for all candidates.

We have also found there is potential for education opportunities. For example, UNOS recently heard of a case where a new coordinator sent notifications to the same transplant center in rapid succession (8 times in less than 5 minutes). This coordinator was unaware that she could have notified the wide range of candidates with ONE notification, and was singling the candidates out as she moved through the list past candidate who already had responses recorded (presumably to ensure notifications did not go out to the centers that has already responded).

TXC: Why am I getting an offer when 20 people in front of me have entered a provisional yes?

UNOS: The challenge is that the view does not clearly present to TXC users whether they are 20 candidates at one center, or 20 candidates at many different centers. The center data must remain blinded, but creative enhancement suggestions have been received regarding improving this view for TXC to give them better information regarding their ‘true’ current rank the list.

Someone then made a comment about the Operations Committee, and that changing the programming might help.

Enhancement request suggestion:

Would it helpful to have a button on the transplant side that acknowledges high risk status that the center could check?

OPO: I think it would be very beneficial for the OPOs to see what the transplant center side sees when they look at DonorNet. It might help us to know what comments to include, etc.

UNOS: The view of the donor record that the TXC sees on the PC is the same view that an OPO will see when they use the PRINT donor summary option. It may be helpful to know this when an OPO and TXC are discussing an offer.

Q: What’s the URL for mobile UNet?

UNOS: The URL is the same (<https://portal.unos.org>). The system auto detects mobile browsers and routes user to the mobile DonorNet pages (<https://portal.unos.org/Donornetmobile>). There is no mobile access to DonorNet for OPOs, it was built for transplant center use only.

Recommendation:

OPO: Both the OPO and the transplant centers should get with each other and say ‘this is what we’re doing’ and hear the views from both sides. We have quarterly meetings with our kidney folks. Nebraska Transplant Center made a bold offer and said they’d be happy to lead something for groups and offer the transplant center perspective.

UNOS posed the question why some OPOs will run a list and then not make any offers for many (8+) hours. The consensus was that there is inconsistency among transplant centers, and that many DSAs make local offers differently (i.e. manually) than they do regional or national offers. There are still surgeons who refuse to take electronic offers locally, only imports.

Some OPOs are not using DonorNet until they get to regional and national offers.

OPO: We’ve got new people at our OPO. We run all the lists at the same time, then look at them and try to figure out the allocation algorithm for that particular donor and then realize that something has

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changed. We want to make sure that we properly evaluate the landscape before making an offer.

UNOS asked the group if they ran Test Donor matches, and offered that might be a possible solution for some of the reasons OPOs choose to run matches so far in advance of making offers?

One OPO answered that they don't run their lists until they are ready to offer organs.

If the donor is questionable, we're going to do a liver biopsy. I'll say can you do a test match run and see if the candidate is going to come up.

OPO: I'm the so called DonorNet expert at my OPO and I didn't know how to do a test donor until you just showed us. I think it would be helpful to reorient or reeducate some of the folks who already know about DonorNet. Perhaps a periodic tip sheet...Did you know?

UNOS: For TXCs, the Test Match Run function allows you to view where your center's waiting candidates would appear on a match list, given a set of test donor data. Your access to use the test match utility is based upon the organ programs for which you have Waitlist access. TXCs can also add a test donor from a link on the "Search Test Donor" screen. Both OPOs and TXCs can add test donors.

OPO: You can run a test donor without HLAs. This can be helpful, but it can significantly change the match results once HLA is entered, so that the resulting list can be quite different.

One word of caution - If you run a test donor on a liver and tell your surgeon that their patient is #1, you may run the actual match several hours later and they might have gone to #2.

OPO: I'd be very hesitant to run a test donor on a liver, ....hearts and lungs maybe.

Test match works great if someone wants to be an altruistic donor. It lets transplant centers know who they should start testing for cross matches, etc.

Everyone who attended the session and completed an evaluation form was entered to win an Apple iTouch. The lucky winner was Jennifer Carapellucci of All Children's Hospital in St. Petersburg, FL!