

**OPTN/UNOS TRANSPLANT ADMINISTRATORS COMMITTEE**  
**REPORT**  
**SUMMARY**

**I. Organ Availability Issues**

**Action Items for Board Consideration:**

- None

**Other Significant Items:**

- The Committee continues to collaborate with the Association of Organ Procurement Organizations on issues of interest to both OPOs and transplant centers. (Item 1, page 1)

**II. Patient Access Issues**

**Action Items for Board Consideration:**

- The Committee is recommending approval of a modification to the OPTN/UNOS By-Laws that delineates specific elements of social support that should be provided to transplant candidates and recipients. (Item 2, page 1)
- The Committee is recommending approval of an addition to the OPTN/UNOS By-Laws that describes the responsibilities of a clinical transplant pharmacist. (Item 3, page 5)

**Other Significant Items:**

- None

**III. Other Issues**

**Action Items for Board Consideration:**

- None

**Other Significant Items**

- The Committee offers comments on several policy proposals recently distributed for public comment. (Item 4, page 6)
- The Committee conducts an ongoing survey of staffing practices and makes these data available to participating transplant programs for comparison to other programs. (Item 6, page 6)
- The Committee continues to offer the standardized RFI to transplant programs to use in submitted data to insurance and managed care companies. (Item 7, page 6)

**REPORT OF THE  
OPTN/UNOS TRANSPLANT ADMINISTRATORS COMMITTEE**

**TO THE BOARD OF DIRECTORS**

**June 24 – 25, 2004**

**Minneapolis, Minnesota**

**Ian R. Jamieson, MBA, MHA, Chair**

Organ Availability Issues

1. TAC/OPO Joint Issues Subcommittee. This subcommittee continues to work with the Association of Organ Procurement Organizations (AOPO) to facilitate communication designed to improve OPO understanding of transplant center financial challenges and vice versa. The AOPO president presented during a plenary session of the Transplant Management Forum in May and a representative of the Committee has presented to various AOPO groups. In addition, transplant administrator contact information was provided to AOPO along with a request that the information concerning the AOPO annual meeting be sent to these individuals. Discussions have been held with AOPO or will be held in the near future about working together on the following matters:

- Survey of OPO standard acquisition charges;
- Standardizing “discounted” donor procurement charges;
- Including transplant administrators on OPO boards and finance committees to facilitate mutual understanding of financial issues and transplant program participation in the process of setting organ acquisition charges;
- Clarifying transplant administrator perceptions about OPO staff hiring practices;
- Addressing varying transplant center billing practices on in-house donors;
- Appropriateness of the OPO’s paying OPTN/UNOS registration fees for listing patients on the waiting list; and
- Developing quality financial and operational benchmarks.

Patient Access Issues

2. Post Public Comment Recommendation of a Modification to the OPTN/UNOS By-Laws Describing Social Support Services to be Provided. On March 15, 2004, the Committee submitted for public comment a proposed OPTN/UNOS By-Law modification that delineates a transplant program’s specific responsibilities in providing psychiatric and social support services (psychosocial services) for transplant candidates, recipients, living donors, and family members. The proposal stipulated that individuals trained in psychiatry, psychology or social work may provide these services, and that these individuals should be designated members of the transplant team and work with patients and families in a compassionate and tactful manner in order to facilitate access to and continuity of care.

As of April 29, 2004, 85 responses have been submitted to UNOS regarding this policy proposal. Of these, 45 (52.94%) supported the proposal, 2 (2.35%) opposed the proposal, and 38 (44.71%) had no opinion. Of the 47 who responded with an opinion, 45 (95.74%) supported the proposal and 2 (4.26%) opposed the proposal.

Additional information concerning the background and public comment may be found in the briefing paper attached as Exhibit A.

The primary goal of this proposed By-law change is to ensure that patients continue to receive all of the important services offered by trained psychiatric and/or psychosocial professionals. The Committee feels strongly that these professionals advocate for transplant candidates, recipients, living donors and their families, and are essential to quality patient care in a transplant program. Therefore, the Committee offers the following resolution for consideration by the Board of Directors:

- \* **Resolved, that the following modifications to the By-Laws, Appendix B, Section III (C) (Transplant Programs) as set forth below, having been distributed for public comment and subsequently recommended by the Transplant Administrators Committee, shall be approved and implemented August 1, 2004.**

Sections 1 –1 4

NO CHANGES

**(15) Transplant Psychiatric and Social Support Services.** Psychiatric and social support services are essential for the total care of transplant recipients, living donors and their ~~and for helping families cope with transplant experience.~~ Such services must be available. All transplant programs should identify appropriately trained individuals who are designated members of the transplant team and have primary responsibility for coordinating the psychosocial needs of transplant candidates, recipients, living donors and families. They will work with patients and families in a compassionate and tactful manner in order to facilitate access and provide continuity of care. Specific responsibilities should include, but are not limited to:

Direct patient care, including:

Psychosocial evaluation of potential living donors and recipients;

Substance abuse evaluation, treatment, referral, monitoring;

Individual counseling;

Crisis intervention;

Support groups/newsletters;

Patient care conferences;

Advocacy;

Patient and family education;

Referral to community services, e.g., vocational rehabilitation, housing;

On going knowledge of social services available, regulations; and

Death, dying, and bereavement counseling.

Other:

Transplant team building;

Department meetings, e.g., staff, process improvement;

Participation in organ donation awareness initiatives;

Participation with community advocacy groups, e.g., National Kidney Foundation and the Coalition for Donation.

Sections 16 - 19

NO CHANGES

[No Further Changes]

Committee vote: 8 yes, 0 no, 0 abstentions.

**3. Post Public Comment Recommendation of an Addition to the OPTN/UNOS By-Laws**

**Describing the Role of the Clinical Transplant Pharmacist.** On March 15, 2004, the Committee submitted for public comment a proposed OPTN/UNOS By-Law addition that delineates a transplant program's specific responsibilities in providing clinical transplant pharmacist services for transplant recipients. The goal of the proposal is to provide additional detailed information about the essential care provided by pharmacists and teams led by pharmacists, in an effort to assure that this care remains available to transplant recipients and the transplant team.

As of 4/29/2004, 116 responses have been submitted to UNOS regarding this policy proposal. Of these, 92 (79.31%) supported the proposal, 4 (3.45%) opposed the proposal, and 20 (17.24%) had no opinion. Of the 96 who responded with an opinion, 92 (95.83%) supported the proposal and 4 (4.17%) opposed the proposal.

Additional information concerning the background and public comment may be found in the briefing paper attached as Exhibit B.

The primary goal of this proposed by-law change is to include all of the important services offered by the transplant pharmacist(s). Therefore, the Committee offers the following resolution for consideration by the Board of Directors:

- \* **Resolved, that the following addition to the By-Laws, Appendix B, Section III (C) (Transplant Programs) as set forth below, having been distributed for public comment and subsequently recommended by the Transplant Administrators Committee, shall be approved and implemented August 1, 2004.**

Sections 1 –19

NO CHANGES

**(20) Clinical Transplant Pharmacist.** All transplant programs should identify one or more pharmacists who will be responsible for providing pharmaceutical care to solid

organ transplant recipients. The clinical transplant pharmacist shall be a designated member of the transplant team and will be assigned primary responsibility for providing comprehensive pharmaceutical care to transplant recipients. The transplant pharmacist will work with patients and their families, and members of the transplant team, including physicians, surgeons, nurses, clinical coordinators, social workers, financial coordinators and administrative personnel at the transplant program. The transplant pharmacist should be a licensed pharmacist with experience in transplant pharmacotherapy, who performs or oversees a team of other healthcare personnel and support staff in performing the functions listed below.

Specific responsibilities should include but are not limited to:

Perioperative Phase:

1. Evaluates, identifies and solves medication related problems for transplant recipients;
2. Educates transplant recipients and their family members on transplant medications and adherence to medication regimen;
3. Acts as liaison (advocate) between patient and patients' families and other health care team members regarding medication issues;
4. Prepares and assists with discharge planning for all transplant recipients; and
5. Provides drug information for all members of the transplant team.

Post Transplant Phase:

1. Evaluates transplant recipient medication regimens on a regular basis;
2. Communicates all transplant recipient medication issues and concerns to appropriate members of the transplant team; and
3. Assists with designing, implementing, and monitoring of comprehensive care plans with other team members (i.e. transplant coordinators, financial coordinator, social worker, dietician, etc.).

Additional responsibilities may include but are not limited to clinical research studies, quality assurance of medication regimens, public and professional education.

Committee vote: 8 yes, 0 no, 0 abstentions.

Other Issues

4. Policy Proposals for Public Comment. The Committee discussed several policy proposals contained in the March 15 and 25, 2004 public comment documents and agreed on the following positions:

**Proposal 16 - Proposed Modification to Standard H3.100 of the OPTN/UNOS Bylaws Appendix B Attachment 1 (Standards for Histocompatibility Testing), Standard H3.100 and Proposed New Policies for Kidney Transplantation - 3.5.17 (Prospective Crossmatching), and for Pancreas Transplantation - 3.8.8 (Prospective Crossmatching), and Proposed Appendix D to Policy 3.** The Committee felt there was some confusion in the proposal about whether it applies to kidney and pancreas transplantation together or separately. The Committee is supportive of having written policies in place on crossmatching strategies.

**Proposal 17 - Proposed New OPTN/UNOS Policy 3.7.17 (Crossmatching for Thoracic Organs).** The Committee is supportive of having written policies in place on crossmatching strategies.

**Proposal 19 - Proposed Guidelines for Living Liver Donor Evaluation (Item 1 of 2).** The Committee is supportive of the guidelines in principle; however, the members questioned how the position of donor advocate would be reimbursed under current Medicare rules.

**Proposal 20 - Proposed Guidelines for Living Kidney Donor Evaluation (Item 2 of 2).** The Committee supports the proposed guidelines.

**Proposal 21 - Proposed Modifications to OPTN/UNOS Policy 3.1.4 (Patient Waiting List).** The Committee suggested that ABO confirmation provisions be applicable to candidates for both living and deceased donor organ transplants. The Committee felt that it is problematic for small programs to tie in recipient ABO confirmation with activation on the waiting list. Small programs may not have the personnel required to provide immediate confirmation of recipient ABO. Finally, the Committee felt the Organ Center should always be available to help with listing patients in the event that transplant center personnel do not have access to a computer.

**Proposal 22 - Proposed Modifications to OPTN/UNOS Policy 3.2.3 (Match System Access).** The Committee suggested that donor ABO confirmation provisions be applicable to both living and deceased donors.

The Committee did not comment on the remaining proposals in the March 15, 2004 public comment document.

**Proposal for Lung Allocation – March 25, 2004** - The Committee is generally supportive of the effort to move to a more objective, outcome-based method of lung allocation, but it remains concerned that the proposed policy places a substantial data collection burden on transplant programs. In particular, the Committee wonders, how are data to be collected on the many lung transplant candidates who are not in the hospital? The Committee is also concerned about the issue of re-transplantation and how the allocation score would be calculated for this population.

5. Request from Liver and Intestinal Organ Transplantation Committee. The Committee responded to the Liver and Intestinal Organ Transplantation Committee request for a recommendation on an appropriate ICD-9 code or DRG for lab tests required by MELD/PELD.
6. Survey Subcommittee. This subcommittee conducted on UNet<sup>sm</sup> an organ-specific survey of transplant program staffing levels and skill mixes in the year 2002. The 2003 survey resides on the Secure Enterprise portal. Preliminary data from 2003 were shared at the Transplant Management Forum in May, and are attached as Exhibit C. Transplant programs that have completed the survey are able to access an interactive report comparing their programs with others using a tool developed by the UNOS Research Department. The 2003 survey is ongoing, and new data submitted will be included in the reports that transplant programs run from the database.

7. Standardized RFI Subcommittee. The standardized Request for Information (RFI) is truly becoming the standard document used by transplant centers in providing essential data on the quality of transplant programs to insurance and managed care companies. At least 15 national payor networks are accepting it from their contracted centers, and more than 180 transplant centers have requested the forms. Blue Quality Centers for Transplant, one of the major payors, will start using the RFI in July 2004. The forms are available via e-mail and by download from the transplant administrators application of the Secure Enterprise portal. The subcommittee will meet with payor representatives on July 22 to discuss any concerns they may have and plan for an on line completion of the forms starting in January 2005.
8. Communications Subcommittee. The e-mail group of over 180 transplant administrators continues to be an active resource for members to ask questions, share information and conduct research among their peers. The Committee would like to bring the e-mail group into the UNOS Secure Enterprise Portal, and is working with UNOS Information Technology staff to do so.

Development of a transplant administrators application on the UNOS Secure Enterprise portal continues. The standardized RFI and staffing survey are currently available, and plans are being made for the addition of materials that would include information about the activities of the Committee and subcommittees, handouts from the Transplant Management Forum, strategic planning tools, benchmarking data, compliance information, and links to various organizations that provide financial and technological services. The Committee has raised over \$21,000 to pay for the additional programming involved with building and maintaining the transplant administrators application.

9. Transplant Management Forum. The 12<sup>th</sup> Annual UNOS Transplant Management Forum was held May 10-12, 2004 in Miami Beach, Florida. The Forum was extremely successful with 430 participants representing transplant administrators, physicians, financial coordinators, transplant recipients, and insurance companies. Preliminary comments from the program evaluations are extremely positive. Forty-eight abstracts were submitted, and seven concurrent session speakers, three oral presenters, and twenty-six poster presenters were chosen. In addition, prizes for best abstract were awarded in six categories. The Committee will meet in late July to begin planning the 2005 Forum, occurring April 11 –13, 2005 in Memphis.
10. Survey on Cost of Submitting Data. The Committee will include in its transplant administrators application on the Secure Enterprise portal a survey of transplant center costs to provide data to the OPTN/UNOS.

The Committee has not met in person since the last Board of Directors meeting, but meets monthly via conference call during which it conducts regular committee business and planning for the Transplant Management Forum.

## EXHIBIT A

### BRIEFING PAPER

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#### **Proposed Modification to the Criteria for Institutional Membership, OPTN/UNOS By-Laws, Appendix B, Section III (C) (Transplant Programs): Proposed Modifications to Item (15) (Social Support)**

##### **I. Summary**

The OPTN/UNOS Transplant Administrators Committee proposes a By-law modification that delineates a transplant program's specific responsibilities in providing psychiatric and social support services (psychosocial services) for transplant candidates, recipients, living donors, and family members. Individuals trained in psychiatry, psychology or social work may provide these services. These individuals should be designated members of the transplant team, and work with patients and families in a compassionate and tactful manner in order to facilitate access to and continuity of care.

##### **II. Background**

The Committee does not propose to create a new or modified requirement for OPTN or UNOS approval of a transplant program, but feels that it is important to provide more detailed information in the By-laws about services that are essential for the total care of transplant candidates, recipients, living donors and families. Previously, the Committee has made recommendations concerning transplant financial coordinators and clinical transplant coordinators that are now included in the By-laws. The Committee proposes that these position descriptions be recognized as standards of care, thus ensuring the continuation of essential services in an era of staffing cutbacks. Just as with financial coordinators and clinical coordinators, the Committee strongly believes that all transplant programs should identify appropriately trained professionals to provide psychosocial services throughout the course of transplantation or donation care.

CMS and criteria for participation in the End Stage Renal Disease Program specifically require that kidney transplant programs have documented involvement of social services. Historically, many organ transplant programs have followed this model when developing other transplant programs such as liver, heart or lung, although it is recognized that other professionals within psychiatry and social support services may be identified within individual programs to provide these services. (Subpart U-Conditions of Coverage of Suppliers of ESRD Services Sec. 405.2102 Effective 9-176.

Individuals trained in psychiatry, psychology or social work may provide psychosocial services. These professionals are essential members of the transplant team. They provide critical services in the evaluation of candidates for transplant or living donation and are educated and skilled to meet psychosocial and emotional needs of individuals under stress. Psychiatric and psychosocial professionals have specific skills and provide crisis intervention, individual counseling, family counseling, and the coordination of hospital and community resources for various needs (National Association of Social Workers/National Kidney Foundation clinical indicators for social work and psychosocial services in nephrology settings, October 1994).

The transplant process is complex and involves several phases of care, including pre-transplant evaluation, candidate selection, waiting for transplant, hospitalization, discharge planning, immediate post-operative follow up and long-term follow up. Long-term, recipient needs may include: psychosocial support, monitoring compliance and facilitating access to resources such as medication and vocational rehabilitation services. Collaboration with the transplant team and multiple disciplines is essential to enhance patient care. The collaborative team may include: physicians, transplant coordinators, pharmacists, dieticians, transplant financial coordinators, psychologists, psychiatrists, social workers, and clinicians from other disciplines and third party payors. They facilitate patient and family support groups and support transplant and organ donation efforts throughout the community.

Evaluation of potential living donors is a key job function, especially as centers report a continual increase of transplants from living donors (Consensus Statement on the Live Organ Donor, JAMA, December 13, 2000).

The primary goal of this proposed By-law change is to ensure that patients continue to receive all of the important services offered by trained psychiatric and/or psychosocial professionals. The OPTN/UNOS Transplant Administrators Committee feels strongly that these professionals advocate for transplant candidates, recipients, living donors and their families and are essential to quality patient care in a transplant program.

### III. Policy Proposal

**Resolved, that the following modifications to the By-Laws, Appendix B, Section III (C) (Transplant Programs) as set forth below, having been distributed for public comment and subsequently recommended by the Transplant Administrators Committee, shall be approved and implemented August 1, 2004.**

Sections 1 –1 4

NO CHANGES

**(15) Transplant Psychiatric and Social Support Services.** Psychiatric and social support services are essential for the total care of transplant recipients, living donors and their and for helping families cope with transplant experience. Such services must be available. All transplant programs should identify appropriately trained individuals who are designated members of the transplant team and have primary responsibility for coordinating the psychosocial needs of transplant candidates, recipients, living donors and families. They will work with patients and families in a compassionate and tactful manner in order to facilitate access and provide continuity of care. Specific responsibilities should include, but are not limited to:

Direct patient care, including:

Psychosocial evaluation of potential living donors and recipients;

Substance abuse evaluation, treatment, referral, monitoring;

Individual counseling;

Crisis intervention;

Support groups/newsletters;

Patient care conferences;

Advocacy;

Patient and family education;

Referral to community services, e.g., vocational rehabilitation, housing;

On going knowledge of social services available, regulations; and

Death, dying, and bereavement counseling.

Other:

Transplant team building;

Department meetings, e.g., staff, process improvement;

Participation in organ donation awareness initiatives;

Participation with community advocacy groups, e.g., National Kidney Foundation and the Coalition for Donation.

Sections 16 - 19

NO CHANGES

[No Further Changes]

Committee vote: 8 yes, 0 no, 0 abstentions.

#### **IV. Summary of Public Comments**

##### **I: Individual Comments:**

As of 4/29/2004, 85 responses have been submitted to UNOS regarding this policy proposal. Of these, 45 (52.94%) supported the proposal, 2 (2.35%) opposed the proposal, and 38 (44.71%) had no opinion. Of the 47 who responded with an opinion, 45 (95.74%) supported the proposal and 2 (4.26%) opposed the proposal. Comments on the proposal received to date are as follows:

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##### **Comment 1:**

*vote: Support*

Although, I received support from the transplant team. I feel that the social workers in the program should maintain a longer relationship with the organ recipients beyond the surgical clinic portion of the process. The social workers maintain the critical link during the adjustment period after surgery. I feel that a follow up call program should be instituted to assure that everything is on track for the recipient, as well as for the donor.

Committee Response: The Committee would support this suggestion to be implemented within the resources available at the local level.

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##### **Comment 2:**

*vote: Support*

Approve with the recommendation that "should" be changed to "must" since it otherwise has no meaning, as follows: All transplant programs MUST identify....."

Committee Response: The Committee has discussed this issue on numerous occasions and concluded that to use the word "must" establishes a membership requirement just as stringent as that for physician and surgeon and subject to the same level of monitoring by the Membership and Professional Standards Committee. The Committee feels it problematic on many levels to create another criterion for program approval that is absolute, and would preclude a program from gaining approval to perform transplants. The Committee feels it is sufficient to delineate the recommended services in the By-Laws, thus creating a standard of practice that most institutions will comply with on a voluntary basis in order to meet the expectations of insurance companies.

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##### **Comment 3:**

*vote: Support*

I am a renal transplant recipient, who received absolutely no support for myself, my wife, or family pre and/or post transplant from the hospital, clinic, local Organ Procurement Organization, or anyone else. After participating in a panel discussion at the request of the local OPO that was organized for nurses and transplant support personnel, I was criticized by the director of the OPO for being honest about my total lack of social and psychological services available to me, proposed recipients, recipients, and/or their families. I support this modification. The transplantation experience is a very lonely experience; most particularly when one does not know what to expect and does not have any pre or post surgical support.

Committee Response: The Committee appreciates your concerns and your support for the proposal.

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**Comment 4:**

*vote: Support*

I think there needs to be separation of the social worker from the psychological/psychiatric piece. A social worker should not be doing the mental health screening especially for potential living donors. A Psychiatrist should be involved in all programs.

Committee Response: The Committee appreciates your perspective and in the future may decide to put forth a separate proposal for a psychiatrist. However, at this point in time, the Committee felt it was important to give transplant programs some flexibility in deciding how they provide the services outlined. Further, the Committee feels that market forces imposed by insurance companies will compel transplant programs to involve the appropriate personnel in the care of patients.

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**Comment 5:**

*vote: Support*

My husband is a kidney transplant recipient. We received no counseling of any kind before or after his transplant. Neither he nor I knew what kind of problems he would or could encounter. If we had had at least some access to a counselor, we would have had much less anxiety. There definitely needs to be some delineation of specific responsibilities for providing support and psychological services for transplant candidates, recipients, living donors, and family members. Often family members are caregivers. Too often, they are overlooked by the medical community. These support services personnel need to be an accepted and integral part of transplant care. My empirical experience is that there is no coordination of these services with the transplant team, hospital, or the local Organ Procurement Organizations. I support a mandated delineation of specific responsibilities.

Committee Response: The Committee appreciates your concerns and feels that delineation of services to be provided will address the kinds of problems you identify. As mentioned in the response to Comment 2, the Committee feels that transplant programs will be driven by market forces to comply with this modification to By-Laws, and that a mandate is not advisable at this time.

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**Comment 6:**

*vote: Support*

Transplantation is an area of healthcare that depends heavily on a multidisciplinary approach to patient, family and living donor care. Each discipline focuses on a specialty area that provides in depth perspectives to help us care for the whole person and family. Social workers, psychiatrists, and psychologists assess patients for compliance, family support and issues pertaining to returning to work after transplantation. This group of professionals is so important in helping us to ascertain that the patient will be compliant and will take good care of their new organ.

Committee Response: The Committee thanks you for your support.

**II. Comments from Other Committees**

**Membership and Professional Standards** - Voted 19-0-0 to support the proposal as written.

The remaining committees did not report a vote.

**III. Regional Comments:**

PROPOSAL 24: Proposed Modification to the Criteria for Institutional Membership, OPTN/UNOS By-Laws, Appendix B, Section III (C) (Transplant Programs): Proposed Modifications to Item (15) (Social Support) (Transplant Administrators Committee)

**DATE THIS DOCUMENT MODIFIED: 5/3/04**

Region	Meeting Date	Motion to Approve as Written	Approved as Amended (See Below)	Approved by Consensus	Did Not Consider
1	3/22/04	13 yes, 0 no, 0 no opinion			
2	5/7/04	26 yes, 0 no, 5 no opinion			
3	3/26/04	17 yes, 0 no, 0 no opinion			
4	4/2/04	23 yes, 0 no, 1 no opinion			
5	4/30/04	27 yes, 3 no, 3 no opinion, 3 no vote			
6	4/2/04	51 yes, 0 no, 0 no opinion, 2 no vote			
7	4/23/04	14 yes, 0 no, 0 no opinion			
8	4/2/04	24 yes, 3 no, 0 no opinion			
9	4/21/04	16 yes, 0 no, 0 no opinion			
10	4/30/04	18 yes, 0 no, 0 no opinion			
11	3/26/04	19 yes, 0 no, 0 no opinion, 1 no vote			

**COMMENTS:**

None

## EXHIBIT B

### BRIEFING PAPER

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#### **Proposed Modification to the Criteria for Institutional Membership, OPTN/UNOS By-Laws, Appendix B, Section III (C) (Transplant Programs): Proposed New Item (20) (Clinical Transplant Pharmacist)**

#### **I. Summary**

The OPTN/UNOS Transplant Administrators Committee proposes a change to the OPTN/UNOS By-laws that delineates the specific responsibilities of a clinical transplant pharmacist in an active transplant program. The goal of the proposal is to provide additional detailed information about the essential care provided by pharmacists and teams led by pharmacists, in an effort to assure that this care remains available to transplant recipients and the transplant team. It is not the committee's goal to create a membership requirement on par with the primary physician or surgeon.

#### **II. Background**

Most transplant recipients require multiple medications and many are prone to adverse drug events and drug interactions. Therefore, clinical pharmacists are essential members of the transplant team as they are primarily responsible for evaluating, identifying, and solving medication related problems in transplant recipients. Clinical pharmacists provide dosing and medication management not only for transplant immunosuppressive agents, but also for antimicrobial, antifungal, and antiviral medications, and drugs that treat diabetes mellitus, hypertension, hyperlipidemia, and osteoporosis, just to name a few. In addition, pharmacists are specifically trained to provide pharmacokinetic and pharmacodynamic drug monitoring services, which is vital in optimizing transplant outcomes.

The role of pharmacists as members of multidisciplinary health care team has been well established. Various studies have demonstrated that pharmacists can prevent and reduce drug related problems, which can lead to improvements in patient care and reductions in health care expenditures. It has been documented that the services provided by transplant pharmacists are highly valued by transplant recipients and team members. Recently, the Institute of Medicine report "To Err is Human", states that pharmacists should be included during the rounding process as one strategy to improve medication safety. Thus, the pharmacist would be able to recommend medication, doses, and monitoring parameters for the patients.

Due to limited health care resources and a national shortage of pharmacists, hospital administrators are making substantial staffing changes and redistributing pharmacy services to essential programs. The primary goal of this proposed by-law change is to ensure that patients and members of the transplant team continue to receive all the important services offered by the transplant pharmacist(s).

#### **III. Policy Proposal**

**Resolved, that the following modifications to the By-Laws, Appendix B, Section III (C) (Transplant Programs) as set forth below, having been distributed for public comment and subsequently recommended by the Transplant Administrators Committee, shall be approved and implemented August 1, 2004.**

Sections 1 –19

**NO CHANGES**

**(20) Clinical Transplant Pharmacist. All transplant programs should identify one or more pharmacists who will be responsible for providing pharmaceutical care to solid organ transplant recipients. The clinical transplant pharmacist shall be a designated member of the transplant team and will be assigned primary responsibility for providing**

comprehensive pharmaceutical care to transplant recipients. The transplant pharmacist will work with patients and their families, and members of the transplant team, including physicians, surgeons, nurses, clinical coordinators, social workers, financial coordinators and administrative personnel at the transplant program. The transplant pharmacist should be a licensed pharmacist with experience in transplant pharmacotherapy, who performs or oversees a team of other healthcare personnel and support staff in performing the functions listed below.

Specific responsibilities should include but are not limited to:

Perioperative Phase:

1. Evaluates, identifies and solves medication related problems for transplant recipients
2. Educates transplant recipients and their family members on transplant medications and adherence to medication regimen
3. Acts as liaison (advocate) between patient and patients' families and other health care team members regarding medication issues
4. Prepares and assists with discharge planning for all transplant recipients
5. Provides drug information for all members of the transplant team

Post Transplant Phase:

1. Evaluates transplant recipient medication regimens on a regular basis
2. Communicates all transplant recipient medication issues and concerns to appropriate members of the transplant team
3. Assists with designing, implementing, and monitoring of comprehensive care plans with other team members (i.e. transplant coordinators, financial coordinator, social worker, dietician, etc).

Additional responsibilities may include but are not limited to clinical research studies, quality assurance of medication regimens, public and professional education.

Committee vote: 8 yes, 0 no, 0 abstentions.

#### **IV. Summary of Public Comments**

##### **I: Individual Comments:**

As of 4/29/2004, 116 responses have been submitted to UNOS regarding this policy proposal. Of these, 92 (79.31%) supported the proposal, 4 (3.45%) opposed the proposal, and 20 (17.24%) had no opinion. Of the 96 who responded with an opinion, 92 (95.83%) supported the proposal and 4 (4.17%) opposed the proposal. Comments on the proposal received to date are as follows:

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##### **Comment 1:**

*vote: Oppose*

Oppose because it's unnecessary and raises the cost of the program.

Committee Response: The Committee feels strongly that having a dedicated transplant pharmacist with delineated duties will improve patient care and lower costs by making better use of a program's resources. A transplant pharmacist can better manage the medications needed to make a transplant outcome successful, avoiding graft failure and re-transplant, and can even act as a watchdog for pharmacy cost containment issues.

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##### **Comment 2:**

*vote: Support*

The American Society of Health-System Pharmacists (ASHP) is pleased to provide comments on the Proposed Modification to the Criteria for Institutional Membership, OPTN/UNOS By-Laws, Appendix B, Section III (C) (Transplant Programs): Proposed New Item (20) (Clinical Transplant Pharmacist) (Transplant Administrators Committee). ASHP is the 30,000-member national professional and scientific association that represents

pharmacists who practice in hospitals (including outpatient services), health maintenance organizations, long-term care facilities, home care agencies, and other components of health care systems. ASHP believes that the primary goal of the proposed by-law change is to ensure that patients and members of the transplant team continue to receive the important services offered by transplant pharmacists. ASHP is concerned that, due to limited health care resources and a national shortage of pharmacists, hospital administrators are making substantial staffing changes and redistributing pharmacy services to essential programs. The role of pharmacists as members of multidisciplinary health care team is well established. Most transplant recipients require multiple medications (immunosuppressive agents; antimicrobial, antifungal, and antiviral medications; and drugs that treat underlying or secondary conditions, such as diabetes mellitus, hypertension, hyperlipidemia, and osteoporosis). The number of medications, their extreme toxicity and narrow therapeutic indices, and the fragile health status of many transplant recipients make these patients prone to adverse drug events and drug interactions. ASHP believes that the services of clinical pharmacists are essential for evaluating, identifying, and solving the medication-related problems of transplant recipients. Clinical pharmacists also provide dosing and medication management and pharmacokinetic and pharmacodynamic drug monitoring services that are vital in optimizing transplant outcomes. The clinical pharmacist provides the following specific services to transplant recipients: Perioperative Phase: Evaluates, identifies and solves medication related problems for transplant recipients; educates transplant recipients and their family members on transplant medications and adherence to medication regimen; acts as liaison (advocate) between patient and patients' families and other health care team members regarding medication issues; prepares and assists with discharge planning for all transplant recipients; and, provides drug information for all members of the transplant team. Post Transplant Phase: Evaluates transplant recipient medication regimens on a regular basis; communicates all transplant recipient medication issues and concerns to appropriate members of the transplant team; assists with designing, implementing, and monitoring of comprehensive care plans with other team members (i.e. transplant coordinators, financial coordinator, social worker, dietician, etc). Additional responsibilities may include but are not limited to clinical research studies, quality assurance of medication regimens, public and professional education. ASHP believes that appropriately trained, experienced clinical pharmacists are the health care professionals best qualified to provide these essential services. ASHP guidance documents that support these pharmacist activities include: ASHP Statement on Pharmaceutical Care ASHP Statement on the Pharmacist's Role in Primary Care ASHP Guidelines on a Standardized Method for Pharmaceutical Care ASHP Guidelines on Pharmacist-Conducted Patient Education and Counseling ASHP Guidelines on the Provision of Medication Information by Pharmacists (These are all available at the ASHP website, <http://www.ashp.org/bestpractices/>) ASHP appreciates this opportunity present its comments on this proposed by-law change to the United Network for Organ Sharing. Please feel free to contact me if you have any questions regarding our comments. Sincerely, Carla B. Frye, Pharm.D. BCPS Director, ASHP Section of Clinical Specialists and Scientists

Committee Response: The Committee thanks the American Society of Health-System Pharmacists for its support of the proposal and thoughtful comments.

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**Comment 3:**

*vote: Support*

ACCP strongly supports the proposed modification to the UNOS by-laws. Approximately 170 of our more than 8000 members practice in transplant and related practice settings. ACCP is committed to advancing and supporting the role of the clinical pharmacist in improving the quality of patient care and outcomes in all settings of care through our programs in education, research, advocacy, and public affairs. We applaud the UNOS leadership for its public acknowledgement of the valuable services that clinical pharmacists provide to patients, families, and other health professionals, and look forward to future opportunities to work together in this important area.

Committee Response: The Committee thanks you for your support and comments.

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**Comment 4:**

*vote: Support*

After I received my transplant I had a lot of questions about my medication for the transplant. I received conflicting information regarding the time when I should take the Zantac. I was dissatisfied with the information because the doctors had made such a huge point of taking the meds at the same time every single

day. I also had a lot of questions about other drugs because the transplant doctors emphasized the point that only meds prescribed by them should be used. The anti-rejection meds wreak havoc on the body and the kidney transplant patient needs to be aware of potential side effects. I found information on the internet that was useful as far as side effects of the prednisone - don't color hair if you are on more than 10mg of prednisone, stay out of the sun, use sun-screen, look out for skin changes. I think its a great to "mandate" the participation of a pharmacist on the transplant team.

Committee Response: The Committee thanks you for your support and comments.

---

**Comment 5:**

*vote: Support*

Approve with the recommendation that the "shoulds" be changed to "musts" since the policy otherwise has no meaning, as follows: All transplant programs MUST identify ..... and Specific responsibilities MUST include but are not limited to...

Committee Response: The Committee has discussed this issue on numerous occasions and concluded that to use the word "must" establishes a membership requirement just as stringent as that for physician and surgeon and subject to the same level of monitoring by the Membership and Professional Standards Committee. The Committee feels it problematic on many levels to create another criterion for program approval that is absolute, and would preclude a program from gaining approval to perform transplants. The Committee feels it is sufficient to delineate the recommended services in the By-Laws, thus creating a standard of practice that most institutions will comply with on a voluntary basis in order to meet the expectations of insurance companies.

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**Comment 6:**

*vote: Support*

As a cardiologist that specializes in CHF/ cardiac transplantation I have first hand experience with the clinical transplant pharmacist. They are an invaluable resource to the patients and the management team and should be protected.

Committee Response: The Committee thanks you for your support and comments.

---

**Comment 7:**

*vote: Support*

As a clinical transplant pharmacist, I am in support of this addition to the Bylaws. Due to the complicated nature of their medication regimens, and the necessity for recurrent review, it is imperative that transplant patients are provided pharmaceutical care by a trained transplant pharmacist.

Committee Response: The Committee thanks you for your support and comments.

---

**Comment 8:**

*vote: Support*

As a friend of a recent liver transplant recipient, I know what a vital role an organ transplant pharmacist plays in providing specialized, personalized patient care. A more clearly delineated explanation of the transplant pharmacist's role is an important step in recognizing and supporting this profession. Any proposal that supports a transplant pharmacist's ability to work more closely with patients and physicians to ensure the best possible patient care is worthy of support.

Committee Response: The Committee thanks you for your support and comments.

---

**Comment 9:**

*vote: Support*

As a Heart Transplant recipient, I have found the services of the Clinical Transplant Pharmacist to be invaluable. Mike Shullo has monitored my medications, given me advice, and has been very supportive in helping to keep me from rejection. My local pharmacist is not able to help as much as a clinical transplant pharmacist because Mike knows my situation and is very knowledgeable about specific transplant medications. I could not do without him.

Committee Response: The Committee thanks you for your support and comments.

---

**Comment 10:**

*vote: Support*

As a pharmacist who currently works with transplant patients, I believe it is critical for patient care to have a pharmacist as a member of the transplant team.

Committee Response: The Committee thanks you for your support and comments.

---

**Comment 11:**

*vote: Support*

As a practicing transplant pharmacist, I am an essential part of the transplant team. I support all programs utilizing a pharmacist to improve the overall care of the patients.

Committee Response: The Committee thanks you for your support and comments.

---

**Comment 12:**

*vote: Support*

As a recipient of a heart transplant (in May 2000), I would like to add my support for the passage of the Pharmacist By-Law. The transplant pharmacist at UPMC, Michael Shullo, has been an integral and essential member of my transplant support team and I would that the expertise and assurance provided by these professionals would be available to all solid organ transplant patients on an ongoing basis.

Committee Response: The Committee thanks you for your support and comments.

---

**Comment 13:**

*vote: Support*

As the only member of the clinical transplant team with in-depth training in the intricacies of pharmaceuticals, the principals of the action of these compounds in vivo, and their interaction with each other and the system, the clinical pharmacist is uniquely suited to direct the use of such compounds in patients. There is no other member of the team with the necessary knowledge to lead this aspect of patient care. It is my belief that the clinical transplant pharmacist should be an integral part of the transplant team, and this person's status should not be secondary to the other major team members. I believe that the services provided by the pharmacist are necessary to transplant success, and I support the detailed definition of responsibilities proposed. I believe that this definition will aid the pharmacist in the discharge of his/her duties, and will support positive patient outcomes.

Committee Response: The Committee thanks you for your support and comments.

---

**Comment 14:**

*vote: Support*

Being a heart transplant recipient, I have first hand knowledge that the role of a Clinical Transplant Pharmacist is very important. The coordination of medications and solving problems relating to them is hastened by the pharmacist in the clinic. Cost issues and other concerns are addressed in a timely fashion. Do not take my clinical transplant pharmacist away from me, please.

Committee Response: The Committee thanks you for your support and comments.

---

**Comment 15:**

*vote: Support*

Clinical Pharmacists are an invaluable asset to the healthcare team in the medication management of transplant patients! Their positive outcomes are well documented in the literature. Please support their role.

Committee Response: The Committee thanks you for your support and comments.

---

**Comment 16:**

*vote: Support*

Excellent plan. I fully support! I am a transplant nurse and find our transplant pharmacist invaluable. I can't imagine running a program without a dedicated transplant pharmacist!

Committee Response: The Committee thanks you for your support and comments.

---

**Comment 17:**

*vote: Support*

Excellent--and great resource for the patients

Committee Response: The Committee thanks you for your support and comments.

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**Comment 18:**

*vote: Support*

Hello, I support this proposal to have a transplant clinical pharmacist as part of a transplant team. One of my best friend's brother had a liver transplant. Another good friend.... she donated one of her kidneys to her sister; both are still alive. I know the value of having a clinical pharmacist constantly working with the patient to make sure they get the proper medications and dosage throughout the process. Thank you for taking my comment.

Committee Response: The Committee thanks you for your support and comments.

---

**Comment 19:**

*vote: Support*

I am currently employed at a large University setting as a CRNP-Transplant coordinator for a heart transplant. We do have a clinical pharmacist who works with us on a part time basis. I support this proposal 100%. Not only do we utilize him extensively but also the patients get such a comprehensive update when they come to clinic, especially right after discharge. The pharmacist role is crucial to all the adjustments that need to be made in transplant. There are so many interactions and side effects that are different in this situation that it is almost neglectful not to consider having a pharmacist in the transplant program. Thank you.

Committee Response: The Committee thanks you for your support and comments.

---

**Comment 20:**

*vote: Support*

I depend on my pharmacist at my clinics to keep me informed of changes and adjustments to my medications. He also reassures me of the side effects that I am experiencing are normal and to be expected on the interaction of the drugs that I take. I feel he is a valuable part of my team and should be available to me whenever I have a question about the medication.

Committee Response: The Committee thanks you for your support and comments.

---

**Comment 21:**

*vote: Support*

I feel very strongly that a knowledgeable individual should be present for transplants. Doctors/surgeons have excellent skills, yet the pharmacological nuances require the skills of a transplant-trained pharmacist.

Committee Response: The Committee thanks you for your support and comments.

---

**Comment 22:**

*vote: Support*

I fully support the policy proposal. As a clinical pharmacist in internal medicine, I appreciate the positive impact of this policy on my profession. Clinical pharmacists provide exemplary care to their patients and have the clinical and financial outcomes to prove it. Transplant recipients at all institutions should receive the same high-quality care and this policy is a wonderful step in that direction. To decrease disparities in care is to improve everyone's care.

Committee Response: The Committee thanks you for your support and comments.

---

**Comment 23:**

*vote: Support*

I strongly believe that a pharmacist is an essential member of the transplant team. My husband had a heart transplant in 1997 and a kidney transplant in 2000 and the pharmacist has always been very helpful - other medical personnel do their job well but the pharmacists expertise on medication is definitely needed.

Committee Response: The Committee thanks you for your support and comments.

---

**Comment 24:**

*vote: Support*

I support this proposal in the strongest terms possible. As a transplanted, I cannot say enough for the assistance, piece of mind and safety provided before and after the operation by a highly trained, specialized pharmacist. I am alive and well thanks to team of experts that most definitely included a transplant pharmacist.

Committee Response: The Committee thanks you for your support and comments.

---

**Comment 25:**

*vote: Support*

I think the role of a clinical pharmacist on a transplant team could be beneficial in many ways. From improving patient outcomes by reducing drug interactions/toxicities to reducing costs through optimizing therapy, a pharmacist will pay for themselves every day when managing complicated drug therapies. I am a firm believer in preventing problems so you don't have to solve them later, and I feel that having a clinical pharmacist who specializes in organ transplant on your team can only improve outcomes.

Committee Response: The Committee thanks you for your support and comments.

---

**Comment 26:**

*vote: Support*

I THINK THIS IS A GOOD THING. IF IT WERE NOT FOR THESE PEOPLE I WOULD HAVE BEEN IN TROUBLE A LONG TIME AGO. PEOPLE HAVE TOO MANY DOCTORS ORDERING DIFFERENT DRUGS FOR THEM WHO DO NOT HAVE THE BACKGROUND THESE PHARMACISTS HAVE. IT IS

BAD ENOUGH WHEN THESE DRUGS ARE USED BY PEOPLE WHO HAVE NO IDEA WHAT THEY ARE TAKING OR WHY LET ALONE THROW A TRANSPLANT PATIENT IN THE MIX OF THINGS.

Committee Response: The Committee thanks you for your support and comments.

---

**Comment 27:**

*vote: Support*

I would value a pharmacist that has specific responsibilities to a transplant patient. This pharmacist has more information and understanding of what is involved to maintain health for the patient and is useful to the surgeons and medical team. A transplant pharmacist can identify what the concerns have been for other patients and can help new patients reach an understanding of life after transplants. It amazes me that this is not a standard part of the medical team already.

Committee Response: The Committee thanks you for your support and comments.

---

**Comment 28:**

*vote: Support*

In the 3-4 current institutions I have worked in and supported the transplant department, the medical team has been supportive and encouraging of my taking on more roles. A sample of roles that I believe were beneficial were: discharge planning, supplying key drug information regarding inpatients and outpatients, providing information to patients on the waiting list, research, and collaboration to revise protocols.

Committee Response: The Committee thanks you for your support and comments.

---

**Comment 29:**

*vote: Support*

My experience with having a pharmacist on the Team is overall positive. He has assisted in my understanding my medication limits and areas of incompatibility and has been a very good aid in communications.

Committee Response: The Committee thanks you for your support and comments.

---

**Comment 30:**

*vote: Support*

On behalf of the Hennepin County Medical Center Transplant Clinic, I would like to voice our support of the addition of clinical transplant pharmacist responsibilities to the UNOS Bylaws. The pharmacy services our clinical pharmacist provides to our patients both perioperatively and post-operatively is invaluable. It is time that this group of health care practitioners is recognized as part of the transplant team.

Committee Response: The Committee thanks you for your support and comments.

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**Comment 31:**

*vote: Support*

Pharmacists are the healthcare providers best trained to ensure the appropriate and safe use of medications. Transplant patients take many medications with the potential to interact and cause adverse effects. All transplant patients should have the advantage of having a pharmacist as part of their care team.

Committee Response: The Committee thanks you for your support and comments.

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**Comment 32:**

*vote: Support*

Post transplant care requires a multidisciplinary approach. The pharmacist plays a key role of collaboration with team members in research, patient management and clinical decision making in terms of dosing as well as education of patients and families. Drug regimens have become more complex necessitating consultation with pharmacists on potential drug interactions, dosing of new immunosuppressive agents, and appropriate anti hypertensive agents. Pharmacists have a focused educational background that allows them to understand the pharmacodynamics of medications. Preventing medication errors is key when working with our transplant teams and patients. Because patient safety has been recognized by both JCAHO and the Institute of Medicine as a major focus for healthcare professionals, the pharmacist holds a key to prevention of medication errors by keeping us current in our knowledge of the complex therapies utilized after transplantation. I strongly support this proposed modification for the Criteria for Institutional membership.

Committee Response: The Committee thanks you for your support and comments.

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**Comment 33:**

*vote: Support*

Proper medication is crucial to the recovery process of any transplant recipient. Since doctors are not extensively trained in the intricacies of pharmaceuticals, I would strongly advise that a trained pharmacist be part of any transplant team.

Committee Response: The Committee thanks you for your support and comments.

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**Comment 34:**

*vote: Support*

Proposals 24 and 25 could be combined to state that a transplant program must include social work and transplant pharmacy specialists.

Committee Response: If approved, the by-law language will, in fact, be in the same section.

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**Comment 35:**

*vote: Support*

Strongly support.

Committee Response: The Committee thanks you for your support.

---

**Comment 36:**

*vote: Support*

The transplant pharmacist is a valuable member of the transplant team, and the role is becoming ever more necessary with the complexities of medical therapies and potential drug interactions.

Committee Response: The Committee thanks you for your support and comments.

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**Comment 37:**

*vote: Support*

The transplant pharmacist is an absolutely essential and valuable member of this multidisciplinary team. Transplant patients have very complicated drug regimens. A huge part of transplant success/good organ function (and patient survival in some cases) is patient comprehension of their medication regimens and the importance of compliance. As a former transplant pharmacist, I understand the necessity of ensuring transplant programs invest in a transplant pharmacist in order to ensure positive/improve patient outcomes. With the shortage of organs today, it is vital to give the transplanted organ the best chance of survival and in some cases, patient survival. The transplant pharmacist helps the team to achieve this goal. Sincerely, Denise Balog, PharmD.

Committee Response: The Committee thanks you for your support and comments.

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**Comment 38:**

*vote: Support*

The invaluable services that clinical pharmacists can provide should have been recognized long ago. Thank you.

Committee Response: The Committee thanks you for your support and comments.

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**Comment 39:**

*vote: Support*

This is an excellent idea. I am a clinical pharmacist in a medical intensive care unit and see some transplant patients. Medications, dosages, drug concentrations, and drug-drug interactions are often not well understood by physicians. A pharmacist on the team could save lives, the way that we have been shown to prevent adverse drug events in the intensive care unit.

Committee Response: The Committee thanks you for your support and comments.

---

**Comment 40:**

*vote: Support*

Transplant pharmacists are an INTEGRAL part of the transplant team and have a huge benefit in the optimal care of patients and in the research arena!! They tend to spend a great deal of time with patients making sure they understand their medications and addressing any questions the patient may have. I believe a transplant pharmacist should be on EVERY transplant team.

Committee Response: The Committee thanks you for your support and comments.

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**Comment 41:**

*vote: Support*

Transplant pharmacists should be included in every transplant program. The presence of a pharmacist not only benefits the patients, but also the transplant team.

Committee Response: The Committee thanks you for your support and comments.

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**Comment 42:**

*vote: Support*

Two friends have had liver transplants and were able to contact their pharmacist in the hospital to get answers to questions about their medications once they went home. The pharmacist spent time with them before they left the hospital going over all the medications.

Committee Response: The Committee thanks you for your support and comments.

**II. Comments from Other Committees**

**Membership and Professional Standards** - Voted 20-0-0 to support the proposal as written.

The remaining committees did not report a vote.

**III. Regional Comments:**

PROPOSAL 25: Proposed Modification to the Criteria for Institutional Membership, OPTN/UNOS By-Laws, Appendix B, Section III (C) (Transplant Programs): Proposed New Item (20) (Clinical Transplant Pharmacist) (Transplant Administrators Committee)

**DATE THIS DOCUMENT MODIFIED: 5/3/04**

Region	Meeting Date	Motion to Approve as Written	Approved as Amended (See Below)	Approved by Consensus	Did Not Consider
1	3/22/04	13 yes, 0 no, 0 no opinion			
2	5/7/04	24 yes, 0 no, 7 no opinion			
3	3/26/04	11 yes, 5 no, 1 no opinion			
4	4/2/04	24 yes, 2 no, 1 no opinion			
5	4/30/04	26 yes, 5 no, 2 no opinion, 3 no vote			
6	4/2/04	51 yes, 0 no, 0 no opinion, 2 no vote			
7	4/23/04	14 yes, 0 no, 0 no opinion			
8	4/2/04	24 yes, 3 no, 0 no opinion			
9	4/21/04	16 yes, 0 no, 0 no opinion			
10	4/30/04	15 yes, 3 no, 0 no opinion			
11	3/26/04	17 yes, 1 no, 0 no opinion, 1 no vote			

**COMMENTS:**

None.

# Exhibit C

## UNOS Transplant Staffing Survey

Version 2.0  
 May 11, 2004  
 UNOS Transplant Management Forum

- ### Developing the Survey
- Initial work begun in 1993 through the transplant administrator's committee
  - Formalized and focused approach in 2002 through creation of web-based survey tool
  - Purpose for Version 1.0:
    - 1. Size and scope of transplant programs
    - 2. Type of personnel and how many
    - 3. Who is doing what?
  - Future Versions:
    - 1. Personnel specific
    - 2. Compensatory information

- ### Focus of Version 2.0 Survey
- Consider feedback from administrators who participated in Version 1.0
  - Maximize potential to utilize existing UNOS programmatic data to minimize burden on survey users
  - Develop better reporting tool enabling immediate access to data
  - Develop a comparative measure for programs to benchmark their staffing levels with other programs similar in size and scope
  - Provide the ability to develop "what if" staffing scenarios if programs were anticipating sizable growth

### Transplant Staffing Survey Results – Response Rate: Version 1.0 vs. Version 2.0

	Version 1.0 - 2002	Version 2.0 - 2003
UNOS transplant center members	254	257
Unique centers submitting surveys	116 (45%)	87 (34%)
% of patients waiting for transplant during year represented by these centers	42%	29%
% of patients transplanted during year represented by these centers	48%	31%

### Transplant Staffing Survey Version 2.0 Results – Response Rate

**87 unique centers submitted surveys (34% participation)**

↓ ↓ ↓

**202 program surveys received**

- **157 completed and submitted (78%)**
- **45 saved but not submitted (22%)**

## Transplant Staffing Survey Version 2.0 - Programmatic Results

### ADULT or COMBINED ADULT/PEDIATRIC

- |                     |                    |
|---------------------|--------------------|
| ■ Kidney (N = 51)   | ■ Kidney (N = 4)   |
| ■ Pancreas (N = 21) | ■ Pancreas (N = 0) |
| ■ Liver (N = 24)    | ■ Liver (N = 5)    |
| ■ Heart (N = 27)    | ■ Heart (N = 5)    |
| ■ Lung (N = 15)     | ■ Lung (N = 5)     |

### PEDIATRIC

Note- Minimum of 10 responses to qualify for summary tabulation. Therefore, only adult results are shown in subsequent slides.

## Adult Kidney – Volume/Utilization Indicators

2003 Data (n=51)	25 <sup>th</sup> Percentile	50 <sup>th</sup> Percentile	75 <sup>th</sup> Percentile
Deceased Donor Transplants	28	47	62
Live Donor Transplants	16	29	48
Wait List Size on 12/31/2003	135	217	359
Candidates added to Waiting List	71	98	166
Follow-up Forms Completed	425	548	933
Referrals	196	250	545
Pre Clinic Visits	120	299	610
Candidate Evals	137	200	350
Post Clinic Visits	762	1602	3302
Donor Work-ups	41	90	152
Satellite Clinics	0	0	1

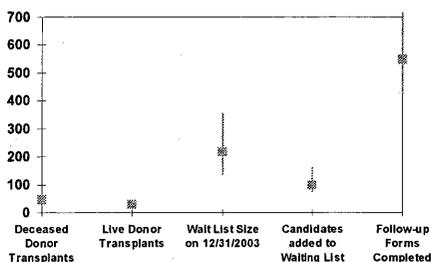
## Adult Kidney – Staffing Indicators

2003 Data (n=51)	25 <sup>th</sup> Percentile	50 <sup>th</sup> Percentile	75 <sup>th</sup> Percentile
Transplant Surgeon	1	1.5	2
Transplant Physician	0.5	1	2.5
Pre Coordinator	2	2.5	3
Post Coordinator	1	2	2.8
Physician Assistant	0	0	0
Nurse Practitioner	0	0	0.5
CNS	0	0	0
Procurement Cor.	0	0	0
Pre Social Worker	0.3	0.5	0.85
Post Social Worker	0.25	0.5	0.8
Clinical Psychologist	0	0	0
Dietitian	0	0.2	0.4

## Adult Kidney – Staffing Indicators (Continued)

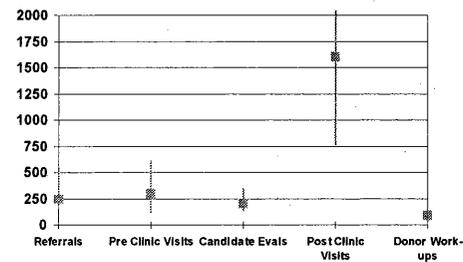
2003 Data (n=51)	25 <sup>th</sup> Percentile	50 <sup>th</sup> Percentile	75 <sup>th</sup> Percentile
Pre Trans Assistant	0	0	1
Post Trans Assistant	0	0	1
Pharmacist	0	0	0.3
Phlebotomist	0	0	0
Pre Secretary	0.5	1	1.25
Post Secretary	0	0.75	1
Financial Coordinator	0.5	1	1.25
Case Manager	0	0	0
Data Coordinator	0.2	0.5	1
Project Manager	0	0	0
Administrator/Mgr	0.3	0.75	1
Grand Total FTE	11	14.75	20.8

## Adult Kidney – Volume/Utilization Indicators (1)



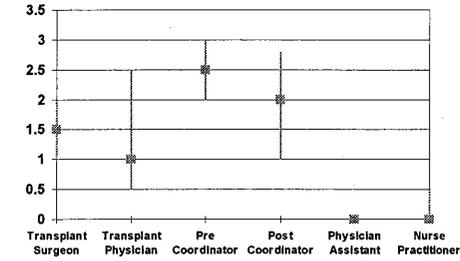
Squares represent median; lines represent 25th %ile to 75th %ile.

## Adult Kidney – Volume/Utilization Indicators (2)



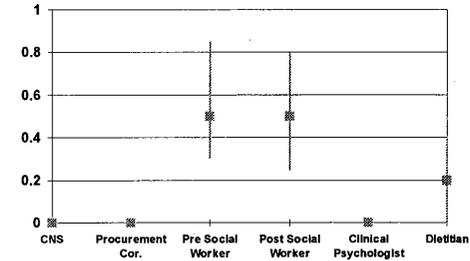
Squares represent median; lines represent 25th %ile to 75th %ile.

### Adult Kidney - Staffing Indicators (1)



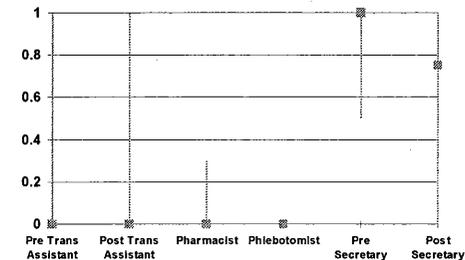
Squares represent median; lines represent 25th %ile to 75th %ile.

### Adult Kidney - Staffing Indicators (2)



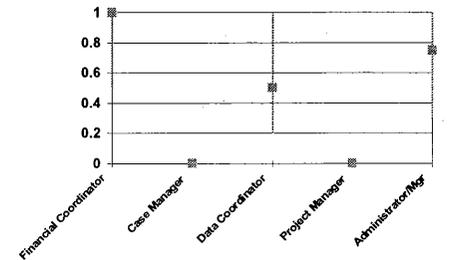
Squares represent median; lines represent 25th %ile to 75th %ile.

### Adult Kidney - Staffing Indicators (3)



Squares represent median; lines represent 25th %ile to 75th %ile.

### Adult Kidney - Staffing Indicators (4)



Squares represent median; lines represent 25th %ile to 75th %ile.

### The "Average" Kidney Transplant Program:

- 76 Transplants
  - 47 Deceased Donor
  - 26 Living Donor
- 250 Referrals, 299 Pre Clinic Visits
- 548 Follow-Up Forms, 1602 Post Clinic Visits
- 4-5 Coordinators
- 1 Social Worker, 1 Financial Coordinator
- 14.75 FTE

### Adult Pancreas – Volume/Utilization Indicators

2003 Data (n=21)	25 <sup>th</sup> Percentile	50 <sup>th</sup> Percentile	75 <sup>th</sup> Percentile
Deceased Donor Transplants	1	2	6
Wait List Size on 12/31/2003	8	25	49
Candidates added to Waiting List	2	5	9
Follow-up Forms Completed	5	23	43
Referrals	7	29	60
Pre Clinic Visits	4	21	50
Candidate Evals	7	20	50
Post Clinic Visits	10	54	237
Satellite Clinics	0	0	1

### Adult Pancreas – Staffing Indicators

2003 Data (n=21)	25 <sup>th</sup> Percentile	50 <sup>th</sup> Percentile	75 <sup>th</sup> Percentile
Transplant Surgeon	0.25	1	1
Transplant Physician	0	0.5	1
Pre Coordinator	0.5	0.5	1
Post Coordinator	0.25	0.5	1
Physician Assistant	0	0	0.25
Nurse Practitioner	0	0	0.25
CNS	0	0	0
Procurement Cor.	0	0	0
Pre Social Worker	0.05	0.15	0.5
Post Social Worker	0	0.1	0.3
Clinical Psychologist	0	0	0
Dietitian	0	0.05	0.25

### Adult Pancreas – Staffing Indicators (Continued)

2003 Data (n=21)	25 <sup>th</sup> Percentile	50 <sup>th</sup> Percentile	75 <sup>th</sup> Percentile
Pre Trans Assistant	0	0	0.25
Post Trans Assistant	0	0	0
Pharmacist	0	0	0.1
Phlebotomist	0	0	0
Pre Secretary	0	0.1	0.3
Post Secretary	0	0.05	0.3
Financial Coordinator	0	0.25	0.5
Case Manager	0	0	0
Data Coordinator	0	0.2	0.5
Project Manager	0	0	0
Administrator/Mgr	0.1	0.25	1
Grand Total FTE	3.6	5.8	9.45

### A “Large” Pancreas Transplant Program:

- 6 Transplants
- 49 Patients on the Wait List
- 287 Total Clinic Visits
- 1 Surgeon
- 1 Coordinator
- 9.5 FTE

### Adult Liver – Volume/Utilization Indicators

2003 Data (n=24)	25 <sup>th</sup> Percentile	50 <sup>th</sup> Percentile	75 <sup>th</sup> Percentile
Deceased Donor Transplants	31.5	50.5	95
Live Donor Transplants	0	1	3
Wait List Size on 12/31/2003	49	135	239
Candidates added to Waiting List	71	104	161
Follow-up Forms Completed	192	397	651
Referrals	112	247	400
Pre Clinic Visits	178	359	607
Candidate Evals	72	166	281
Post Clinic Visits	428	1060	1261
Donor Work-ups	0	2	14
Satellite Clinics	0	0	1

### Adult Liver – Staffing Indicators

2003 Data (n=24)	25 <sup>th</sup> Percentile	50 <sup>th</sup> Percentile	75 <sup>th</sup> Percentile
Transplant Surgeon	1.4	2	3.3
Transplant Physician	1	1.5	2.13
Pre Coordinator	1	2	3.5
Post Coordinator	1	2	3.25
Physician Assistant	0	0	1
Nurse Practitioner	0	0	0.75
CNS	0	0	0.5
Procurement Cor.	0	0	0.5
Pre Social Worker	0.5	0.5	1
Post Social Worker	0.4	0.5	1
Clinical Psychologist	0	0	0.5
Dietitian	0	0.25	0.55

### Adult Liver – Staffing Indicators (Continued)

2003 Data (n=24)	25 <sup>th</sup> Percentile	50 <sup>th</sup> Percentile	75 <sup>th</sup> Percentile
Pre Trans Assistant	0	0.5	1
Post Trans Assistant	0	0.03	0.75
Pharmacist	0	0.23	0.5
Phlebotomist	0	0	0
Pre Secretary	0	0.5	1.23
Post Secretary	0	0.5	1
Financial Coordinator	0.5	1	1.25
Case Manager	0	0	0.25
Data Coordinator	0.275	0.5	1
Project Manager	0	0	0
Administrator/Mgr	0.225	0.55	1
Grand Total FTE	10.05	15.03	22.7

## The “Average” Liver Transplant Program:

- 52 Transplants
  - 51 Deceased Donor
  - 1 Living Donor
- 247 Referrals, 359 Pre Clinic Visits
- 397 Follow-Up Forms, 1060 Post Clinic Visits
- 4 Coordinators
- 1 Social Worker, 1 Financial Coordinator
- 15.03 FTE
- Strikingly Similar Staffing Pattern to the “Average” Kidney Transplant Program

## Adult Heart – Volume/Utilization Indicators

2003 Data (n=27)	25 <sup>th</sup> Percentile	50 <sup>th</sup> Percentile	75 <sup>th</sup> Percentile
Deceased Donor Transplants	10	18	29
VADs implanted	2	5	10
Wait List Size on 12/31/2003	13	26	43
Candidates added to Waiting List	10	23	43
Follow-up Forms Completed	110	148	282
Referrals	42	75	126
Pre Clinic Visits	70	127	500
Candidate Evals	25	39	72
Post Clinic Visits	300	425	1010
Satellite Clinics	0	0	0

## Adult Heart – Staffing Indicators

2003 Data (n=27)	25 <sup>th</sup> Percentile	50 <sup>th</sup> Percentile	75 <sup>th</sup> Percentile
Transplant Surgeon	0.25	1	2
Transplant Physician	0.5	1	2
Pre Coordinator	0.5	1	2
Post Coordinator	1	2	2.5
Physician Assistant	0	0	0
Nurse Practitioner	0	0	0
CNS	0	0	0.1
Procurement Cor.	0	0	0.4
Pre Social Worker	0.2	0.25	0.5
Post Social Worker	0.2	0.25	0.5
Clinical Psychologist	0	0	0.2
Dietitian	0	0.2	0.3

## Adult Heart – Staffing Indicators (Continued)

2003 Data (n=27)	25 <sup>th</sup> Percentile	50 <sup>th</sup> Percentile	75 <sup>th</sup> Percentile
Pre Trans Assistant	0	0	0.5
Post Trans Assistant	0	0	0.5
Pharmacist	0	0	0.25
Phlebotomist	0	0	0
Pre Secretary	0	0.15	0.5
Post Secretary	0	0.5	0.65
Financial Coordinator	0.25	0.5	0.8
Case Manager	0	0	0
Data Coordinator	0.1	0.25	0.5
Project Manager	0	0	0
Administrator/Mgr	0.15	0.25	0.5
Grand Total FTE	6.9	9.8	13.85

## The “Average” Heart Transplant Program:

- 18 Transplants, 5 VAD Implants
- 26 Waiting on the List
- 75 Referrals, 127 Pre Clinic Visits
- 148 Follow-Up Forms, 425 Post Clinic Visits
- 1 Surgeon, 1 Physician
- 3 Coordinators
- .5 Social Workers, .5 Financial Coordinators
- 9.8 FTE

## Adult Lung – Volume/Utilization Indicators

2003 Data (n=15)	25 <sup>th</sup> Percentile	50 <sup>th</sup> Percentile	75 <sup>th</sup> Percentile
Deceased Donor Transplants	4	15	33
Wait List Size on 12/31/2003	9	26	124
Candidates added to Waiting List	9	26	58
Follow-up Forms Completed	26	79	177
Referrals	30	102	188
Pre Clinic Visits	54	69	260
Candidate Evals	18	26	109
Post Clinic Visits	125	301	751
Satellite Clinics	0	0	0

### Adult Lung – Staffing Indicators

2003 Data (n=15)	25 <sup>th</sup> Percentile	50 <sup>th</sup> Percentile	75 <sup>th</sup> Percentile
Transplant Surgeon	0.15	0.8	1
Transplant Physician	0.4	1	2
Pre Coordinator	0.5	1	1
Post Coordinator	0.5	1	2.6
Physician Assistant	0	0	0
Nurse Practitioner	0	0	1
CNS	0	0	0
Procurement Cor.	0	0	0.5
Pre Social Worker	0.1	0.3	0.5
Post Social Worker	0.1	0.3	0.5
Clinical Psychologist	0	0	0.1
Dietitian	0	0	0.25

### Adult Lung – Staffing Indicators (Continued)

2003 Data (n=15)	25 <sup>th</sup> Percentile	50 <sup>th</sup> Percentile	75 <sup>th</sup> Percentile
Pre Trans Assistant	0	0	0.2
Post Trans Assistant	0	0	0.2
Pharmacist	0	0	0.1
Phlebotomist	0	0	0
Pre Secretary	0	0.4	1
Post Secretary	0	0.35	1
Financial Coordinator	0.2	0.5	1
Case Manager	0	0	0
Data Coordinator	0.2	0.25	0.5
Project Manager	0	0	0.05
Administrator/Mgr	0.15	0.2	0.3
Grand Total FTE	6.2	8.8	11.9

### The “Average” Lung Transplant Program:

- 15 Transplants
- 102 Referrals, 69 Pre Clinic Visits
- 79 Follow-Up Forms, 301 Post Clinic Visits
- 1 Surgeon, 1 Physician
- 2 Coordinators
- .6 Social Workers, .5 Financial Coordinators
- 8.8 FTE
- Staffed Similar to “Average” Heart Program

Survey | Research | Table

#### About the Survey

Welcome to the OPTN/UNOS Transplant Administrators Committee Staffing Survey. This survey will help us to develop a staffing tool for transplant administrators across the country. This tool will help transplant administrators determine optimal staffing levels—both nursing and medical—given the size and unique characteristics of each transplant center.

The staffing survey's primary focus is to get a sense of the size and scope of each transplant program. It also identifies the type of personnel working there, as well as how many perform each job.

Learn more:  
[Create a new survey](#)  
[Administer surveys](#)

#### Create a New Survey

2003 FTE Staffing Survey

Enter details in categories in the survey program type and questions that you select.

To save your work, click Save. This allows you to add and complete your survey later. To finish the survey completely, click Submit. Learn more about how to complete the survey.

**PARTICIPANT INFORMATION**

Survey ID: [ ]    Survey Title: [ ]    Admin: [ ]    Role: [ ]

Survey Code: [ ]    Survey Description: [ ]    Survey Start Date: [ ]

Person: [ ]

**PROGRAM TYPE AND POPULATION**

Transplant Program Type: [ ]

Transplant Program Population: [ ]

#### PROGRAMME CHARACTERISTICS

UNOS/OPTN survey is conducted year 2003. Please enter data for the following questions. If a question is not applicable to your transplant program, please enter "N/A".

1. Patient Referrals to Transplant Program in 2003: [ ]
2. Patient Pre-Transplant Clinic Visits in 2003: [ ]
3. Number of Pre-Transplant Clinic Visits in 2003: [ ]
4. Number of Post-Transplant Clinic Visits in 2003: [ ]
5. Long-Distance Workdays in 2003: [ ]
6. Number of Waitlist/Asset Events in 2003: [ ]
7. Does the Program Have a Waitlist? (Yes/No): [ ]

Please note that questions and answers are included in the OPTN/UNOS report survey results. The survey is available to all UNOS/OPTN members. For more information, please contact the UNOS/OPTN staff.

**PROGRAM PERSONNEL FTEs (TIME EQUIVALENTS) (FTEs)**

FTEs: [ ]    FTEs: [ ]    FTEs: [ ]    FTEs: [ ]