# OPTN/UNOS Policy Notice Post-Implementation Modifications to ABO Verification Policies

Sponsoring Committee: Operations and Safety

Policy/Bylaws: 2.15 B (Pre-Recovery Verification), 5.8.A (Pre-

Transplant Verification Prior to Organ Receipt), 5.8.B (Pre-Transplant Verification Upon Organ Receipt), and 14.7 (Living Donor Pre-Recovery

**Verification**)

Public Comment: 8/15/2016 - 10/15/2016 (Infectious disease

verification to enhance patient safety)

Effective Date: March 1, 2017

### **Problem Statement**

Since the ABO verification policies became effective in June 2016, the community has requested some clarifications and modifications. This proposal addresses these minor requests.

# **Summary of Changes**

- Modify policy language to allow use of "organ tracking system" now defined in OPTN/UNOS policy for OPOs, transplant hospitals, and recovery hospitals.
- Clarify policy language by moving language stating who performs the verification into the existing table format versus a list format (no change in actual requirement).
- Clarify policy language to alleviate confusion between acceptable source and source document; OPTN/UNOS policy defines a source document.
- Clarify policy language regarding use of donor identification band (and OPTN computer system) to identify an UNOS-issued donor ID.
- Add attestation as a method to verify correct donor organ and the correct intended recipient for living donor recovery verifications.
- Add the OPTN computer system (UNet<sup>SM</sup>) as a source to verify certain information. This allows members to use the newly-added verification link in UNet.
- Except in the case of lungs, remove the requirement to verify organ laterality at the pre-transplant verification before receiving the organ in the OR (performed if surgery starts before the organ is received).

### What Members Need to Do

Familiarize yourselves with the policy clarifications and adapt your policies and practices as necessary. This should not increase your costs but instead should make it easier for you to understand and comply with existing policy requirements.

# **Affected Policy Language:**

New language is underlined (example) and language that is removed is struck through (example).

### 2.15.B Pre-Recovery Verification

Host OPOs must develop and comply with a written protocol to perform a pre-recovery verification for each organ recovered as required below. Qualified health care professionals, as defined in the host OPO's protocol, must perform all verifications. At least one of the individuals performing a verification must be an OPO staff member.

The host OPO must conduct a the verification prior to organ recovery according to *Table 2-2* below. Assistance using an OPTN approved electronic method is permitted. OPOs may use the OPTN organ tracking system to assist with completion of this verification.

**Table 2-2: Pre-Recovery Verification Requirements** 

The host OPO must verify all of the following information:	Using at least one of these sources the following:	By <u>both of</u> the following individuals:
Donor ID	<ul> <li>Donor's identification band containing the donor ID</li> <li>Donor identification band and OPTN computer system</li> </ul>	On-site recovering surgeon     Qualified health care professional
Organ (and laterality, if applicable)	Donor medical record     OPTN computer system	On-site recovering surgeon     Qualified health care professional
Donor blood type and subtype (if used for allocation)	Donor blood type and subtype source documents	On-site recovering surgeon     Qualified health care     professional

When the intended recipient is known prior to organ recovery, the host OPO must verify *all* of the additional information according to *Table 2-3* below.

Table 2-3: Additional Pre-Recovery Verification Requirements When the Intended Recipient is Known Prior to Organ Recovery

The host OPO must verify all of the following information:	Using at least one of these sources the:	By the following individuals:
Intended recipient unique identifier	OPTN computer system	Two qualified health care professionals
Intended recipient blood type	OPTN computer system	Two qualified health care professionals
Donor and intended recipient are blood type compatible (or intended incompatible)	OPTN computer system	Two qualified health care professionals

The host OPO must document that the verifications were completed according to the OPO's protocol and the above requirements.

## 5.8.A Pre-Transplant Verification Prior to Organ Receipt

If the recipient surgery will begin prior to organ receipt in the operating room, the transplant hospital must conduct a pre-transplant verification that meets *all* of the following requirements:

- 1. Two licensed health care professionals must participate in the verification
- 2. 1. The intended recipient must be present in the operating room
- 3. 2. The verification must occur either.
  - a. Prior to induction of general anesthesia
  - b. Prior to incision if the patient has been receiving continuous sedation prior to arrival in the operating room
- 4. 3. Transplant hospitals must use at least one of the acceptable sources during the pre-transplant verification prior to organ receipt to verify all of the following information according to in Table 5-2 below. Assistance using an OPTN-approved electronic method is permitted. Transplant hospitals may use the OPTN organ tracking system to assist with completion of this verification.

Table 5-2: Pre-Transplant Verification Prior to Organ Receipt Requirements

The transplant hospital must verify <i>all</i> of the following information:	Using at least one of these sources the following:	By the following individuals:
Expected donor ID	<ul><li> OPTN computer system</li><li> Recipient medical record</li></ul>	Two licensed health care professionals
Expected organ (and <u>lung</u> laterality if applicable)	<ul><li> OPTN computer system</li><li> Recipient medical record</li></ul>	Two licensed health care professionals
Expected donor blood type and subtype (if used for allocation)	<ul><li>Donor blood type and subtype source documents</li><li>OPTN computer system</li></ul>	Two licensed health care professionals
Recipient unique identifier	Recipient identification band	Two licensed health care professionals
Recipient blood type	<ul> <li>OPTN computer system</li> <li>Recipient blood type and subtype source documents</li> <li>Recipient medical record</li> </ul>	Two licensed health care professionals
Expected donor and recipient are blood type compatible (or intended incompatible).	<ul> <li>OPTN computer system</li> <li>Recipient medical record</li> <li>Attestation following verification of donor and recipient blood types</li> </ul>	Two licensed health care professionals

If a pre-transplant verification was conducted prior to organ receipt, the transplant hospital must document that the verification was completed according to the hospital's protocol and the above requirements.

# 5.8.B Pre-Transplant Verification Upon Organ Receipt

At the time of organ receipt in the operating room, the transplant hospital must conduct a pretransplant verification with *all* the following requirements:

- 1. The transplant surgeon and another licensed health care professional must participate in the verification
- 2. 1. The intended recipient must be present in the operating room
- 3. 2. The verification must occur after the organ arrives in the operating room, but prior to anastomosis of the first organ
- 4. 3. Transplant hospitals must use at least one of the acceptable sources during the pre-

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Table 5-3: Pre-Transplant Verification Upon Organ Receipt Requirements

The transplant hospital must verify <i>all</i> of the following information:	Using at least <i>one</i> of these sources the following:	By both of the following individuals:
Donor ID	<ul><li>External and internal organ package labels</li><li>Documentation with organ</li></ul>	Transplant surgeon     Licensed health care professional
Organ (and laterality if applicable)	Organ received	Transplant surgeon     Licensed health care professional
Donor blood type and subtype (if used for allocation)	Donor blood type and subtype source documents	Transplant surgeon     Licensed health care professional
Recipient unique identifier	Recipient identification band	Transplant surgeon     Licensed health care professional
Recipient blood type	<ul> <li>Recipient blood type source documents</li> <li>Recipient medical record</li> </ul>	Transplant surgeon     Licensed health care professional
Donor and recipient are blood type compatible (or intended incompatible)	<ul> <li>OPTN computer system</li> <li>Recipient medical record</li> <li>Attestation following verification of donor and recipient blood types</li> </ul>	Transplant surgeon     Licensed health care professional
Correct donor organ has been identified for the correct recipient	Recipient medical record     OPTN computer system     Attestation following     verification of donor ID,     organ, and recipient unique     identifier	<ol> <li>Transplant surgeon</li> <li>Licensed health care professional</li> </ol>

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The transplant hospital must document that the pre-transplant verification upon organ receipt was completed according to the hospital's protocol and the above requirements.

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# 14.7 Living Donor Pre-Recovery Verification

Recovery hospitals must develop and comply with a written protocol to perform pre-recovery verifications as required below.

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The recovery hospital must conduct a pre-recovery verification that meets *all* of the following requirements:

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- 1. The recovery surgeon and another licensed health care professional must participate in the verification.
- 2. 1. The verification must occur prior to the induction of general anesthesia on the day of the living

donor recovery.

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3. 2. Recovery hospitals must use at least one of the acceptable sources during the pre-recovery verification to verify all of the following information in according to Table 14-12 below. Assistance using an OPTN approved electronic method is permitted. Recovery hospitals may use the OPTN organ tracking system for assistance in completing these verifications.

Table 14-12: Pre-Recovery Verification Requirements		
The recovery hospital must verify <i>all</i> of the following information:	Using at least one of these sources the following:	By both of the following individuals:
Donor ID	<ul> <li>Donor identification band <u>containing the donor ID</u></li> <li><u>Donor identification band and</u> <u>OPTN computer system</u></li> </ul>	<ol> <li>Recovery surgeon</li> <li>Licensed health care professional</li> </ol>
Organ type and laterality (if applicable)	OPTN computer system	<ol> <li>Recovery surgeon</li> <li>Licensed health care professional</li> </ol>
Donor blood type and subtype (if used for ensuring transplant compatibility or allocation)	Donor blood type and subtype source documents	<ul><li>1. Recovery surgeon</li><li>2. Licensed health care professional</li></ul>
Intended recipient unique identifier	Recipient medical record     OPTN computer system	<ol> <li>Recovery surgeon</li> <li>Licensed health care professional</li> </ol>
Intended recipient blood type	Recipient medical record     OPTN computer system	<ul><li>1. Recovery surgeon</li><li>2. Licensed health care professional</li></ul>
Donor and intended recipient are blood type compatible (or intended incompatible).	<ul> <li>OPTN computer system</li> <li>Recipient medical record</li> <li>Attestation following verification of donor and recipient blood types</li> </ul>	Recovery surgeon     Licensed health care professional
Correct donor organ has been identified for the correct intended recipient	<ul> <li>Donor medical record</li> <li>OPTN computer system</li> <li>Attestation following verification of donor ID, organ, and recipient unique identifier</li> </ul>	Recovery surgeon     Licensed health care professional

The recovery hospital must document that the verification was completed according to the hospital's protocol and the above requirements.