Living Donor Event Field Descriptions

Improving Patient Safety: Living Donor Event

The goal of the Improving Patient Safety system is to collect information about safety related incidents occurring system-wide, in order to increase organ utilization and reduce the morbidity and mortality of transplant patients.

What is a Living Donor Event?

Situations or activities that affected a living donor.

All required donor and recipient information must still be submitted through this site.

This information must be reported within 72 hours of the aborted recovery procedure:

- A living donor organ recovery procedure is aborted after the donor has begun to receive general anesthesia

This information must be reported within 72 hours of the transplant program's knowledge of the event:

- A living donor dies within 2 years after organ donation
- A living liver donor is listed on the liver waitlist within two years after organ donation
- A living kidney donor is listed on the kidney waitlist or beings regularly administer dialysis as an ESRD patient within two years after organ donation

This information must be reported within 72 hours of organ recovery

- A living donor organ is recovered but not transplanted into any recipient
- A living donor organ is recovered and transplanted into someone other than intended recipient

Learn more about living donor data submission requirements and reporting living donor events.

Event Information

Living Donor ID: The unique 6–7 character alphanumeric value assigned by the system when a living donor is registered. This is a **required** field.

Living Donor Event (Choose all categories and subcategories that are applicable):

Recovery surgery aborted after donor received anesthesia (Please describe in the Description field below): Select only. No additional subcategories.

Living Donor dies within two years after organ donation: A cause of death must be selected from the drop-down menu if this category is selected.

Infection: Donation/Surgery Related
Infection: Not Donation/Surgery Related
Pulmonary Embolism
Malignancy
Domino Liver Donor-Transplant Related Death (Liver donors only)

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Cardiovascular
CVA
Hemorrhage: Donation/Surgery Related
Hemorrhage: Not Donation/Surgery Related
Homicide
Suicide
Accidental
Other, Specify

Living liver or kidney donor is listed on the waitlist within two years after organ donation: Select if the donor has been added to the national organ transplant waiting list.

Select non-functioning organ: This field is **required** when checkbox "Living liver or kidney donor is listed on the waitlist within two years after organ donation" is selected.

Liver
Kidney

Listing transplant center: Listing institution's 4-digit code and name selected from the drop-down list. This field is **required** when checkbox "Living liver or kidney donor is listed on the waitlist within two years after organ donation" is selected.

Date listed: Date the donor is added to the waiting list. MM/DD/YYYY format. This field is **required** when checkbox "Living liver or kidney donor is listed on the waitlist within two years after organ donation" is selected.

Living kidney donor on regularly administered dialysis as an ESRD patient within two years after organ donation: Select only. No additional subcategories.

Organ is recovered but not transplanted into any recipient: A subcategory selection is **required** if the parent category is selected. More than one may be selected.

Damage to the living donor organ during recovery
Discovery of medical condition in the living donor after recovery
Damage to the living donor organ post recovery
Sudden change in the health status of the recipient preventing transplant
Death of the recipient
Transportation failures (ground, flight delays or flight cancellations)
Packaging errors
Inclement weather
Other (Please specify in the Description field below)

Organ is recovered and transplanted into someone other than the intended recipient: A subcategory selection is required if the parent category is selected. More than one may be selected.

Sudden change in the health status of the intended recipient preventing transplant
Death of the intended recipient
Transportation failure (ground, flight delays or flight cancellations)
Inclement weather
Other (Please specify in the Description field below)

Other (Events that do not fall under the above categories may be reported here. Please describe in Description field below.): Select only. No additional subcategories.

Date of Event: Date the living donor event occurred. MM/DD/YYYY format. This field is **required**.

Date Reporting Member Aware of Event: Date the member became aware of the living donor event. MM/DD/YYYY format. This field is **required**.

Did the event occur at an institution?: This field is **required**.

Yes
No
Unknown

At which institution did the event occur?: The institution's 4-digit code and name are **required** to be selected from the drop-down menu if radio button "Yes" is selected for "Did the event occur at an institution?".

Reporting Institution: The reporting institution's 4-digit code and name are selected from the drop-down menu. This field is **required.**

Description: A free-text field to include additional case-specific details and provide a full understanding of the living donor event. The field has a limit of 5000 characters. This field is **required.**

Contact Information

Who is the patient safety contact at your institution for this event? First Name: The first name of the institution's patient safety contact. 50 character limit. This field is **required**.

Last Name: The last name of the institution's patient safety contact. 50 character limit. This field is **required**.

Phone contact (Enter at least one) Office: The office phone number of the institution's patient safety contact. XXX-XXX-XXXX or XXXXXXXX numeric format. This field is **required** if a mobile number is not entered.

ext.: The extension of the office number. 10 character limit. This field is **optional**.

Mobile: The mobile phone number of the institution's patient safety contact. XXX-XXX-XXXX or XXXXXXXXXX numeric format. This field is **required** if an office number is not entered.

ext.: The extension of the mobile number. 10 character limit. This field is **optional**.

Email: The email address of the institution's patient safety contact. 100 character limit. This field is **required**.

Other contact info: Text or numeric. 50 character limit. This field is **optional**.

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ext.: The extension of the other contact info. 10 character limit. This field is **optional**.

First Name: The first name of the person submitting the report. 50 character limit. This field is **required**.

Last Name: The last name of the person submitting the report. 50 character limit. This field is **required**.

Email: The email address of the person submitting the report. 100 character limit. This field is **required**.

Submit: Select to submit form when entry is complete.

Cancel: Select to exit form before submitting an event. Any information entered on the form will be lost.

Public Burden Statement: The private, non-profit Organ Procurement and Transplantation Network (OPTN) collects this information in order to perform the following OPTN functions: to assess whether applicants meet OPTN Bylaw requirements for membership in the OPTN; and to monitor compliance of member organizations with OPTN Obligations. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0157 and it is valid until XX/XX/202X. This information collection is required to obtain or retain a benefit per 42 CFR §121.11(b)(2). All data collected will be subject to Privacy Act protection (Privacy Act System of Records #09-15-0055). Data collected by the private non-profit OPTN also are well protected by a number of the Contractor's security features. The Contractor's security system meets or exceeds the requirements as prescribed by OMB Circular A-130, Appendix III, Security of Federal Automated Information Systems, and the Departments Automated Information Systems Security Program Handbook. The public reporting burden for this collection of information is estimated to average 0.27 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Information Collection Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857 or paperwork@hrsa.gov.