



UW ORGAN AND TISSUE DONATION

448 Science Drive, Suite 250, Madison, WI 53711
(608) 265-0356 Fax: (608) 890-9988
uwotd@uwhealth.org

July 31, 2025

ATTN: HRSA Information Collection Clearance Officer

From: UW Organ and Tissue Donation, Madison WI (WIUW-OP1)

Re: Information Collection Request Title: Process Data for Organ Procurement and Transplantation Network, OMB No. 0906-xxx-New

UW Organ and Tissue Donation (UWOTD) wishes to express our appreciation for the thoughtful revisions made to the proposed data collection forms, particularly the Ventilated Patient Form. We appreciate HRSA's thoughtful incorporation of public feedback, resulting in meaningful revisions that reduce administrative burden, improve data quality, and better align with the operational realities faced by OPOs. These changes demonstrate a clear commitment to building a data system grounded in transparency, trust, and continuous improvement for the entire organ and transplant process.

Strengths of the Revised Ventilated Patient Form

Streamlining of Forms

We strongly support the decision to eliminate the Death Notification Registration (DNR) and Deceased Donor Death Referral forms. Their removal appropriately reduces redundancy and better aligns the data collection process once the change is implemented. UWOTD appreciates this consideration.

Removal of Inconsistently Available Fields

We appreciate the exclusion of data fields such as HIV status and primary payer, which are often unavailable or unreliable at the time of referral. Their removal improves the validity of reported data and appropriately reflects the limitations inherent in early-stage donor evaluations.

Support for Automation and EMR Integration

We support the proposal's emphasis on automation and EMR integration. Enabling seamless data flows between OPOs and hospital systems will reduce manual burden and improve data quality, timeliness, and standardization across partners.

Use of Cascading Field Logic

We commend the form now being clearer about incorporating cascading fields that dynamically adjust to the case pathway. This is particularly helpful in scenarios where the OPO initiates donor evaluation activities (such as generating a DonorNet ID or prepopulating internal forms) prior to authorization. These referrals may ultimately be closed with no organ recovery, and cascading logic reduces the risk of requiring inappropriate or unavailable data in such cases.

Continued Improvement and Input to Support HRSA's Vision

Clarification on Tissue Authorization Field

We recommend that the tissue authorization field be made optional or reconsidered for removal. Because not all OPOs are tissue recovery agencies, and some may close the referral before tissue partners pursue further action, the field may not reflect a process under OPO control or be inaccurate if changes occur after the OPOs involvement. Its current inclusion risks introducing downstream confusion or misrepresentation as well as inefficiencies for thousands of referrals if the OPO needs to follow-up on processes beyond its involvement.

Family Objection Reporting

We request clarification regarding how to document family objections in the context of First Person Authorization (FPA). It is common for families to initially express concerns, which are later resolved through communication or support. We ask that HRSA distinguish the choices for family objection reporting and recognize the extreme variability and dynamic situation. This will ensure accurate reporting of family interaction outcomes and better reflect the effectiveness of OPO communication practices. To ensure appropriate choices, OPOs can support this data field development by understanding what questions this data may be trying to support.

Implementation Timeline

We urge HRSA to provide sufficient lead time for implementation. Given the complexity of proposed changes, OPOs will need time to adjust workflows, revise internal documentation, train staff, and coordinate with hospital and EMR partners. A defined implementation period with technical guidance will support smoother adoption and long-term data fidelity.

UW OTD is committed to providing high-quality, actionable data that supports informed decision-making, regulatory compliance, and ongoing improvement in the organ donation system. We appreciate the opportunity to contribute feedback and remain committed to collaborating with HRSA to ensure that revised reporting practices reflect both clinical realities and national goals.

Thank you for your consideration.

Sincerely,



Michael Anderson PA-C
Director
UW Organ and Tissue Donation



Adam K. Schneider, DNP, AGACNP-BC, APNP
Manager, Clinical Quality and Compliance
UW Organ and Tissue Donation