Recommendat	Category	Recommendation	Status Summary	Detailed Status
Key: (*) = prioritized by 2022 conference; Bold outline = prioritized by SRTR committees; green = In process or complete; yellow = not started; red = deferred				

1: General Education and Process

Recommendat	Category	Recommendation	Status Summary	Detailed Status
1.1	General	*Provide education throughout patient journey, including resources for patient decision-making, resources for providers to counsel patients, resources to use for shared decision-making, information to allow patients to be active participants in process and educate patients on what they can influence	In Process: Phase Complete	SRTR began development of a "patient-friendly website" following this recommendation. This website was launched on May 3, 2024 and feedback has been positive. The site relies heavily on the transplant system map to help patients navigate their transplant journey. Development on the site is ongoing.
1.2	General	Help users/patients effectively interpret data (eg, magnitude of outcome differences). Use plain language/appropriate literacy. Limit/explain acronyms. Use videos, stories, narratives. Help users access information in multiple languages. Mobile friendly. Patient friendly.	In Process: Phase Complete	SRTR began development of a "patient-friendly website" following this recommendation. This website was launched on May 3, 2024, and the site is specifically designed to be mobile and patient friendly. The site relies heavily on the transplant system map to help patients navigate their transplant journey. In addition, SRTR has developed the first in a series of planned animated educational videos entitled "Is Organ Transplant An Option For You?" which launched on January 3, 2023. In addition, SRTR is working on options to present "adjusted hazard ratios" in more patient-friendly terms and units that can be better understood by those without a statistical background.
1.3	General	Create a guide to navigating all information provided by SRTR	In Process: Phase Complete	On January 3, 2023, SRTR launched a patient-focused animated video entitled "Is Organ Transplant An Option For Me?" which highlights resources available from the SRTR for patients as they navigate their transplant journey. In addition, the patient-friendly website includes a navigable system map to help guide patients to information at specifici points in their transplant journey.
1.4	General	Provide information about COVID-19 (eg, vaccine efficacy, treatment)	Completed	SRTR has an application (https://www.srtr.org/tools/covid-19-evaluation/) tracking the early impacts of the COVID-19 pandemic on the nation's transplant system. In recent years, requests for COVID information have decreased, and additional updates to the COVID app are not planned.
1.5	General	For pediatric patients, provide information about transition to adult care and transitions back to normal childhood, school, impacts on families, etc	Deferred; Data not yet available	We have not yet begun to address this. SRTR is working with advocacy groups to share information and may need to refer users to other trusted sources for this information as SRTR does not have data specific to this topic.

1.6	General	Increase discoverability of SRTR website for patients through search engine optimization	Completed	The SRTR's Patient-Friendly Site was developed with search engine optimization (SEO) techniques and strategies, and optimization work is ongoing.
1.7	General	Be a trusted source of information for patients alongside other patient resources (eg, Facebook groups). Create links and coordinate content across other trusted sources (eg, OPTN, UNOS, TransplantLiving.org websites).	In Process: Phase Complete	The SRTR continues to develop its public-facing sites to be a trusted source of information for patients, connecting to other trusted sources where appropriate. This will be an ongoing area of improvement.

2: Center-Level Data and Intercenter Variation

2.1	General	*Provide quality of life assessments, including mental health, depression, anxiety, functional status	Deferred; Data not yet available	OPTN does not currently capture data on outcomes like quality of life and mental health.
2.2	General	*Provide complication rates, including cancers, compared with alternative therapies (eg, dialysis)	Not Started	This recommendation has yet to be addressed.
2.3	General	*Enable comparisons of "like" centers (eg, urbanicity)	In Process: Phase Complete	The new patient-friendly website allows users to compare up to 4 centers side-by-side on various metrics.
2.4	General	Provide patient-reported outcomes; use of validated instruments; stratify by social determinants of health; include financial burden	Deferred; Data not yet available	OPTN does not currently capture data on patient-reported outcomes.
2.5	General	Provide metrics within sociodemographic strata (eg, race, ethnicity, age, disability, English as a secondary language, social support, distance from transplant program)	In Process: Phase Complete	Many metrics are availabled within stratification by race, Hispanic ethnicity, and age. SRTR does not currently have data on use of English as a secondary language or social support structures. We do not currently report any data within substrata based on a patient's distance from their transplant program.

3: OPO and Donor Hospital Data and Variation

3.1	Deceased Donor	*Remove concepts of "imminent" and "eligible" potential donor data collection and metrics	Completed	Reporting of information for imminent and eligible deaths were removed from SRTR reporting in July of 2023.
3.2	Deceased Donor	*Develop a new donor potential definition and metric; leverage existing OPO data captured within OPO electronic medical records; present metrics at OPO and donor hospital levels; include risk adjustment	In Process: Phase Complete	Reporting of donor hospital-level donation rates was added to the OPO-specific reports in January of 2025. Additional work regarding donor potential is on-hold pending OPTN capture of ventilated patient data.

4: Payer Data and Variation

4.1	General	Standardize process of expert opinion or expert panels that are used by payers to inform coverage decisions or coverage of difficult cases	Deferred; Out of scope of SRTR	This recommendation has yet to be addressed and is thought to be out-of-scope of the current SRTR contract.
4.2	General	Increase transparency in centers-of-excellence determination	Deferred; Out of scope of SRTR	This recommendation has yet to be addressed and is thought to be out-of-scope of the current SRTR contract.
4.3	General	Create exceptions in coverage decisions for special circumstances (eg, pediatric or rural candidate access)	Deferred; Out of scope of SRTR	This recommendation has yet to be addressed and is thought to be out-of-scope of the current SRTR contract.

4.4	General	Patient-reported outcomes/satisfaction by payer, including employee satisfaction, enrollee satisfaction with their payers	Deferred; Out of scope of SRTR	This recommendation has yet to be addressed and is thought to be out-of-scope of the current SRTR contract.
5: Regulatory Oversight				
5.1	General	*Prioritize minimization of false positives when flagging programs and consider outcomes thresholds	Completed	Criteria used to identify transplant programs and OPOs for performance reviews are not set by the SRTR. These criteria are set by the Membership and Professional Standards Committee (MPSC) of the OPTN. SRTR provides the committee with assessments of false positive and false negative rates for various algorithms they are considering per standard practice and upon request.
5.2	General	*Expand regulations that promote improved data integrity	In Process: Phase Complete	SRTR suported the OPTN's Data Advisory Committee initiatives to enhance the integrity of the OPTN data system, including implementation of the "data lock" policy effective August 30, 2022.
5.3	General	*Promote the regulatory position as dual fiduciary to patients and society	In Process: Ongoing	SRTR has increased efforts to promote patient engagement in the transplant system and continues to support requests for regulatory efforts and policy making.
5.4	General	*Provide data on staffing within programs/OPOs, consider data on succession planning	Deferred; Out of scope of SRTR	This recommendation has yet to be addressed and is thought to be out-of-scope of the current SRTR contract.
5.5	General	*Create "carve-outs" or other protections for innovations (eg, trial participation or other factors that are not captured for risk adjustment)	Completed	SRTR has worked with both the OPTN Board of Directors and the Membership and Professional Standards Committee to consider carve-outs from performance evaluations. MPSC and the OPTN Board ultimately ruled that they would not adjudicate which patients are eligible for a carve-out, and that if data exists to identify patients to be carve-out, these data should be used to risk adjust rather than exclude patients from oversight.
5.6	General	*Keep SRTR risk adjustment models current with updates in field, new technologies, etc	Completed	A new risk model development process acorss SRTR reports was launched in the fall of 2023 to rebuild the risk models every 6 months, including "refitting" and evaluating new predictors. This allows for quicker uptake of new data as captured within the OPTN system. Previously, the models were refit every 6 months, but new predictors were generally only considered approximately every 3 years.

5.7	General	Review use of 1-year outcomes as a regulatory target	Completed	In 2021, the OPTN Board of Directors approved review of transplant program outcomes at 90-days posttransplant and at 1-year, conditional on 90-day survival. SRTR continues to publicly report 3-year outcomes as well.
5.8	General	Align interests across regulatory bodies where possible	In Process: Ongoing	SRTR has worked with HRSA as requested to align metrics with other federal agencies and has shared recommentations for additional improvements.
5.9	General	Define "safety" as a regulatory target (eg, safety of transplant recipient, transplant candidate), balancing outcomes with access and societal benefit of organ donation	In Process: Ongoing	SRTR supported MPSC's work to look at 90-day graft survival as a measure of surgical success, as well as its monitoring of pretransplant mortality and organ offer acceptance practices. We stand ready to address other patient safety concerns as requested by OPTN/HRSA and as available data allows.
5.10	General	Standardize a process for introduction of new regulatory metrics. Metrics should be generally accepted prior to use by regulatory bodies.	In Process: Ongoing	SRTR works with HRSA and the OPTN Membership and Professional Standards Committee on any new metrics to be used for OPTN regulatory purposes.
6: System Performance				
6.1	General	*Define system goals and behaviors we want to incentivize. Design metrics that demonstrate transplant benefit and value, improve patient care, improve patient access, improve equity, increase preemptive kidney transplants, increase organ use and reduce organ nonuse, and increase living donor transplants.	In Process: Phase Complete	While the discussion about broad system goals is larger than just the SRTR, the SRTR was responsive to the recommendation by the NASEM committeee to create a dashboard of metrics that monitor and trend key performance indicators over time, the Donation and Transplant System Explorer. This is a crucial resource to drive hypotheses for change and monitor effects of policy changes.
6.2	General	*Process map and value stream the organ donation process. Create an OPO-specific system map analogy for organ donation process. Create metrics specific to those points in system to support continued improvement.	Completed	In addition to the transplant system map used to guide the 2022 Task 5 Consesus Conference, we have created donation-specific system maps that are now available on the SRTR's patient friendly website.
6.3	General	How busy/stressed is national transplant system? Can SRTR provide data on number of donor cases active at any one time or within a given 24-hour period?	In Process: Ongoing	SRTR is exploring 2 metrics to add to the donation and transplant system explorer tool: 1) active donors per day, and 2) transplants per day.
6.4	General	Create a dashboard of system performance that could be reviewed (eg, at OPTN regional meetings)	Completed	In January of 2024, SRTR launched the Donation and Transplant System Explorer tool on the pubic website. In June of 2025, SRTR added functionality to trend metrics by OPO and transplant program.
7: Information Technology and Data Capture				
7.1	General	Support development of APIs to common EHRs to minimize data collection burden on transplant programs	Deferred; Out of scope of SRTR	This recommendation has yet to be addressed and is thought to be out-of-scope of the current SRTR contract.

7.2	General	Exploit existing OPO EMRs to capture more granular data on donation process	Deferred; Out of scope of SRTR	This recommendation has yet to be addressed and is thought to be out-of-scope of the current SRTR contract.
7.3	General	Support APIs from donor hospitals for automated referrals to OPOs of in-hospital, ventilated deaths/potential donors	Deferred; Out of scope of SRTR	This recommendation has yet to be addressed and is thought to be out-of-scope of the current SRTR contract.
7.4	General	Promote standardized capture of ICD-10–coded diagnostic and procedure codes	Deferred; Out of scope of SRTR	This recommendation has yet to be addressed and is thought to be out-of-scope of the current SRTR contract.
7.5	General	Build candidate-/donor-specific predictions directly into DonorNet to be made available at time of organ offer	Completed (by OPTN)	OPTN has launched functionality with DonorNet to see predicted outcomes at the time of donor organ offer.
7.6	General	Create efficiencies in organ offer/allocation process by tailoring offers by likelihood program would accept organ; attempt to decrease number of offers to increase system efficiency while not limiting patient access	In Process: Ongoing	SRTR provides various offer efficiency metrics within the Donation and Transplant System Explorer application. In addition, the SRTR provides tools to OPOs and transplant programs detailing programs that are more/less agressive for accepting certain donor types. We have also supported OPTN policy deliberations about including program offer acceptance practices in continuous distribution policies, but final policies are the purview of the OPTN, not the SRTR.
7.7	General	Collect long-term data on patient and living donor outcomes as a moral and ethical obligation	In Process: Ongoing	Under HRSA's direction for the SRTR to operate a living donor registry, the SRTR maintains the Living Donor Collective which is tracking living donor candidates and living donors. The Collective is maintaining contact with patients enrolled in the registry and is currently working with OPTN to bring capture of living donor candidates into the OPTN data system.
7.8	General	Publicly fund living donor data collection	In Process: Ongoing	The OPTN Living Donor Committee is currently sponsoring a data collection proposal to begin to capture living donor candidates and reasons for drop-out during the donor evaluation process to further our undersanding of barriers to living organ donation and long-term outcomes for the living donors.
7.9	General	Pilot regional scale data links from new sources (eg, insurance companies)	Deferred; Data not yet available	SRTR explored a linkage to a large insurance provider to better understand the referral and evaluation process. Ultimately the project did not move forward because of limitations from lack of funding. There are no current initiatives in this space.

8: Miscellaneous Recommendations

8.1	General	Eliminate use of term discard when describing nonuse of donated organs	Completed	Following the 2022 Task 5 Consensus Conference, SRTR published a Personal Viewpoint in The American Journal of Transplanataion titled "Time to Discard the Term Discard"(Hart A, Patzer RE, Spear J, Hirose R, Tabatabai A, Wood NL, Schaffhausen CR, Axelrod DA, Israni AK, Snyder JJ. Time to discard the term "discard". Am J Transplant. 2023 May;23(5):608-610. doi: 10.1016/j.ajt.2023.01.018. Epub 2023 Feb 3. PMID: 36740191.) SRTR has advocated for the terms "organ non-use" and "organ non-utilization" and these terms have been widely accepted within the community.
8.2	General	Create a program like National Living Donor Assistance Center for transplant candidates and recipients	Deferred; Out of scope of SRTR	This recommendation has yet to be addressed and is thought to be out-of-scope of the current SRTR contract.
8.3	General	Incentivize innovation in organ donation and transplantation	Deferred; Out of scope of SRTR	This recommendation has yet to be addressed and is thought to be out-of-scope of the current SRTR contract.
8.4	General	Improve or eliminate use of KDPI; develop a race-free implementation; eliminate percentile standardization	In Process: Phase Complete	SRTR published a race-free KDRI framework (Miller JM, Poff K, Howell JN, Serrano OK, Kim J, Diez A, Lyden GR, Thompson BW, Zaun D, Snyder JJ. Updating the kidney donor risk index: Removing donor race and hepatitis C virus status. Am J Transplant. 2025 Jun;25(6):1245-1252. doi: 10.1016/j.ajt.2025.01.015.) and has developed a methodology, the Kidney Donor Failure Index (KDFI), to replace KDPI, which was presented at the 2025 World Transplant Congress (Miller et al "Kidney Donor Failure Index: A Proposal for a New Way to Present Kidney Donor Risk Based on Kidney Donor Risk Index"). This new framework eliminates the percentile framwork. This has yet to be adopted for broader use in the system, but we continue to support this line of work.
8.5	General	Create a better definition and capture of delayed graft function after kidney transplant, supporting recent National Kidney Foundation work. Consider eGFR and sustained need for dialysis	Not Started	This recommendation has yet to be addressed.
8.6	General	Capture burden of end-organ failure with stratification by social determinants of health	Not Started	This recommendation has yet to be addressed.

A: Considering Transplant

A.1	Prelisting	*Provide personalized predicted waiting times	Completed (Kidney)	SRTR launched a tool to provide personalized predicted waiting times for kidney candidates in August 2025 after much development and patient testing.
A.2	Prelisting	*Provide survival benefit of transplant vs alternative therapies	Not Started	This recommendation has yet to be addressed.
A.3	Prelisting	*Provide measures of posttransplant quality of life	Deferred; Data Not Yet Available	OPTN does not currently capture data on outcomes like quality of life and mental health.
A.4	Prelisting	*Provide information on any absolute contraindications to transplant (eg, high BMI)	Deferred; Data Not Yet Available	This recommendation had yet to be addressed as a source for absolute clinical contraindications, e.g. BMI, is not clear. If available, SRTR can point users to trusted sources for this information.
A.5	Prelisting	Provide information that instills hope (eg, best-case scenarios)	In Process: Ongoing	The new Kidney Transplant Waiting Time tool is an example of sharing data on the range of possible waiting times, including best-case, rather than only median or average.
A.6	Prelisting	Provide education on what information patients should be considering ("I don't know what I don't know")	Completed	The SRTR patient-friendly website contains various areas that are developed to educate patients on the types of information they can find and how it could be useful to them in their transplant journey. Work will be ongoing as we continue to make improvements.
A.7	Prelisting	Provide information on potential impacts to childbearing	In Process: Ongoing	The SRTR patient-friendly website contains links to trusted resources from patient advocacy groups, including pregnancy and transplant. Current content includes kidney and lung sections with ongoing work to add new resources.
A.8	Prelisting	Provide information on costs of posttransplant medications	In Process: Ongoing	The SRTR patient-friendly website contains links to trusted resources from patient advocacy groups, including transplant related costs. Current content includes kidney and lung sections with ongoing work to add new resources.
A.9	Prelisting	Provide information on costs not covered by insurance	In Process: Ongoing	The SRTR patient-friendly website contains links to trusted resources from patient advocacy groups, including transplant related costs. Current content includes kidney and lung sections with ongoing work to add new resources.

B: Seeking a Center

B.1	Prelisting	*Provide data on which centers are most likely to refer, to evaluate, to list, and to perform transplant for a patient like me or my loved one	In Process: Ongoing	SRTR is in final stages of development of a patient-specific search functionality that will identify programs that may meet characterstics entered by a specific user of the website.

B.2	Prelisting	*Provide data on whether one center may accept me while another may decline to list me	In Process: Ongoing	The SRTR's patient-specific search functionality (recommendation B1) will identify programs that have transplanted patients with specific characteristics. Work in process for B1 will be a platform for future additions of prelisting data once available. HRSA has an active data directive for the OPTN to begin to capture referral, evaluation, and listing practices.
B.3	Prelisting	*Provide data on which centers specialize in certain diagnoses/conditions	In Process: Ongoing	The SRTR's patient-specific search functionality (recommendation B1) will provide information for a small number of patient medical diagnoses. The work in process for B1 will be a platform that can accommodate future additional diagnoses/conditions.
B.4	Prelisting	*Provide information on absolute contraindications at a particular center (eg, BMI cut-offs)	Deferred; Out of scope of SRTR	This recommendation had yet to be addressed and is likely outside of the scope of the current SRTR contract as it suggests new self-reported data collection from centers. The patient-specific search funcationality (recommenation B1) will identify recent center practices from existing data, such as BMI and age of transplant recipients.
B.5	Prelisting	Provide information on which centers have certain opportunities to find living donors (eg, access to paired exchange programs)	Not Started	This recommendation has yet to be addressed.
B.6	Prelisting	Provide data to guide referring providers to best center for their patient	In Process: Ongoing	The patient-specific search functionality (recommendation B1) can be used by referring providers and would meet this recommendation.
B.7	Prelisting	Provide information as to whether there are financial reserve criteria to be listed	Deferred; Out of scope of SRTR	This recommendation has yet to be addressed and is outside the scope of the current SRTR contract.
B.8	Prelisting	Provide program-to-program comparative data	Completed	The new patient-friendly website allows the user to directly compare up to 4 programs chosen by the user.
B.9	Prelisting	Provide a personalized prediction of whether a patient will undergo transplant if listed at a particular center	Completed (Kidney)	SRTR maintains two tools to address this, the Kidney Transplant Decision Aid and the Personalized Predicted Waiting Times for kidney candidates.
B.10	Prelisting	Provide information on novel surgical techniques used at center	Deferred; Out of scope of SRTR	This recommendation has yet to be addressed and is outside the scope of the current SRTR contract as we have limited information on the type of procedure performed and relevant reports would likely require new data collection.
B.11	Prelisting	Provide Information on immunosuppressive regimens used at center and why they may be different for different patients or different from what other centers would prescribe	Not Started	This recommendation has yet to be addressed.

B.12	Prelisting	Provide information on insurance coverage accepted at center, coverage of travel, etc	In Process: Phase Complete	Available data is limited to broad categories, e.g. Medicare, Medicaid, VA, Private. New data collection for travel coverage is outside of the scope of the current SRTR contract. These available data are reported in the Donation and Transplantation Explorer app, including the ability to report nationally or by center.

C: Referral

C.1	Prelisting	Provide current contact information for program	Completed	The SRTR websites contain contact information for transplant programs with active program-specific reports. The contact information is as reported to the OPTN membership database by the program.
C.2	Prelisting	Provide information about probability of listing after referral	Deferred; Data Not Yet Available	The SRTR's patient-specific search functionality (recommendation B1) will identify programs that have transplanted patients with specific characteristics, SRTR does not currently have data on referral, evaluation, and listing practices. HRSA has an active data directive for the OPTN to begin to capture these data, and SRTR hopes to incorporate tools to address this once data are available.
C.3	Prelisting	Create a "kidney transplant equity index" (ie, data on equity comparing characteristics of population vs listed), including social determinants of health data	Deferred; Out of scope of SRTR	This recommendation has yet to be addressed and is outside the scope of the current SRTR contract.
C.4	Prelisting	Provide information on where referrals come from	Deferred; Data Not Yet Available	SRTR does not currently have data on referral, evaluation, and listing practices. HRSA has an active data directive for the OPTN to begin to capture these data, and SRTR hopes to incorporate tools to address this once data are available.
C.5	Prelisting	Provide predicted life expectancy at time of referral	Deferred; Data Not Yet Available	SRTR does not currently have data on referral, evaluation, and listing practices. HRSA has an active data directive for the OPTN to begin to capture these data, and SRTR hopes to incorporate tools to address this once data are available.

D: Evaluation

D.1	Prelisting	Provide information to help patients comprehend medication protocols, potential side effects, and potential complications	Deferred; Out of scope of SRTR	This recommendation has yet to be addressed and is outside the scope of the current SRTR contract. SRTR can point users to other trusted sources for this information.

E: Listing

E.1	Waitlist	*Provide information about potential for and benefits of listing at multiple centers	In Process: Phase Complete	The SRTR's patient-friendly preview site contains some education about the potential for listing at multiple centers. Data on the benefits of doing so is yet to be addressed.

E.2	Waitlist	*Provide information about potential coverage mechanisms for medically complex patients with increased costs. These may affect center risk aversion and access to transplant.	Deferred; Out of scope of SRTR	This recommendation has yet to be started and is outside the scope of the current SRTR contract.
E.3	Waitlist	*Provide data on how many patients were referred and then listed or not listed	Deferred; Data Not Yet Available	SRTR does not currently have data on referral, evaluation, and listing practices. HRSA has an active data directive for the OPTN to begin to capture these data, and SRTR hopes to incorporate tools to address this once data are available.
E.4	Waitlist	*Provide rates of referrals vs expected rates of referrals	Deferred; Data Not Yet Available	SRTR does not currently have data on referral, evaluation, and listing practices. HRSA has an active data directive for the OPTN to begin to capture these data, and SRTR hopes to incorporate tools to address this once data are available.
E.5	Waitlist	*Provide rates of listing	Deferred; Data Not Yet Available	SRTR does not currently have data on referral, evaluation, and listing practices. HRSA has an active data directive for the OPTN to begin to capture these data, and SRTR hopes to incorporate tools to address this once data are available.
E.6	Waitlist	*Provide data on timing of referral, listing, and transplant process (eg, time from end-organ failure to referral, time from referral to evaluation, time from evaluation to [active] listing). Data presented with stratification/adjustment for underserved communities.	Deferred; Data Not Yet Available	SRTR does not currently have data on referral, evaluation, and listing practices. HRSA has an active data directive for the OPTN to begin to capture these data, and SRTR hopes to incorporate tools to address this once data are available.
E.7	Waitlist	*Provide data on impact of patient-specific factors on likelihood of listing (eg, medical, economic, linguistic, psychiatric, and psychosocial factors)	Deferred; Data Not Yet Available	SRTR does not currently have data on referral, evaluation, and listing practices. HRSA has an active data directive for the OPTN to begin to capture these data, and SRTR hopes to incorporate tools to address this once data are available.
E.8	Waitlist	*Provide data on outcomes after listing	In Process: Phase Complete	SRTR presents detailed information for kidney patients on their likelihood of various outcomes following listing within the Kidney Transplant Decision Aid. Furthermore, the SRTR program-specific reports contain outcomes for listed patients within the most recent 12-month period. Additional decision aids are under development.
E.9	Waitlist	Provide information to help patients "do better" while on list	In Process: Ongoing	The SRTR patient-friendly website contains links to trusted resources from patient advocacy groups, including guides to stay healthy while waiting. Current content includes kidney and lung sections with ongoing work to add new resources.

E.10	Waitlist	Provide information back to referring providers on status of their referrals	Deferred; Data Not Yet Available	SRTR does not currently have data on referral, evaluation, and listing practices. HRSA has an active data directive for the OPTN to begin to capture these data. Reporting back to referring providers may continue to be out of scope.
E.11	Waitlist	Provide data on granular reasons patients are denied listing	Deferred; Data Not Yet Available	SRTR does not currently have data on referral, evaluation, and listing practices. HRSA has an active data directive for the OPTN to begin to capture these data, and SRTR hopes to incorporate tools to address this once data are available.
E.12	Waitlist	Provide resources to guide patients and centers as they navigate their journey and interact with payers throughout that journey, including evaluations and multilisting. Information that conveys the patient perspective, advocates for patients, and conveys the payer perspective.	Deferred; Out of scope of SRTR	This recommendatioin has yet to be addressed and is outside the scope of the current SRTR contract. SRTR currently directs patients to seek information from their insurance provider. Providing detailed guidance likely requires additional data collection from payers.
E.13	Waitlist	Provide transparent information to patients about whether patients are listed or not, with updates to patients throughout process	Deferred; Out of scope of SRTR	This recommendation has yet to be addressed and is outside the scope of the current SRTR contract. UNet may eventually contain a patient portal to provide live information on listing status.
E.14	Waitlist	Provide transparency to patients as to whether a patient is active or inactive	Deferred; Out of scope of SRTR	This recommendation has yet to be addressed and is outside the scope of the current SRTR contract. UNet may eventually contain a patient portal to provide live information on listing status.
E.15	Waitlist	Provide rates of preemptive listing before dialysis start	Completed	Preemptive registrations and transplant data have been added to the Donation and Transplant System Explorer.
E.16	Waitlist	Provide predicted life expectancy at time of listing	Not Started	This recommendation has yet to be addressed. SRTR has launched predicted time to transplant, and likelihood of death prior to transplant, but overall life expectancy has yet to be addressed.
E.17	Waitlist	Provide information on time and support offered to help people find living donors	In Process: Ongoing	SRTR provides links to trusted information sources and advocacy groups, e.g. as part of the living donation Q&A content.
F: Living Donor Transplant (kidney/liver)				
		See recommendations in sections I, J, K, and L that can be specific to living donor recipients.	NA	NA
G: Survival on the Waiting List				
G.1	Waitlist	*Provide waitlist management tools to help programs manage and understand their waiting list, including data that counter potential risk aversion to list complex patients	Completed	SRTR provides expected survival workbooks for all waitlist candidates every 6 months. These workbooks allow programs to perform their own subgroup analyses to see which patients are higher or lower risk for death and how that is factored into the modeling of pretransplant mortality.

G.2	Waitlist	Provide predicted life expectancy at any point on waiting list	Not Started	This recommendation has yet to be started.

H: Time of Organ Offer to Patient

H.1	Waitlist	*Provide predicted survival benefit to accept or decline an offer	In Process: Ongoing	SRTR developed a test application to compare accept/decline decisions on subsequent survival probability. The application remains in the development stage.
H.2	Waitlist	*Provide data about the risks/benefits of willingness to accept medically complex donor types	In Process: Phase Complete	There are a few educational matrials available the SRTR website(s) about the risks/benefits of more medically complex donors. The Kidney Transpalant Decision Aid contains educational material about more medically complex donors. The patient-friendly website preview also contains educational information about more medically complex donor options. The patient-specific search functionality under development will also contain infomration about expanding the donor pool for a specific candidate. Finally, the long-term outcomes application allows the user to compare outcomes based on willingess to accept more medically complex donors.
H.3	Waitlist	*Provide estimated time to next offer if declining current offer	Not Started	This recommendation has yet to be addressed.
H.4	Waitlist	*Provide estimated time to a "better" offer if declining current offer	Not Started	This recommendation has yet to be addressed.
H.5	Waitlist	*Provide tools that facilitate shared decision-making between patients and providers in preparation for and at time of organ offer	In Process: Ongoing	The patient-friendly website contains educational material and applications to faciliate educational discussions between patients and providers for considerations about organ offers. The SRTR is supporting dissemination of patient resources for organ offer shared decision making that were developed as external research.
H.6	Waitlist	*Provide a public-facing tool to predict donor-specific organ use	Not Started	While the SRTR currently maintains models for organ use from a given donor, work has not been initiated to convert these models to a public-facing tool. The OPOs are provided with a tool to perform these calculations.

I: Deceased Donor Transplant

| I.1 | Posttransplant | *Provide transplant rates; considerations include: organ-specific, breakout living donor and overall transplant rates, include breakdowns by medical urgency status, apply a consistent start time (eg, dialysis start) | Completed, Substantially | Organ-specific transplant rates are provided on the SRTR public website for deceased donor transplants only (i.e., censored at living donor transplant) and total transplant rates (i.e., considering both deceased and living donor transplants). These are provided for adult and pediatric candidates separately. We do not currently provide transplant rates within medical urgency status groups. |
| I.2 | Posttransplant | *Provide utilization rates of medically complex donor organs | Completed, Substantially | The SRTR's Donation and Transplant System Explorer allows users to trend organ utilization over time by various characteristics of mecically complex donors, included, for example, COVID-19 positivity, DCD/DBD, HCV positivity, and KDRI/KDPI. |

J: Surgical Recovery

J.1	Posttransplant	*Provide data on length of stay	Not Started	This recommendation has yet to be addressed.
J.2	Posttransplant	Provide data on time away from work after transplant, or total time away from work due to organ failure	Deferred; Data Not Yet Available	This recommendation has yet to be addressed, and no data currently are captured within the OPTN/SRTR data system regarding length of time away from work.
J.3	Posttransplant	Provide rehospitalization rates	Not Started	This recommendation has yet to be addressed.
J.4	Posttransplant	Provide near-term survival metrics	Completed	SRTR provides 1-month, 90-day, conditional 1-year, and 1-year survival metrics for all transplant programs. These data are updated every 6 months.
J.5	Posttransplant	Provide near-term rejection/graft failure metrics	Completed, With limitations	SRTR provides 1-month, 90-day, conditional 1-year, and 1-year graft survival metrics for all transplant programs. These data are updated every 6 months. Some data on reported rejection episodes are reported in the OPTN/SRTR Annual Data Report, but these data are necessarily crude given limitations in current OPTN data capture.
J.6	Posttransplant	Provide peritransplant complication rates	Not Started	This recommendation has yet to addressed.

K: Early Survival After Transplant

K.1	Posttransplant	*Provide predicted outcomes for a particular patient at that center if undergoes transplant with a particular donor	Completed, Substantially	The SRTR's Long-term Outcomes application allows the use to assess outcomes up to 15-years post-transplant based on the recipient and donor characteristics. This is currently available for heart, kidney, liver, and lung.
K.2	Posttransplant	*Provide metrics of tailored outcomes relevant to specific organ types beyond just graft failure and death	Not Started	This recommendation has yet to be addressed.
K.3	Posttransplant	Provide outcomes by specific medical, psychosocial, and psychiatric conditions	Not Started	This recommendation has yet to be addressed.

L: Long-term Survival After Transplant

L.1	Posttransplant	*Provide posttransplant graft/patient survival metrics, adult vs pediatric, longer-term outcomes (eg, 10 years) – more important by patient characteristics than by center	Completed	The SRTR's Long-term Outcomes application allows the use to assess outcomes up to 15-years post-transplant based on the recipient and donor characteristics. This is currently available for heart, kidney, liver, and lung.
L.2	Posttransplant	*Provide long-term outcomes for multiorgan recipients	In Process: Ongoing	The multi-organ transplant explorer application has been developed and is pending launch.
L.3	Posttransplant	*Provide data that could support increased payer coverage to support long-term graft survival	Not Started	This recommendation has yet to be addressed.
L.4	Posttransplant	Provide information about medication coverage and costs for patients	Completed	SRTR provides general information to patients to obtain any specific cost information from their insurance providers. Providing cost information directly would require additional data collection and is outside the scope of the current SRTR contract.
L.5	Posttransplant	Provide data on medication compliance, rates of noncompliance, graft loss due to noncompliance, or inability to pay	Not Started	This recommendation has yet to be addressed.
L.6	Posttransplant	Provide data on how often medication regimens are changed	Not Started	This recommendation has yet to be addressed.

M: Removal from List Due to Death or Too Sick to Transplant

M.1	Waitlist	Provide data on removal due to death or too sick to transplant, with detailed causes	Completed, With limitations	The SRTR website contains information on waitlist removals for death or too sick to transplant both within the Donation and Transplant System Explorer tool as well as within the semiannual program-specific reports. More granular information regarding reported cause of death is currently not available.

N: Graft Loss

N.1	Posttransplant	Provide data on reasons for graft failure or patient death, with variation by center	Not Started	This recommendation has yet to be addressed.

O: Potential Deceased Donor

O.1	Deceased Donor	*Provide timing data for potential deceased donor families (eg, time from brain death declaration to recovery, total process time, milestones)	In Process: Phase Complete	This recommendation has yet to be addressed in full, but the Donation and Transplant System Explorer does allow the user to look at mean and median "case times" as defined as time from brain death declaration until organ recovery (surgical time of cross clamp) for brain dead donors or as time from familily authorization (for persons without first-person authorization) to organ recovery (surgical time of cross clamp) for donations after circulatory death. In addition, SRTR has developed detailed process maps of the deceased donation process that are available on the preview of the patient-friendly SRTR website.

O.2	Deceased Donor	*Provide metrics at donor hospital level (eg, effectiveness of referral process)	Completed	SRTR presents, at the level of the donor hospital, the number of referrals, the number of DBD and DCD donors, and the donation rate per referral. These are updated every 6 months on the public SRTR website as a component of the OPO-specific reports.
O.3	Deceased Donor	Provide data on factors associated with successful donation of specific organs (eg, age, clinical factors)	Completed, With Limitations	SRTR has models publicly available for predictors of transplant for specific organs from a deceased donor. These models are publicly availble and updated every 6 months. These are not yet presented in a patient-friendly way for communication to potential donor families.
O.4	Deceased Donor	Provide data to increase transparency about allocation process (eg, how longevity matching affects placement)	In Process: Ongoing	Data on out-of-sequence allocations has been compiled and is pending HRSA approval for incorporation into the Donation and Transplant System Explorer application.
O.5	Deceased Donor	Provide a public-facing predictive analytics tool to predict longevity of donated organs	In Process: Phase Complete	The SRTR's long-term outcomes application can predict up to 15-years for specific donor-recipient combinations. These models can be used to construct outcomes averaged across types of recipients.
O.6	Deceased Donor	Provide metrics on potential donor conversion, with stratification by adult/pediatric donors and donor hospital/donor care unit	Deferred; Data Not Yet Available	This recommendation is pending future collection of ventilated patient data which is currently out for public comment.
P: Authorization to Donate				
P.1	Deceased Donor	*Provide customer experience feedback for potential donor families	Deferred; Out of scope of SRTR	This recommendation has yet to be addressed and is likely out of scope for the current SRTR contract.
P.2	Deceased Donor	Provide data on timing of family conversation relative to referral; stratify by DBD/DCD pathway	Deferred; Data Not Yet Available	This recommendation has yet to be addressed. OPTN data capture does not currently contain the timing of the family conversation.
Q: Organ Offered to a Center				
Q.1	Deceased Donor	*Provide data on acceptance and decline patterns by program, stratified by organ quality, organ type, and candidate characteristics; specific information tailored for pediatric candidates	Completed	SRTR is proiding data on center-level offer acceptance behaviours both overall and withing various subgroups based on donor characterstics. These are available within the public program-specific reports and are updated every 6 months. We currently do not have these metrics stratified by acceptance for adult/pediatric candidates per se, unless the transplant program only transplants adult or pediatric candidates.
Q.2	Deceased Donor	*Provide granular timing data for organ offer process (eg, when centers are made primary on an offer, how long it takes for center to respond, and timing around late declines)	Not Started	This recommendation has yet to be addressed.
Q.3	Deceased Donor	*Provide rates of late declines	Not Started	This recommendation has yet to be addressed.

Q.4	Deceased Donor	Provide data to increase transparency for patients as to why an organ offer was declined; this could be tailored to patient preferences as some may want more detail and others less	Not Started	This recommendation has yet to be addressed.
Q.5	Deceased Donor	Provide prediction of patient and graft longevity if accepted for this specific patient	Completed, With Limitations	The SRTR's Long-term Outcomes application allows the use to assess survival with a functioning transplant up to 15-years post-transplant based on the recipient and donor characteristics. This is currently available for heart, kidney, liver, and lung. The tool is personalized for relevant demographics and medical characterics, but may not fully reflect a "specific patient"
Q.6	Deceased Donor	Provide data on use of expedited placement and where it is being used effectively	Completed, Paused	SRTR's Donation and Transplant System Explorer had included data on trends in expedited placement. These data have been removed pending an updated OPTN definition of allocation out of sequence. Future reporting is on hold pending HRSA guidance.
R: Organ Recovered				
R.1	Deceased Donor	Provide data on organ biopsy practices	Completed	SRTR's Donation and Transplant System Explorer includes inforemation on the frequency that kidneys and livers recovered for transplant undergo biopsy. Data are presented at the national level as well as OPO-specific rates of biopsy.
R.2	Deceased Donor	Provide data on efficiency of offer process and ways to reduce cold time (eg, whether offers are made pre/post cross-clamp)	Completed	SRTR's Donation and Transplant System Exploer includes the proportion of organs whose first or last offer was pre or post cross clamp. Trends in cold ischemia time are also available.
S: Organ Not Transplanted				
S.1	Deceased Donor	*Provide organ nonuse rates stratified by organ and abdominal/thoracic	Completed	SRTR's Donation and Transplant System Explorer includes organ non-use and non-utilization rates by organ with various subgroups available for review.
T: Deceased Donor Family Aftercare				
T.1	Deceased Donor	*Provide information on why organs that were donated were not used	Completed, With Limitations	The OPTN/SRTR Annual Data Report contains annualized data on the reasons for organ non-use/non-utilization. This is national-level reporting and not currently geared towards something that could inform a donor family about a specific donor, which is likely out of scope for the SRTR.
T.2	Deceased Donor	Provide information on donor family aftercare practices by OPOs	Deferred; Out of scope of SRTR	This recommendation has yet to be addressed and is likely out of scope for the current SRTR contract. We can refer users to specific OPO websites where direct information may be provided about the OPO's family aftercare programs.

U: Considering Living Donation

U.1	Living Donation	*Provide information on life restrictions after donation	Completed	SRTR's Living Donor Collective website contains risks/benefits of living donation and contains numerous references to other trusted sources for further information. Similarly, SRTR's patient-friendly preview site provides resources for living donors.
U.2	Living Donation	*Provide information on expected donation outcomes and typical recovery process	In Process: Ongoing	SRTR's Living Donor Collective website contains information on outcomes of living donation and contains numerous references to other trusted sources for further information. Similarly, SRTR's patient-friendly preview site provides resources for living donors.
U.3	Living Donation	Provide data on how long living donor evaluation process takes	In Process: Ongoing	SRTR continues to work with the OPTN Living Donor Committee to advance a data collection proposal to capture national data on living donor evaluations. This collection, if advanced, will allow for SRTR to report on typical times from evelution to donation. SRTR's Living Donor Collective also contains information on time from initial evaluation to eventual donation for the participating programs.
U.4	Living Donation	Provide data on time from donor evaluation to acceptance decision and variation across programs	In Process: Ongoing	SRTR continues to work with the OPTN Living Donor Committee to advance a data collection proposal to capture national data on living donor evaluations. This collection, if advanced, will allow for SRTR to report on typical times from evelution to donation. SRTR's Living Donor Collective also contains information on time from initial evaluation to eventual donation for the participating programs.
U.5	Living Donation	Provide information on costs of becoming a living donor (eg, billing, coverage, who pays, time off work, assistance opportunities)	Completed	SRTR's websites contain links for living donors and potential living donors to other trusted sources for this information, including NLDAC.
U.6	Living Donation	Provide information on KPD and directed/nondirected donations	Completed, With Limitations	This recommendation has yet to be fully addressed. SRTR does report national data on KPD, but program-level reporting is currently limited to related vs. unlrelated donors without more granular KPD or non-directed information.

U.7	Living Donation	Provide data on long-term outcomes of living donation (promoting center participation in Living Donor Collective) and center-level donor outcomes to better inform consent process	In Process: Ongoing	SRTR's Living Donor Collective is currently following living donor candidates and living donors to maintain contact and enable longer-term outcomes evalutions. In addition, SRTR continues to work with the OPTN Living Donor Committee to advance a data collection proposal to capture national data on living donor candidates. This collection, if advanced, allow for inclusion of a valid comparator group to draw comparisons to observed long-term living donor outcomes.
U.8	Living Donation	Provide living donor acceptance rate ratios	Deferred; Data Not Yet Available	SRTR continues to work with the OPTN Living Donor Committee to advance a data collection proposal to capture national data on living donor evaluations. This collection, if advanced, will allow for SRTR to report on living donor acceptance rates by program and explore the development of living donor acceptance rate ratios.
U.9	Living Donation	Provide data on living donor transplants as percentage of registered recipients	Completed	SRTR's program-specific reports and the Donation and Transplant System Explorer contain program-level data on living and deceased transplants.
U.10	Living Donation	Provide data on differences between centers for living donor acceptance criteria and a center's prior experience with donors with my characteristics	Deferred; Data Not Yet Available	SRTR continues to work with the OPTN Living Donor Committee to advance a data collection proposal to capture national data on living donor evaluations. This collection, if advanced, will allow for SRTR to report on living donor acceptance rates by program and explore the development of living donor acceptance rate ratios.
U.11	Living Donation	Provide data on surgical procedures used, including minimally invasive, laparoscopic, robotic assisted	Completed, With Limitations	The OPTN/SRTR Annual Data Report presents data on the surgical procedure used in living donations at a national level. These data are currently not presented at the program level.
U.12	Living Donation	Provide rates of conversion from laparoscopic to open procedures	Not Started	This recommendation has yet to be addressed.
U.13	Living Donation	Provide rates of aborted procedures	Not Started	This recommendation has yet to be addressed.
U.14	Living Donation	Provide rates of readmission to hospital	Not Started	This recommendation has yet to be addressed.
U.15	Living Donation	Provide information on pain management protocols, including use of opioids	Deferred; Out of scope of SRTR	This recommendation is out of scope of the current SRTR contract. OPTN does not currently capture data on pain management protocols.
U.16	Living Donation	Provide rates of wound complications, cosmesis	Deferred; Data not yet available	OPTN does not currently capture data on wound complications, cosmesis
U.17	Living Donation	Provide rates of symptoms like bloating and numbness	Deferred; Data not yet available	OPTN does not currently capture data on symptoms like bloating and numbness.

V: Living Donor Evaluation

V.1	Living Donation	*Provide information on whether programs can fast-track evaluation process for participation in KPD programs	Deferred; Data not yet available	This recommendation has yet to be addressed and is likely out of scope for the current SRTR contract. SRTR provides links to program websites that may contain more information about KPD opportunities.
W: Living Donor Recovery				
W.1	Living Donation	*Provide data on time it takes to "return to normal"	Deferred; Data not yet available	OPTN does not currently capture data on the time it take living donors to "return to normal".
W.2	Living Donation	*Provide data on near-term complication rates	Not Started	This recommendation has yet to be addressed.
X: Long-Term Living Donor Experience				
X.1	Living Donation	*Provide long-term living donor outcomes (eg, personalized risk of organ failure and overall survival)	In Process: Ongoing	SRTR continues to work with the OPTN Living Donor Committee to advance a data collection proposal to capture national data on living donor evaluations. This collection, if advanced, will allow for SRTR to report on living donor long-term outcomes with a comparotor group.
X.2	Living Donation	Provide data on living donor quality of life	Deferred; Data Not Yet Available	This recommendation has yet to be addressed. OPTN does not currently capture data on living donor quality of life. The Living Donor Collective is poised to conduct quality of life surveys for enrolled living donors and living donor candidates. SRTR continues to work with the OPTN Living Donor Committee to advance a data collection on living donor candidates at the national level which will be critical to construct a comparator group for the living donors.
X.3	Living Donation	Provide living donor patient-reported outcomes	Deferred; Data Not Yet Available	This recommendation has yet to be addressed. OPTN does not currently capture data on living donor patient-reported outcomes. The Living Donor Collective is poised to conduct surveys to capture patient-reported outcomes for enrolled living donors and living donor candidates. SRTR continues to work with the OPTN Living Donor Committee to advance a data collection on living donor candidates at the national level which will be critical to construct a comparator group for the living donors.