



PAGES REMOVED

UNOS\_6\_000009980 - UNOS\_6\_000009988

[REDACTED] 13:52  
[REDACTED]  
you want HRSA? 15:30  
[REDACTED]  
nah 15:30  
[REDACTED]  
that HRSA process is on one of my 50 back-burners 15:30  
[REDACTED]  
if it makes more sense for you to go then by all means. I don't even know what JJO is talking about. 15:30  
[REDACTED]  
so, maybe this will help resuscitate that 15:31  
uh, I gather this is in relation to WACH 15:31  
[REDACTED]  
oooooooooooooooooooooh 15:31  
[REDACTED]  
and incessant HRSA requests 15:31  
and then prob our process for Ack/ flow for HRSA cases? 15:31  
shit, I can't remember all that 15:32  
[REDACTED]  
hahaha 15:32  
[REDACTED]  
they want their own HRSA process workflow dealy 15:32  
[REDACTED]  
well then someone needs to figure out where we'll be sitting once we get a 4th analyst 15:32  
b/c the 3 of us can't do all this. 15:33  
[REDACTED]  
 15:33  
 15:33  
I have spent the day writing my inquiries for the site survey referral cases 15:34  
since we have no word on that 15:34  
and I'll be damned if I let those pile up 15:34  
sure would be awesome to get that wrapped up 15:34  
[REDACTED]  
for real. 15:34  
At this point, it's flatly unreasonable for us to continue doing something everyone has agreed we don't need to do simply b/c 15:35  
they haven't perfected their process.  
get 15:35  
it 15:35  
done 15:35  
or, let them pile up on their desks until they do. 15:35

████████

i was inclined to start leaving passive aggressive notes about these cases in the weekly case agenda 15:36  
but I will refrain 15:36  
for no 15:36  
w 15:36

████████

"waiting to refer to SS" 15:36

████████

well, 15:36  
I kinda did that this week 15:36

████████

good 15:36

████████

WILL INQUIRE AND THEN REFER TO SS 15:36

(since we long ago agreed to this new process) 15:37

how much money that with Jadia out all of this hits the skids? 15:37

████████

nah dude, new process was for us to send it without inquiry or anything like that. 15:37

If that happens, I will lobby HARD to start referring cases whether they're ready or not. 15:39

Maybe if stuff starts to pile up on their desks instead of ours, they'll get moving. 15:40

████████

i am skeptical 15:40

but maybe with Matt managing them in her absence, shit will happen 15:40

████████

Jon basically said that he and ██████████ were aware the issue is on their side, and that they'll be the ones who contact the member and ask for the RCA and CAP. That once we send the ack, we're done. 15:40

It is inappropriate to continue to ask us to do work that everyone has acknowledged shouldn't fall with us. This is especially true when the other group has said "the issue is with us, and we're developing a process." How long do we continue to do their work? Until they're willing to take it? Doesn't sound like that should be their decision. 15:41

████████

agree a million % 15:42

████████

I get the feeling that people are essentially just thinking they'll get to it when they get to it, but someone's gotta get to it. The cases keep coming in. And if we're successful in getting people to increase reporting, even more will come in b/c those "easy" violations will be the first things people report. 15:45

The ones they know aren't a big deal. Oops, we stored vessels for 15 days, let's report it so we look better. 15:45

████████

true 15:45

there seems to be some kind of pushback o 15:46

or 15:46

I don't know paranoia?? 15:46

I can't put my finger on it 15:46

**SFC OPTN Hearing  
Exhibit J.73**

maybe it's just flat out laziness 15:46  
[REDACTED] [REDACTED]

I just think it's laziness. 15:46  
[REDACTED] [REDACTED]

and lack of direction/managerial oversight 15:46  
[REDACTED] [REDACTED]

No one's willing to hurry up and take work from someone else who's been doing it already for a few years. 15:47  
[REDACTED] [REDACTED]

well, that's no lie 15:47

prove your worth 15:47

it's time folks 15:47  
[REDACTED] [REDACTED]

And that's what managers are for. To tell someone they have to. 15:47  
[REDACTED] [REDACTED]

if I see SS hanging out and scheduling their non-stop parties 15:47

I will be livid 15:47  
[REDACTED] [REDACTED]

If you're going to be on the same pay level as me, then you need to do something more than just check a box that somewhere has a policy. 15:48

What we've seen so far is people thinking that the 3rd floor is a tourist destination they must explore. 15:48

People just walking up and down the aisles to see who's there and what our cubes look like. It's weird. 15:49  
[REDACTED] [REDACTED]

MQ people? 15:49  
[REDACTED] [REDACTED]

Some MQ people and then some of [REDACTED] [REDACTED] people. [REDACTED] [REDACTED]; and [REDACTED] [REDACTED] toured a little while ago. 15:49  
[REDACTED] [REDACTED]

what 15:50

ON 15:50

EART 15:50

H 15:50  
[REDACTED]

[REDACTED] 15:51

[REDACTED] 15:51

[REDACTED] 15:51

[REDACTED] 15:51

[REDACTED] 15:51

15:52

15:52

15:52

15:52

15:52

15:53

15:53

15:53

15:53

15:54

15:54

15:54

15:54

15:54

15:54

16:20

16:20

16:21

16:21

16:21

16:21

16:21

16:21

16:22

16:22

16:22

16:22

16:22

16:22

[REDACTED]

16:22

16:22

17 July 2019

[REDACTED]

10:07

10:09

10:09

10:09

10:09

10:14

10:14

10:14

10:14

10:17

10:18

10:18

10:20

10:20

10:20

10:20

10:20

10:20

10:21

10:21

10:21

10:21

10:21

10:21

10:21

10:22

10:22

10:22

10:22

10:22

10:22

██████████ has me all nervous now. She wanted to be sure I was listening in in case there are questions during the TXGC HR/LU case...which is apparently the FIRST case investigation case they're going to talk about.

10:23

██████████

yeah, she just asked the same of me for my WISL ABO subtyping/NKR case

10:23

she has ██████████ to help with allocation stuff

10:24

██████████

I should have studied it yesterday.

10:24

██████████

i really don't think they'll be focusing on the details/timelines of the allocations honestly

10:25

██████████

I hope not.

10:25

██████████

hopefully it's more of a "here's how our OPO does it"

10:25

"and everyone else should do the same"

10:25

██████████

That's what I'm hoping.

10:25

██████████

if you don't send the Lungs

10:25

it's a PV

10:25

plain and simple

10:25

██████████

Or even, "well you can end up damned if you do, damned if you don't if you place the lungs first."

10:25

██████████

ok,

10:26

we back

10:26

██████████

PAGES REMOVED  
UNOS\_6\_000009995 - UNOS\_6\_000009999



**SFC OPTN Hearing**  
**Exhibit J.73**

11:04

11:04

11:04

11:04

11:04

11:04

11:05

11:05

11:05

11:06

11:06

11:06

11:06

11:07

11:18

11:18

11:18

11:18

11:19

11:19

okay here we go. TXGC.

11:19

YOU GOT THIS

11:19

if [REDACTED] is any indication, this will be a close or a NON b/c TXGC is impenetrable

11:19

thou sayeth!

11:20

that "unnecessary delays led to organ wastage" gets me fired up every time.

11:22

[REDACTED] and [REDACTED] are sitting right next to eachother in front of me

11:22

**SFC OPTN Hearing**  
**Exhibit J.73**

sharing whispers 11:22

maybe unrelated, but I hope these people speak up 11:23

██████████

(and that they say a PV happened, not unreasonable request by TXC a la ██████████ 11:23

and here we go. close it. 11:24

wait. 11:24

how?! 11:24

if lungs were allocated prior to, how is it NOW okay? 11:24

██████████

yeah 11:24

that IS interesting 11:24

so 11:24

uh 11:24

still no problem?? 11:24

they really just want to focus on the superficials of the case 11:25

██████████

sure, look at their volume...but also look at their ██████████ 11:25

██████████

and not probe I guess 11:25

██████████

YES 11:25

██████████

11:25

atta boy 11:25

love him already 11:25

██████████

Oh. Nevermind. 11:26

Uh, policy doesn't say regions. 11:26

██████████

YES 11:27

██████████

YESSSSSSSS 11:27

██████████

YES 11:27

YES 11:27

██████████

YES YES YSE 11:27

YES 11:27

██████████

██████████ 11:28

FLFH surgeon 11:28

██████████

HE'S ABSOLUTELY RIGHT 11:28

Breathing a sigh of relief that SOMEONE is speaking up. 11:28

Don't care about the spirit of the policy. What does it ACTUALLY say. 11:31

██████████

yes ██████████ 11:32

now tell your region 4 pals 11:32

██████████

wait. 11:32

no 11:32

he's saying you CAN'T wait to allocate lungs. 11:32

██████████

i heard differently 11:32

damn 11:32

he said can't???

11:33

██████████

THANK YOU WHOEVER THIS IS 11:33

██████████

ooooohhhh 11:33

██████████

This is the ONLY person who has mentioned the dang ██████████ 11:33

██████████

that's your buddy 11:33

██████████

who?? 11:33

██████████

good eye 11:33

██████████

He's my buddy now 11:33

██████████

████████████████████ 11:34

████████████████████ 11:34

██████████

LOLLOL 11:34

I can't believe ██████████ just said the first case is off the table. That heart was transplanted. 11:34

They CHOSE to run that lung list before even DOING an echo. 11:34

██████████

why wasn't their interpretation of HL policy included here? 11:35

██████████

YES to this person! 11:36

**SFC OPTN Hearing**  
**Exhibit J.73**

needs to not interject her opinion on this. 11:36

now 11:36

that heart WAS AVAILABLE. 11:37

YOU AIN'T GETTIN THOSE LUNGS OUT BEFORE THE HEART 11:37

It's not like you're taking them out and putting them in a cooler 11:37

Not to mention, policy says "must." 11:37

it says "must." 11:37

I can't think of another policy that says "must" 11:37

these are two reported cases--they did a third that I wasn't allowed to pursue 11:38

oy 11:40

HL policy is clear 11:40

i'm so pissed. 11:40

OPO committee needs to develop guidance 11:40

So we're going to give a NON to NYRT, who plainly admits what happened. 11:40

about effective allocation 11:40

GD. 11:41

TXGC skates by again. 11:41

you called it 11:41

I think from now on, we just add TXGC cases to the "never investigate" with LD recipients not on the waitlist. 11:42

new operational rule 11:42

haha 11:42

here we go 11:46

do I hear laughter?? 11:47

i don't think so 11:47

if so, it's isolated 11:47

skerda is frowning 11:47

eh, she kinda always is though 11:48

██████████  
At least I feel like I got this one right 11:51  
██████████  
10000% 11:51  
██████████  
They need to bring FLMP in for an interview on this. 11:51  
██████████  
you got the details of that OR down pat 11:52  
which is essential 11:52  
██████████  
there's no timeframe ██████████ 11:53  
get him out of here. ██████████ 11:53  
that's absurd. 11:53  
██████████  
yeah, I don't know where that comes from 11:54  
unless he has knowledge of the DCD--> brain death cases 11:54  
and historical cases/ actions taken 11:54  
██████████  
WHO IN THE WORLD IS THIS? 11:56  
!  
██████████  
██████████ 11:56  
██████████ 11:56  
██████████  
Can't set it aside, ██████████ 11:57  
Can't. 11:57  
That's why the ██████████ is there. 11:57  
My mind is blown today. I don't know that I can listen to it all. 11:57  
It's not problematic. Family wanted DCD, so wait for the heart to stop. 11:59  
just wait for the damn heart to stop! 12:00  
██████████  
interesting 12:00  
██████████  
exactly--non-negotiable. 12:01  
they only legitimately provided DCD authorization. wait for the HR to stop. 12:02  
THERE YA GO! 12:02  
██████████ PATTERN 12:02  
god. constructive. 12:04  
THIS OPO needs an interview. Not an informal discussion. 12:04  
THIS particular OPO. 12:04  
██████████

**SFC OPTN Hearing**  
**Exhibit J.73**

yeehaw 12:05  
[REDACTED] [REDACTED]

if I were [REDACTED] i'd be offended by the notion that they need to be more "helpful." He chaired the committee that TRIED to help them but they didn't take it until he told them they'd keep coming to chicago until they got their act together. 12:05  
[REDACTED] [REDACTED]

no questions 12:12

yippeeee 12:12  
[REDACTED] [REDACTED]

woohoo! 12:13

I was worried for you once [REDACTED] said you were in the room. 12:13  
[REDACTED] [REDACTED]

that case was messy and included the wildcard that is [REDACTED] 12:14

so, I was happy to throw them under the bus 12:14  
[REDACTED] [REDACTED]

honestly, I had trouble following it every time you talked about it. [REDACTED] throws me off. 12:14

FYI--Reviewer 2 on this case was [REDACTED] 12:14  
[REDACTED] [REDACTED]

I am firmly in the middle about these 12:15

efficiency of the system and all that 12:15

I do think they shouldn't be cases though 12:15  
[REDACTED] [REDACTED]

I'm having a hard time with this argument. The fact that it's a tiny program doesn't influence the fact that it wasn't a PV. So how does OPO volume influence whether or not HR/LU allocation is a PV? 12:16  
[REDACTED] [REDACTED]

la deee dahh 12:16

we can inconsistently apply whatever we WANT 12:16  
[REDACTED] [REDACTED]

So all these largely irrelevant LDR not on the waitlist are getting NONs and an OPO doesn't get one b/c it's big? 12:16  
[REDACTED] [REDACTED]

yeeeeahhh 12:17  
[REDACTED] [REDACTED]

Man I wish one of those pissed thoracic peeps had brought that up. 12:18

I'm probably taking it too personally b/c [REDACTED] was such a D. 12:19  
[REDACTED] [REDACTED]

well, I think also the fact that we know they think policy backs up THEIR version of HL allocation 12:19

that's what was totally lost on this room 12:20  
[REDACTED] [REDACTED]

yep. so true. 12:20  
[REDACTED] [REDACTED]

oh man 12:32

[REDACTED] is from WACH 12:32

**SFC OPTN Hearing**  
**Exhibit J.73**

[REDACTED] [REDACTED]

Yes ma'am 12:32

[REDACTED] [REDACTED]

maybe [REDACTED] needs to chat with him directly 12:32

[REDACTED] [REDACTED]

She ABSOLUTELY should. 12:32

daaaaaaaaaaaaang a PV for PAHE?? 12:33

[REDACTED] [REDACTED]

is that who this is? 12:34

[REDACTED] [REDACTED]

I'm 99% sure. 12:34

[REDACTED] [REDACTED]

sacrificial lambs 12:34

the committee wants blood 12:34

[REDACTED] [REDACTED]

Yep, it is. 12:34

[REDACTED] [REDACTED]

and that's who was up 12:34

noted 12:35

keep smoking 12:35

[REDACTED] [REDACTED]

Note to self. 12:35

I kind of want to Jabber [REDACTED] and tell her that. 12:35

[REDACTED] [REDACTED]

lol 12:35

MY DR TOLD ME IT'S DANGEROUS TO QUIT!!@@[REDACTED]@(@!!!! 12:36

no idea how that smiley got in there 12:36

[REDACTED] [REDACTED]

lolllol 12:36

I texted her. "Note to self: Smoking is better than quitting." 12:36

[REDACTED] [REDACTED]

she must be smoking now 12:36

don't see her anywhere 12:37

[REDACTED] [REDACTED]

oooooh then she doesn't get it, hahahahahahaha 12:37

[REDACTED] [REDACTED]

i love it 12:37

[REDACTED] [REDACTED]

lol that's hilarious. 12:37

Man, make [REDACTED] my anesthesiologist please. 12:39

**SFC OPTN Hearing**  
**Exhibit J.73**

He's putting ketamine right into my trachea.

12:40

██████████

lololol

12:43

██████████

Man. PV for PAHE.

12:43

Okay, so now we're doing an informal discussion AND a PV right?

12:45

██████████

seems that way

12:46

lawd

12:48

list getting long

12:48

██████████

Is that ██████████

15:06

██████████

[REDACTED]

15:06

15:35

15:35

15:36

15:36

15:36

15:36

15:36

15:36

15:38

15:38

15:38

15:38

15:39

15:39

15:39

15:39

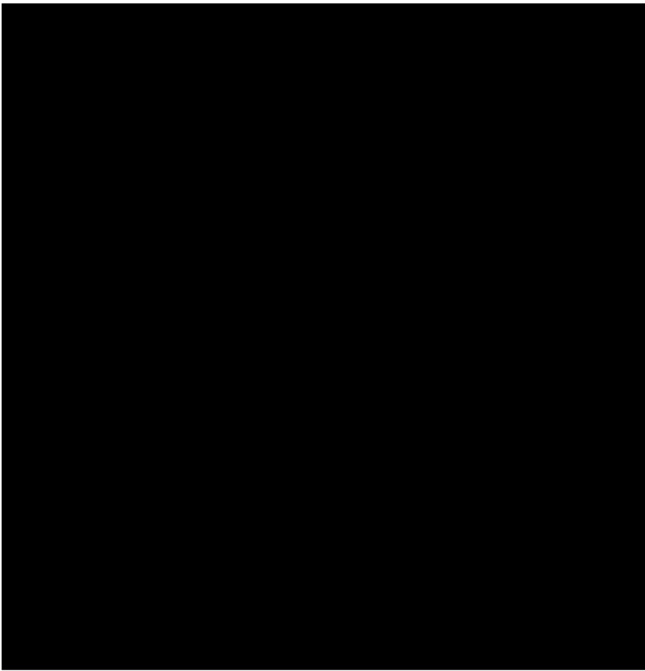
15:39

15:39

15:40

15:40





15:41

15:41

15:41

15:41

15:41

15:42