Call for Abstracts

Author guidelines for scientific abstract submission:

- Only previously unpublished original work will be considered.
- Abstracts report the investigation and results of completed research.
- Abstract format:
  - Authors must be clearly identified in the author field of the online form.
  - The first author should be the person presenting the paper.
  - The full first and last names of all authors and the credentials of each should be noted.
    - A limited number of abstract presentations will be awarded to non-NATCO members.
  - Use standard abbreviations. Place special or unusual abbreviations in parentheses after the full word the first time they appear.
  - Use numerals to indicate numbers except to begin a sentence.
  - Organize the body of the abstract into four distinct sections:
    - PURPOSE: State the problem to be discussed. Please indicate whether this study met the criteria for your institution’s human subjects protection. Abstracts will not be accepted without a statement within the abstract or documentation of this.
    - METHODS: Briefly describe the manner in which the study or problem was investigated.
    - RESULTS: Briefly describe findings.
    - CONCLUSION: State conclusion or solutions to problems. Evaluate the relevance of this study to other persons involved in recovery, transplantation, or hospital development.
- The abstract should not exceed 350 words.
- DO NOT USE the names of transplant centers, OPOs or service areas in the body of your abstract.
- Evaluation of your abstract will be based on content and compliance with the suggested format.
- Submit your abstract online at: www.natco1.org
- Abstracts must be received by March 1, 2010
- See Abstract Prototype on the following page.
- It is highly recommended that authors chosen to present submit a full manuscript to NATCO’s journal, Progress in Transplantation.
ABSTRACT PROTOTYPE

Designated Requestors in a Trauma Center’s Emergency Department Dramatically Increased Musculoskeletal Tissue Donation Compared to Similar Hospitals without Designated Requestors
Karen Bronchella, MT, MBA, Gift of Life Donor Program, Philadelphia, PA; Lawrence Supplee, BSW, EMT, CTBS; Kathy Yandle, MS, RRT; Christopher Graham; Marianne Bleicken, BA, MPA; Sharon West, MS; Gweneth George, BS; Richard Hasz, MFS, CPTC; Howard Nathan, BS, CPTC

Purpose: This study evaluates the effectiveness of utilizing designated requestors in an emergency department of a level 2 trauma center to increase musculoskeletal tissue donation compared to similar sized hospitals in the OPO that do not use designated requestors. The study looked at a retrospective analysis over a 3-year period comparing conversion rates of this hospital to all level 2 trauma centers’ emergency departments in the OPO.

Methods: In this OPO only one level 2 trauma center utilized designated requestors in their emergency department. These designated requestors, in conjunction with the OPO, approach families regarding tissue donation, coordinate tissue recoveries, and support families throughout the process. OPO representatives, including hospital services coordinators, transplant coordinators, and tissue administrators and liaisons focused on comprehensive training sessions, which included the referral process through the recovery, clinical applications, and dual advocacy family approach training. The OPO conducted ongoing comprehensive tissue training of the patient representatives for renewal certification and for all new employees in the department throughout this 3-year period. Upon demonstration of required competencies, these requestors were certified for a period of 2 years. Throughout this period, process measures were continually monitored and evaluated through the use of hospital development strategies to include after action reviews, department meetings, in-services, and internal donation team meetings.

Results:

<table>
<thead>
<tr>
<th>Comparison of Musculoskeletal Conversion Rates in Level 2 Trauma Center ERs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral Source</td>
</tr>
<tr>
<td>Study Level 2 Trauma Center’s ER</td>
</tr>
<tr>
<td>Other Level 2 Trauma ERs</td>
</tr>
</tbody>
</table>

*Conversion Rate = # of Musculoskeletal Donors/# of Referred Suitable for Musculoskeletal Donation

Discussion: This study suggests that the use of designated requestors in combination with comprehensive training and hospital development strategies can increase musculoskeletal conversion rates compared to hospitals without requestors. As noted here, ongoing support and training also increased the number of tissue donors annually within the study hospital by 89% from 2006 to 2007, and by 53% from 2007 to 2008. By monitoring the process and utilizing forums to provide feedback, best practices can be achieved, and outcomes can be maximized.

(This abstract has met the Gift of Life Donor Program’s guidelines regarding permission to publish. As stated in the GLDP Consent for Organ and/or Tissue Donation document, it is understood by the signees that the information may be utilized for research/education purposes (“...I consent to their use for research and/or education purposes”).

Full name, credentials listed
Transplant center, OPO and service area NOT named in the body of the abstract to assure objectivity during review process
Appropriate use of numerals for numbers in the text to condense volume
Four distinct sections; easily reviewed
Human subjects protection documented
Call for Case Studies
35th Annual Meeting • August 1-4, 2010 • Hollywood, FL

The case study submission form can be found at www.natco1.org.

Author guidelines for case study submission:
• Only previously unpublished original work will be considered.
• Case studies describe a particular problem or case and your strategies to overcome the problem.

Case Study Format:
  o Visit www.natco1.org for electronic submission.
  o Authors must be clearly identified.
  o The first author should be the person presenting the paper.
  o The full first and last names of all authors and the credentials of each should be noted.
    ▪ A limited number of case study presentations will be awarded to non-NATCO members.
  o Use standard abbreviations. Place special or unusual abbreviations in parentheses after the full word the first time it appears.
  o Use numerals to indicate numbers except to begin a sentence.
  o Organize the body of the case study into three distinct sections:
    ▪ PATIENT/CASE PROFILE: Pertinent demographics; a brief history of the current transplant, organ/tissue recovery, or hospital development situation or problem. Describe the case for clarity. DO NOT disclose confidential information, unless permission has been given to do so. Please indicate whether permission to publish has been obtained.
      o Case studies will not be accepted without permission to publish documentation.
    ▪ DISCUSSION: A concise description of how the situation or problem was addressed; a concise presentation of transplant, donor, or strategic management of the case that describes the flow of events.
    ▪ SUMMARY: Outcome of the situation (positive and negative); application of knowledge gained from the problem or situation.

• The Case Study should not exceed 350 words.
• DO NOT USE the names of transplant centers, OPOs or service areas in the body of your case study.
• Evaluation of your case study will be based on content and compliance with the suggested format.
• Submit your case study online at: www.natco1.org
• Case studies must be submitted by March 1, 2010.
• See the Case Study Prototype on the following page.
• It is highly recommended that authors chosen to present submit a case study manuscript to NATCO’s journal, Progress in Transplantation.
CASE STUDY PROTOTYPE

Focusing on Possibilities vs. Obstacles; This OPO’s First Donation after Cardiac Death (DCD) Lung Recovery

Shannon Kaminski, RN, CPTC, Gift of Life Donor Program, Philadelphia, PA; Timothy Snyder, CCEMT-P, CPTC; Jennifer Timar, RN, BSN, PhRN, CPTC; Christine Radolovic, RN, BSN, CPTC; John Edwards, RN, BSN, RRT, CPTC; Patricia Mulvania, RN, CPTC; Scott Demczyszyn, EMT-P, CPTC; Richard Hasz, MFS, CPTC; Howard Nathan, BS, CPTC

Patient Profile: 31 year-old male admitted to Level 2 Trauma center with a self inflicted gunshot wound to the head. An emergent tracheotomy was performed for airway protection and with no neurosurgical options was transferred to the trauma surgical unit.

Discussion: Two days after admission, understanding the injury was non-survivable, his family decided to discontinue life-sustaining therapy (LST). The OPO coordinator presented donation opportunities and obtained consent for DCD after an initial family decline. Evaluation began with a 60-minute respiratory drive assessment (RDA), which demonstrated hemodynamic stability without vasopressor support. Systolic blood pressure averaged 130’s, heart rate in the 70-80’s and oxygen saturations greater than 93% with no evidence of respiratory distress. With strong family support, despite the stable assessment, the decision was made to move forward with DCD recovery as the family’s decision to discontinue LST included decanalization. Pulmonary evaluation included bronchoscopy revealing normal anatomy, a clear chest x-ray and PaO2 of 426. Allocation calls to all local, regional and national centers was unsuccessful therefore a last call was made to Canada. A recipient was identified and an OR time secured. Allocation of the liver and kidneys occurred without difficulty. On site transplant teams reviewed the DCD process and needs of each team prior to the start of recovery, including 5 seconds of cardiac massage to circulate prostaglandin. The family accompanied patient to the OR and LST was discontinued, including decanalization. Patient was pronounced at 27 minutes, teams entered the OR and started the recovery 5 minutes later. Re-intubation occurred orally by the donor hospital anesthesiologist and the patient was placed back on the ventilator. A bronchoscopy was performed and the lungs were accepted. Total warm ischemic time was 40 minutes. The liver and kidneys were also recovered without incident.

Conclusion: This case demonstrates, despite many obstacles which may have prohibited the case from moving forward, that a supportive and proactive family approach, thorough donor assessment and management in addition to an aggressive allocation process resulted in the successful transplant of four recipients and this OPO’s first DCD lung recovery.

(This case study has met the Gift of Life Donor Program’s guidelines regarding permission to publish. As stated in the GLDP Consent for Organ and/or Tissue Donation document, it is understood by the signee that the information may be utilized for research/education purposes (“... I consent to their use for research and/or education purposes”).

Permission to publish documented

Transplant center, OPO and service area are NOT identified

Appropriate use of numbers

No confidential information disclosed

Full name, credentials listed

Introduction and brief definition

Concise explanation of situation

Detailed explanation of flow of events

Three distinct sections
Call for Grants
35th Annual Meeting • August 1-4, 2010 • Hollywood, FL

- **Scope:** Grant initiatives to fund research by transplant professionals to increase access to organ transplantation, to improve services in the recovery setting, or to improve care for transplant recipients.

- **Eligibility:**
  - The principal investigator is not required to be a NATCO member. However, at least one co-investigator must be a NATCO member in good standing for one year prior to grant submission. A support letter is needed from that NATCO member.
  - Clear evidence of ability of the primary investigator to complete this project must be provided in the form of a CV and support letter(s).

- **Deadline:** The submission deadline for grant applications is March 1, 2010.

- **Priorities:** Reviewers of grant applications will give priority to projects that focus on:
  - Collaboration between OPOs, between an OPO and a donor or transplant hospital, or between an OPO and the public sector;
  - Improving donor evaluation or management techniques providing more organs;
  - Developing an impetus for health care professionals to increase organ donation;
  - Improving long-term graft and patient survival;
  - Improving care of the transplant patient, either pre- or post-transplantation;
  - Improving patient teaching techniques;
  - Improving data collection and validity in transplantation.

- **Contact:** NATCO Executive Office, P.O. Box 15384, Lenexa, KS 66285-5384, (913) 895-4612, natco-info@goAMP.com.
Grant Proposal Guidelines

- **General Information:** The proposal is limited to five double-spaced, typewritten pages. The grant application form, abstract, reference pages, budget, and appendices are NOT included in the five-page limit. Please include a CV or biographical sketch of each investigator.

- **Title:** Name of grant proposal.

- **Abstract:** Concisely summarize the main points of the grant proposal (limit to approximately 150 words).

The following must be included in the grant submission.

  o **Specific Aims:** Clearly state the objectives of the proposed investigation, rationale for your approach to the problem, hypothesis the research is designed to test and/or research questions it is designed to answer.

  o **Significance:** Briefly describe the background of the proposal, including a critical evaluation of the existing body of knowledge about the problem.

  o **Methodology and Timetable:** Describe the design of the study, the sample to be used and variables, protocol and instruments to be used (including validity and reliability, where appropriate), proposed timetable, and plan for data analysis.

  o **Budget:** Specify direct and indirect costs, including supplies, equipment, computer costs, consultative fees, and other expenses. NATCO does support your institution’s indirect costs. Include a one-page budget justification (see sample).

  o **Appendices:** May include copies of instruments.

- **Application Order:** The order of contents should be –

  o Completed application form

  o CV or biographical sketch of the primary investigator followed by CVs or biographical sketches for co-investigators

  o Support letter(s)

  o Research plan

  o Reference pages

  o Budget and budget justification

  o Appendices.

Send the grant application and all required documentation to NATCO at natco-info@goAMP.com no later than March 1, 2010.

- **Requirements:** Authors receiving one-year grants in August 2010 must agree to present one-year results at the 2011 Annual Meeting and to submit the manuscript for publication in *Progress in Transplantation*. Authors receiving two-year grants must agree to present findings at the 2012 Annual Meeting, followed by a manuscript to *Progress in Transplantation*.

  o All authors are required to submit a “progress report” to the Research Committee every six months throughout the research project process.

Submission Deadline for Grant Submission is March 1, 2010
Call for Research Grant Proposals
APPLICATION FORM
Postmark Deadline: March 1, 2010

Title:                                               Grant Period (begin and end date):

☑ 1 Year       ☐ 2 Years

Principal Investigator (P.I.) (Name, Address, Phone, Fax, Email):

Name of Institution/Firm or Applicant Organization:

NATCO Member ☑ Yes ☐ No
Co-investigators (please indicate NATCO membership with asterisk):

P.I.’s Institution/Firm (Name, Address, Phone, Email):

Official Representative (this person will be contacted to present at the Annual meeting if this grant is chosen):

Performance Site (Name, Address, Phone, Email):

If selected for grant funding, check should be made payable to (provide complete address):

FEIN or SSN:

Principal Investigator:
I agree to accept responsibility for the conduct of this project and will present data generated from this project at a mutually agreed-upon NATCO Annual Meeting. I agree to acknowledge the support of NATCO or other grant sponsor in any public access to this work. I agree to submit the manuscript for publication in Progress in Transplantation.

Signed Date NATCO Representative Signed Date

Certification and Acceptance (CEO):
I certify that the statements herein are true, agreed to, and complete to the best of my knowledge.

Signed Date NATCO Representative Signed Date

Application must be submitted by March 1, 2010
<table>
<thead>
<tr>
<th>Budget Category</th>
<th>Itemized Costs</th>
<th>Year of Support</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personnel</strong> – List of individuals</td>
<td>Percent of salary or fee</td>
<td>Total requested for each year of study</td>
</tr>
<tr>
<td>Consultants</td>
<td>Fee</td>
<td>Total requested for each year of study</td>
</tr>
<tr>
<td><strong>Supplies</strong> – itemize supplies</td>
<td>Cost based on per-subject</td>
<td>Total the itemized list</td>
</tr>
<tr>
<td><strong>Equipment</strong> – itemize equipment</td>
<td>Costs</td>
<td>Total the itemized list</td>
</tr>
<tr>
<td><strong>Travel</strong> – itemize travel</td>
<td>Individual costs</td>
<td>Total the itemized list</td>
</tr>
<tr>
<td><strong>Patient Incentives</strong></td>
<td>Individual costs</td>
<td>Total costs for expected subjects for each year of the study</td>
</tr>
<tr>
<td><strong>Analysis</strong></td>
<td>Fee</td>
<td>Total costs for each year of the study</td>
</tr>
</tbody>
</table>

**Note:** This is a template of an acceptable budget for NATCO grant applications. You may include additional line items as necessary.