Connecting for One Purpose:
Opening Channels in Donation & Transplantation

By Ginger T. DeLario, PhD, MT(ASCP), CPTC and Kathleen Hogan, RN, BSN, CCTC
NATCO 36th Annual Meeting Planning Committee Program Co-Chairs

NATCO’s 36th Annual Meeting, held August 13-16, 2011, at the Hyatt Regency in San Francisco, California, was filled with a mixture of quality educational programs, new technology and the energy that charges the famous port city.

If you missed the Annual Meeting, you may not know that NATCO has gone techno! For the first time this year, NATCO offered live webcasts of two sessions for those who were unable to attend the meeting in person. We hope you were able to take advantage of those. Several sessions were also recorded and will be offered on the NATCO website for CEPTC credit. In addition, there were updates posted to NATCO’s Twitter and Facebook sites, and a conference mobile device app was developed for the meeting as well, providing the meeting session information, exhibitor information, hotel maps and a Twitter feed all at the attendees’ fingertips!

NATCO expanded the offerings of pre-conference workshops this year, which included a Professional Development Workshop, Hospital Services Leadership Training, Organ Preservation Symposium, and once again, the Donor Management Workshop featuring SAM (Simulated Action Man), NATCO’s Laerdal SimMan®.

Our keynote speaker, Tiffany Christensen, talked about her experience growing up dying, after being diagnosed with cystic fibrosis at six months old and surviving now with her second double-lung transplant. Tim Synder shared Brian’s story, a heroic 18-year-old young man paralyzed in an accident who signed his own consent form to become an organ donor. Both stories confirmed the power of donation and transplantation and allowed the attendees to take some time away from the clinical perspective and open their hearts to some memorable personal experiences.

The topics of all the presentations are too numerous to include here. However, NATCO approaches the planning of each meeting with the idea that the Annual Meeting should include topics that attendees want to hear more about. You may have noticed a topic you suggested included in this year’s program. NATCO is LISTENING. If you have a suggestion for a future topic, please send it in to the NATCO Executive Office.

This conference was truly a re-affirmation of our commitment to our profession. The attendees and presenters alike were recharged to return to their workplaces with new ideas and new perspectives to share with their colleagues. Many of the comments from this year’s Annual Meeting mentioned take-home messages and ideas that would be implemented upon return to the OPO or transplant program.

Here are a few of those comments:
It is an honor to stand before you today as the incoming president of NATCO, The Organization for Transplant Professionals. For the next few minutes I will discuss NATCO's activities and how you can help us achieve our goals.

Before I start I would like to thank a few people for helping me get to where I am today. I want to say thanks to you, the NATCO membership. Thank you to all the past presidents who have said, “You can do it!” and to the current BOD for your support and kind words of encouragement. I want to say thank you to the NATCO Executive and Administrative Staff. You often work behind the scenes to get things done. I want to thank my Cleveland Clinic family, the Kidney and Pancreas Transplant Team for their support; Clinical Nurse Manager, Stacey Banning and my co-workers; Dr. Richard Fatica, Medical Director and Dr. David Goldfarb, Surgical Director; Dr. John Fung, Chairman of the Transplant Center, and Art Thomson, Administrator of the Transplant Center. I want to send a very special thank you to my husband David. He is my best friend, my cheerleader and my biggest supporter.

I would like to tell you how I came to NATCO. I started my career in transplantation by being in the right place at the right time. I initially wanted to be a medical technologist but by the time I earned my degree, I had decided I didn’t want to be a medical technologist. So I took a position in a research lab. After several years of working in the lab, I realized that I had no desire to further my career in basic science either. I really wanted to do something for others. So I began a career in nursing. The first unit I worked on was converted to a solid organ transplant special care unit shortly after I started working there. I took a chance and stayed. Two years later I was recruited to be a lung transplant coordinator. I learned about NATCO through the Introductory Course. I joined NATCO in 1998. A few years later I was asked to speak at the Introductory Course. I started as a speaker and then I became a course consultant. I also participated in several NATCO Strategic Planning Sessions. After I finished my term on the Introductory Course, I was asked to be a co-chair for the Transplant Institute, now called the Symposium for Advanced Transplant Professionals. I wrote a chapter for the NATCO Clinicians Guide to Donation and Transplantation. Soon after that I ran for the Board of Directors.

Now you know how I got involved in NATCO. So, what are the goals for my presidency? There are many. I want to talk about the activities that are planned for the coming year.

I am excited about the website redesign. We hope to have the website redesign project completed by the end of this year. Once the new and improved website is in place, the next step will be to work on expanding our social networking.

This includes shaping the parameters for our social networking mediums such as our Facebook page that was started last year, increasing usage of Twitter, and adding LinkedIn in the near future to help members connect with each other.

Increasing educational opportunities will be a major focus of my presidency. I want to find more ways to provide good quality educational resources to the membership and the transplant community. We already have CCTC, CPTC, and CTP certification review modules online and other transplant topics for continuing education. We provide webinars on current topics of interest to all of our members. I want to expand the quality and quantity of materials in the online library for continuing education. I want to use podcasting and interactive social media to further enhance our educational programs.

NATCO is bringing Progress in Transplantation into the 21st century. The journal has seen a steady increase in article submissions but access to journal articles and continuing education is limited with the paper-only option. Bringing the journal online will increase accessibility and visibility and make it easier for members to get the CEPTC credits that are available for certified procurement and transplant professionals in each issue. Linda Ohler has expanded the editorial board to include a variety of experts so the editorial board reflects the multidisciplinary care patients receive and the professionals that our group represents. We anticipate the journal will be online by the end of this year.

There are many players in this small transplant community. We all have something to contribute. NATCO continues to reach out to other organizations to maintain relationships and cultivate new ones.

continued on page 3
These organizations include UNOS, CMS, HRSA, the Association of Organ Procurement Organizations, (AOPO) the American Society of Transplant Surgeons (ASTS), the American Society of Transplantation, the International Transplant Nurses Society, the American Association of Tissue Banks, the International Society of Organ Preservation, the American Board of Transplant Certification, the Organ Donation and Transplantation Alliance and others. NATCO needs to improve its representation and widen the involvement of our members in the transplant community.

We continue to partner with the ASTS to offer dual membership to senior NATCO members. Each year we hold the Symposium for Advanced Transplant Professionals in conjunction with the ASTS Winter Symposium. In the future, I want to see a more seamless program that provides advanced donation and transplantation education to both advanced allied health professionals and surgeons. This is also the desire of the ASTS leadership. I plan to work with the ASTS Advanced Practice Provider Committee to find ways to make this happen.

NATCO has joined with other organizations in the transplant community to discuss current issues in donation and transplantation. We have collaborated on projects with UNOS, the American Association of Tissue Banks and the International Society of Organ Preservation. We have co-sponsored two consensus conferences and we look forward to co sponsoring a third conference on Paired and Chain Kidney Exchange that will be held in Spring 2012. I had the pleasure of collaborating with the leadership of the International Transplant Nurses Society to write allied health program proposals for the 2012 American Transplant Congress. We submitted five proposals. We hope these proposals are accepted and that there will be more allied health programs at the Congress next year. It is my intention to continue to collaborate with the International Transplant Nurses Society on future projects. I also want NATCO to collaborate with AOPO on educational projects and participate in the HRSA Donation and Transplantation Community of Practice.

NATCO is also collaborating with Pharma on endorsing patient education projects. This is a new venue for us. At this time, NATCO provides education to transplant and procurement professionals. We have not provided educational materials to patients. We have been assisting in the development of non-branded patient education materials that can be distributed to transplant patients. The educational materials will be accessible on the NATCO website after the redesign. We plan to work with Pharma on new patient educational materials in the coming year.

Each year the Board of Directors has a strategic planning session before the Annual Meeting. The strategic planning session is used to plan the projects and activities for the upcoming year. This year I have decided to hold a long-term strategic planning meeting in November. At this meeting we will determine NATCO’s 3-5-year goals and to develop a plan to achieve these goals. We will continue to look at how to better integrate the results from our communication audit performed earlier in 2011. We will look at our educational programs, the journal, funding opportunities, committees and workgroups and more. We will determine what we are doing right, what we need to improve and what needs to be eliminated. We will be asking tough questions such as: Are we in line with our mission and vision? Have we steered away from it or do we need to change it? How can we stay current? Where will or should NATCO be in five years?

I have talked about some of NATCO’s activities and projects that are intended for the coming year. We cannot accomplish these projects without our member’s participation. Everyone in this room needs to be involved. I got involved and I plan to stay involved as long as NATCO will have me. Even if you don’t want to run for the Board there are many ways for you to contribute. We are always looking for individuals with fresh ideas and a willingness to share. If you are not sure where to start, consider joining a committee. Now some of you are asking, “What am I going to do on a committee?” Good question! Committee members are asked to share their expertise when NATCO is asked to respond for public comment on proposed UNOS regulation or policy changes, and CMS or Joint Commission issues. I know that I cannot comment on proposals that are outside of my expertise. If UNOS asks us to comment on an issue that pertains to procurement, I am going to ask the procurement experts on the Procurement Committee to comment on NATCO’s behalf. Committee members can also be selected for workgroups that are tasked with projects, such as editing the NATCO In Touch newsletter, developing educational programs, working on research or ethics projects. Even SimMan® has a workgroup!

Are you interested in education? Do you like to teach? We are always looking for good speakers. Fill out a faculty application. Faculty applications are used to select speakers for our educational programs. I want to encourage senior and advanced procurement coordinators to apply to become faculty for SimMan®.

Maybe you are shy and don’t like to speak in public. Neither do I, but I am learning to get over it. Earlier I mentioned that the editorial board of Progress in Transplantation is multidisciplinary. We would like more submissions in all areas of donation and transplantation. Talk to members at your transplant program or OPO. Encourage them to write an article. Why don’t you write an article? If you feel you are not ready to write an article for the journal, write one for the In Touch newsletter. We are always looking for articles on interesting topics to share with our members that will broaden their perspectives and educate them about other members of the transplant community.

Have you ever wanted to see how the legislative process works, or doesn’t work, on Capitol Hill? Let me rephrase the question, Have you every wanted to see how transplant issues are handled on Capitol Hill? We need to have more representation on Capitol Hill. Wade Delk is NATCO’s eyes and ears on Capitol Hill. I participated in a Hill Visit with Wade, Bill Hasskamp, Lori Coleman, and three NATCO volunteers this year. It was a great learning experience. The NATCO leadership visits Capitol Hill once or twice a year. During these visits we educate congressmen, senators and their staff about how important transplantation and donation issues are to our transplant recipients, living donors and donor families. We need to have members talk to their own representatives in Congress to increase our impact on legislation. Hill visits are open to all NATCO members. If you are passionate about getting legislation pertaining to donation and transplantation passed, you should join us on a future hill visit.

When you leave this conference, I hope you leave refreshed, with new information, new ideas and new personal and professional connections. I also hope you leave with a new sense of where NATCO has been and where we are headed. I hope you leave understanding that NATCO will not go anywhere without the involvement of our membership. That is you! We want your contribution. Contact me, or any of the other Board members. We want to hear from you. Finally, I hope you leave with an understanding that for NATCO, YOU are the difference! Thank you.
First Caregiver Guests Help Make Gift of Life Family House a Home

By Gift of Life Family House Public Relations

Nearly 20 years to the day the idea was conceived, Gift of Life Family House finally opened its doors to transplant families this summer. Envisioned in 1991 by Gift of Life Donor Program President and CEO, Howard M. Nathan, the Family House is welcoming transplant families for lodging and caregiver resources—including transportation, counseling services and nutritious meals served daily.

Nathan began his career in 1978 with Gift of Life, starting as a transplant coordinator, and working his way to CEO in six short years. He helped build the organ procurement organization to be one of the largest and most successful in the country, and Gift of Life now serves eastern Pennsylvania, southern New Jersey and all of Delaware. But it wasn’t until 1991, when Nathan found himself in one of the region’s 15 transplant centers with a family member that he began to understand firsthand the needs of organ recipients and their families.

“I sat with my mom and brother in the ICU waiting room with other families, while my sister was in surgery for a liver transplant,” he says of that day in 1991. “I witnessed the need for transplant families to have support and housing.”

Nathan continues, “I understood and had been committed professionally to donation and transplantation—as I had been in the field since 1978—but that day I understood what it was like to be a transplant family.”

With Nathan’s understanding of caregivers’ special needs throughout the transplant process, he began to dream about a place where those families could find much-needed resources and support. In July 2011, Nathan’s dream became a reality, and the Gift of Life Family House opened in Center City, Philadelphia.

The Family House can accommodate up to 30 families whose loved ones are receiving transplants at area hospitals, and serves anyone who acts as a living donor, as well as any transplant patient undergoing transplant-related care. Potential guests can obtain more information about eligibility and family referrals from their hospital transplant social worker.

The Family House welcomed its first transplant family home on July 18, 2011. The Family House is excited to be able to offer excellent resources for transplant families, and has been generously funded by private donations and through Gift of Life’s Transplant Foundation. The Gift of Life Family House continues to rely on the amazing support and commitment of local businesses, supporters and volunteers to offer great services to our families in need. For information, visit www.giftolifefamilyhouse.org or call at 855-FAMILY.

BK VIRUS NEPHROPATHY: AN ONGOING TRANSPLANT PROBLEM

By Christine Culkin, MSN, FNP-BC
Nurse Practitioner, Abdominal Transplant, Hahnemann University Hospital, Philadelphia, PA

As a new transplant coordinator, I remember being perplexed when hearing the term BK virus for the first time. Why were we so concerned about a fast food restaurant and what did this have to do with our patients? I quickly learned that this seemingly harmless sounding term was a huge threat to our transplant patients.

BK virus is a member of the polyomavirus family, which also includes JC virus and SV40. In the late 1950s and early 1960s, millions of people were exposed to simian virus 40 (SV40) of rhesus macaques through vaccinations with polio virus that were grown in contaminated cells. BK virus was first recognized in 1971 after it was isolated from the urine of a Sudanese kidney transplant patient, who was hospitalized with acute renal failure and ureteral stenosis. The virus was named for the patient whose initials were BK. The body is first exposed to BK virus infections in early childhood in many people, typically without any symptoms. After primary infection, the virus remains latent in the kidney tissue. Kidney transplant patients can become infected through reactivation of latent virus or primary infection transmitted from the donor organ or blood transfusion.

There has been a recent increase in the diagnosis of cases of BK virus nephropathy (BKVN). One thought is that we are looking for the virus on a routine basis rather than when there is a change in renal function. Early diagnosis of BK viremia can lead to has been shown to increase the transplant graft survivability. The other thought is the use of more potent immunosuppressant drugs which suppress the immune system, allow the virus to reactivate easier. Studies have not shown any correlation between BKVN and a single immunosuppressive agent, but rather the overall immunosuppressive load.

There are two ways of checking for BK virus: a blood or urine test for BK virus PCR or by kidney biopsy. BK virus is believed to transition from viruria to viremia to nephropathy. BK virus in the kidney can manifest as hemorrhagic or nonhemorrhagic cystitis, ureter stenosis and nephritis.

The usual treatment is reduction of immunosuppressive drugs. This is a difficult balance because reduction of immunosuppression can allow a rejection episode to occur as well putting the transplant graft at greater risk of failure. Another treatment can be to use antiviral agents. Following serial serum viral PCR results can help monitor the effectiveness of treatment.

Research agrees that the incidence of BKVN in the transplant community is anywhere from 3% to 10% with a failure of the transplant around 70% after diagnosis of BKVN. BK nephropathy can be a serious problem if it doesn’t respond to treatment and it can lead to loss of the kidney graft.
Connecting for One Purpose:
Opening Channels in Donation & Transplantation
continued from page 1

- What a great meeting! I learned so much and loved networking with other transplant professionals. I can’t wait for Washington in 2012.
- The benefit of being able to learn from and share with my colleagues is immeasurable! We are very lucky to be in an area of medicine where we freely share best practices instead of closely guarding secrets. NATCO really “hit one out of the park” on this year’s Annual Meeting!
- NATCO continues to provide the highest quality education and a wonderful networking environment. Truly a wonderful experience.
- I always leave NATCO feeling more fulfilled and complete. Every time I meet with my fellow transplant professionals I feel blessed and privileged to do what I do...bring the hope of life to others through donation and transplantation!

The NATCO 2011 Annual Meeting Planning Committee members were:

Ginger T. DeLario, PhD, MT(ASCP), CPTC, Clinical Education Coordinator, Carolina Donor Services, Durham, NC

F. Danyel Gooch, RN, MSN, CCTC, Lung Transplant Coordinator, Clarian Transplant, Indianapolis, IN

Kathleen Hogan, RN, BSN, CCTC, Kidney/Pancreas Transplant Coordinator, Sharp Memorial Hospital, San Diego, CA

Jill Horner, RN, BS, CCTC, Transplant Coordinator, Carolinas Medical Center, Charlotte, NC

Andrew S. Mullins, BS, MBA, FACHE, CPTC, Director, Hospital Development and Community Education, LifeNet Health, Richmond, VA

Timothy J. Snyder, CCEMT-P, CPTC, Advanced Practice Coordinator, Gift of Life Donor Program, Philadelphia, PA

Board Liaison: William H. Hasskamp, RN, BSN, CPTC, Organ Procurement Coordinator, LifeShare of the Carolinas, Asheville, NC

This team is happy to pass the torch to the incoming planning committee for the NATCO 37th Annual Meeting planned for August 12-15, 2012, in Washington, DC. Be sure to mark your calendars now to attend!
NATCO received more than 55 abstracts and case studies to support the 2011 Annual Meeting. The highest scored abstract and case study were presented during the plenary session of the 36th Annual Meeting in San Francisco, California, on August 16, 2011. NATCO congratulates all of this year’s recipients!

**NATCO Top Abstract Award & Case Study Award**
Awarded to the abstract which received the highest score. These awards were sponsored by Cytonet, LLC.

**New Analysis May Refine Quality Metrics For Transplant Programs: Proceedings Of The HRSA Transplant Center Task Force**
*Michael J. Goldstein, MD, Mount Sinai Medical Center, New York, NY*

**A Family’s Commitment to Donation Following Diagnosis of Infant Anencephaly at 20 weeks, Results in Successful Heart Valve Donation**
*Lisa Magaro, RN, CPTC; Patricia Mulvania, BSN, CPTC; Christine Radolovic, RN, BSN, CPTC; Karen Bronchella, MT, MBA; Richard Hasz, MFS, CPTC; Howard Nathan, BS, CPTC, Gift of Life Donor Program, Philadelphia, PA*

**Grant Recipients**
These awards were sponsored by Genentech.

**Medication Adherence in Those Waiting for a Kidney Transplant**
*Cynthia L. Russell, PhD, University of Missouri-Columbia, Columbia, MO*

**Psychological Outcomes of Liver and Kidney Living Donors**
*Dianne LaPointe Rudow, ANP-BC, DNP, CCTC, Recanati/Miller Transplantation Institute, New York, NY*

**Identification & Characterization of Sleep Disorders in Lung Transplant Patients**
*John M. Dopp, PharmD, University of Wisconsin, Madison, WI*

The NATCO Awards Presentation took place following the Annual Business Meeting on Tuesday, August 16, 2011, of the 36th Annual Meeting. The members and guests received an update on the association and then recognized their colleagues for their accomplishments through an awards ceremony.

**Legislator of the Year Award**
The Legislator of the Year Award is presented to a federal or state elected official who has shown outstanding devotion and dedication to the field of organ donation and transplantation. This Award is not necessarily given every year. The person who receives must be the epitome of a true statesman by being dedication to an important cause because it is the right thing to do. This year’s winner is *Congressman Joe Courtney of Connecticut.*

**NATCO Community Transplant Achievement Award**
This award is the pinnacle award presented by NATCO. It is only given out to extraordinary individuals at the Board’s discretion. This award has only been presented four times previously.

Congratulations, *Linda Ohler, RN, MSN, CCTC, FAAN,* Georgetown University, Arlington, VA!
Over the past several months, just as most of this year, Congress has been focusing its attention on the federal budget and the National Debt. At least as of this writing, the debt ceiling has been raised enough to cover current obligations. Just in time for Congress to take its August recess. The legislation cuts nearly $1 trillion in spending over the next 10 years. The cuts are phased in over time to minimize their impact on the fragile economy and sets up a select 12-member bicameral committee to put together another $1.5 trillion deficit-reduction package that must be reported to Congress by Thanksgiving and which Congress must approve by Christmas. If the committee is at deadlock or there is congressional failure to act on the recommendations it will trigger $1.2 trillion, across-the-board spending cuts divided evenly between defense and non-defense spending.

The automatic spending cuts would apply to Medicare but not Social Security, Medicaid, veterans or civil and military pay. The Medicare cuts would be limited to 2 percent of the program’s cost. Of special importance to us is that the cuts, because they do not affect Medicare beneficiaries, will likely be felt by healthcare providers and insurance companies through reductions in payments. We will need to keep a close watch on what this committee recommends. Hopefully when Congress comes back in September it will be able to expand its focus on all issues of importance to the country and make the correct decisions for – We the people.

During all of these months of discussion about the deficit and the budget we continued to advance our issues. In late July, Senator Richard Durbin (D-IL) introduced S.1454: Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act of 2011. This is a bill to amend title XVIII of the Social Security Act to provide for extended months of Medicare coverage of immunosuppressive drugs for kidney transplant patients and other renal dialysis provisions. As you know, that coverage is only for 36 months now. This bill would allow it to be for the entire life of the organ. There will also be a similar bill introduced soon in the U.S. House of Representatives by Congressmen Michael Burgess (R-TX) and Ron Kind (D-WI).

Since 1972, Medicare has covered people with end-stage renal disease (ESRD) and there is no time limit for Medicare for a dialysis patient. If patients lose their transplant, they resume Medicare eligibility for all medical needs, including dialysis or another transplant. We have argued that it is a cost-savings to extend coverage, and that Medicare patients with ESRD will incur a longer wait for a life-sustaining kidney transplant, if people who already received transplants lack coverage for the medications that prevent rejection and end up back on the waiting list. But our most important argument is that everything possible should be done to maintain the transplanted kidney and gift-of-life that someone or someone’s family has provided.

We still have plans to hold a Capitol Hill Day in the fall focusing on the Senate. The immunosuppressive legislation will be a focal point of our discussions with them. Following the Annual Meeting in San Francisco we will send information about the Capitol Hill Day. I hope many of you will be able to participate.

Being able to share with Congress and the Administration the stories about the important work that you all do that makes such a difference in so many people’s lives makes my job easy and a pleasure. Thank you for all that you do.

Best Regards,

Wade Delk
Director of Governmental Affairs
wdelk@goAMP.com
(202) 253-7862
The website workgroup has been busy working with our consultants and the NATCO Board of Directors in putting together the essentials for a user-friendly website that is well-organized and with content that is current. This process has taken longer than originally anticipated because the Board of Directors decided that the right thing to do was to undergo a comprehensive communications assessment before we moved forward. The new website, the face of NATCO, emphasized the fact that all communication material needed to correspond with NATCO’s mission and represent NATCO in a comprehensive and well-coordinated manner for now and the foreseeable future. To ensure a consistent appearance across all message mediums, the communication audit also encompassed a “style” review with the release of NATCO Style Guidelines for use of the NATCO logo, font and appropriate color palettes. Social Media including Facebook, Twitter and Linked in were also included in the assessment.

We are happy to report that the website design is well underway and our plan is to present at the 36th Annual Conference the new NATCO homepages at which time we anticipate on having information for a “go-live” date. Once the initial website is up and running, the workgroup will continue its arduous task of reviewing all current content material before uploading to the new NATCO home.

Simultaneously, the website design group assisted in the recent launch of the NATCO Facebook Group page and Twitter. Please “Like” us! NATCO’s Facebook Group Page is up and running – please encourage your colleagues to do the same and receive up to the moment information from donation and transplantation news to education opportunities. http://www.facebook.com/NATCOFB?ref=ts

Give a Tweet and follow NATCO at: Twitter@NATCO_1. Share with your colleagues current practices, events and stories from the procurement and transplant communities.

You asked for it . . . “RSS Feed” – the new NATCO website will keep members up-to-date with current industry news in real-time!
American Board for Transplant Certification

RECEIVES NATIONAL ACCREDITATION OF THREE CERTIFICATION EXAMINATIONS

WASHINGTON – August 4, 2011 – Three certification examinations of the American Board for Transplant Certification (ABTC) are now accredited by the National Commission for Certifying Agencies (NCCA). The NCCA certification, awarded to ABTC in late July, assures transplant professionals planning to become Certified Clinical Transplant Coordinators (CCTC), Certified Clinical Transplant Nurses (CCTN) or Certified Procurement Transplant Coordinators (CPTC) that their respective ABTC exam adheres to high quality and modern standards of practice in certification.

ABTC received accreditation by demonstrating compliance with NCCA’s Standards of Accreditation of Certification Programs. NCCA ensures adherence to modern, highest quality standards of practice in the certification industry. View NCCA standards online at www.credentialingexcellence.org/ncca. NCCA currently accredits 254 programs that certify individuals including nurses, respiratory therapists, counselors and emergency technicians.

About the ABTC

Founded in 1988, ABTC is a professional certification organization acting in the public interest by establishing and enforcing education, examination, experience and ethics requirements for certification. Currently, 2,204 transplant professionals have CCTC, CCTN and/or CPTC designations. For more information, call (913) 895-4603 or visit www.abtc.net

About NCCA

NCCA is the accrediting body of the Institute for Credentialing Excellence (ICE). ICE’s mission is to advance credentialing through education, standards, research and advocacy to ensure competence across professions and occupations. NCCA was founded as a commission whose mission is to help ensure the public health, welfare and safety through the accreditation of a variety of certification programs that assess professional competence. NCCA uses a peer review process to establish accreditation standards, evaluate compliance, recognize programs that demonstrate compliance and serve as a resource on quality certification. For more information, call (202) 367-1165 or visit www.credentialingexcellence.org.

For information about the events listed below (unless otherwise indicated), or to submit calendar items for “What’s in Store,” contact the NATCO Executive Office by phone (913/895-4612), fax (913/895-4652), or e-mail (natco-info@goAMP.com).

October 18-19, 2011
CEO Summit
Ritz-Carlton
St. Louis, MO

August 12-15, 2012
NATCO 37th Annual Meeting
Grand Hyatt Washington, D.C.
Washington, D.C.

October 4-5, 2012
National Learning Congress 2012
Gaylord Texan
Grapevine, TX

For more information on any of these educational offerings, please contact the NATCO Executive Office at (913) 895-4612 or natco-info@goAMP.com.
LOYOLA

Loyola University Health System, located 10 miles west of downtown Chicago, is offering the following career opportunities for transplant professionals:

ORGAN PROCUREMENT COORDINATOR
The Organ Procurement Coordinator assists in managing the clinical care of the patient or donor in the pre- & post-transplant phase of evaluation for organ transplant; educates the patient and/or donor on all aspects of the transplant process; prepares and submits all information to UNOS, CMS, JCAHO, and insurance companies.
Requirements: Bachelors Degree, current/valid State of IL RN license, 1-2 yrs. related exp. (3-5 yrs. preferred), and CPR certification.
Select: “Nursing Mgmt/Advanced/Spec” Category to view full description and to apply online.

TRANSPLANT QUALITY COORDINATOR
The Transplant Quality Coordinator oversees and manages all aspects of quality initiatives and metrics related to solid organ transplant ensuring compliance with all UNOS, Federal, and Joint Commission standards.
Requirements: Bachelors Degree (Masters preferred), current/valid State of IL RN license; 1-2 yrs. related exp (3-5 yrs. pref’d), 1-2 yrs. exp. in solid organ transplant in a nurse coordinator role for any of the following: Heart, Lung, Liver or Kidney.
Select: “Nursing Mgmt/Advanced/Spec” Category to view full description and to apply online.

TRANSPLANT FINANCIAL COUNSELOR
The Transplant Financial Counselor facilitates the collection of pertinent insurance/financial information for patients referred for kidney, liver, heart & lung transplant and assists Patient Financial Services personnel in completing required pre-certifications for transplant evaluation, transplant surgery, and post-transplant services.
Requirements: High School Diploma; 1-2 yrs. related exp. in medical office setting with knowledge of medical terminology and patient accounting systems.
Select: “Finance/Billing/IT” Category to view full description and to apply online.

Apply Online: www.LoyolaMedicine.org/jobs
Select the category listed under each position to view a complete job description

Loyola is an equal opportunity and affirmative action employer/educator and is committed to a drug-free and smoke-free workplace.