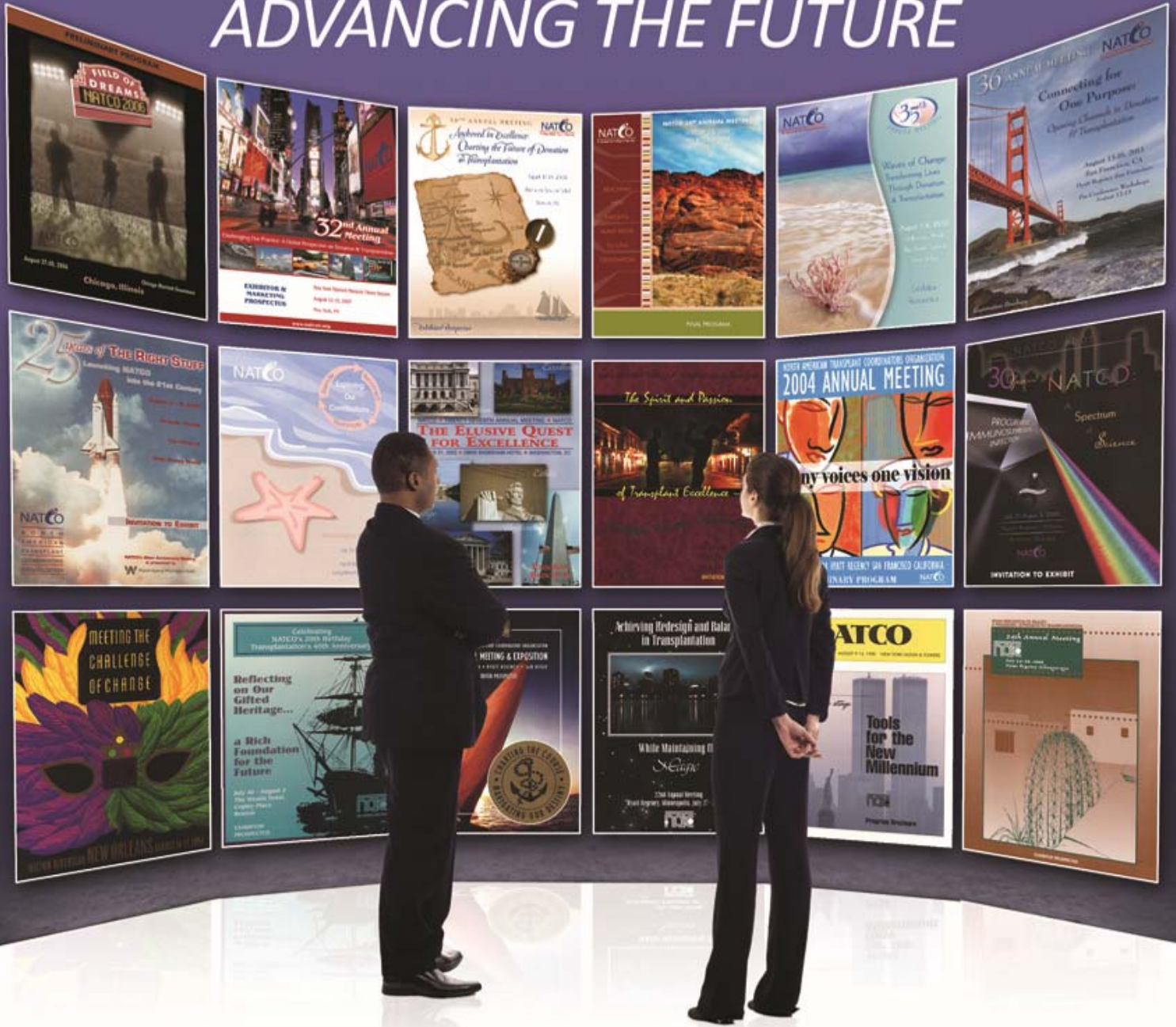


# SAVE THE DATE

## NATCO 37<sup>TH</sup> ANNUAL MEETING

Learning from the Past,  
*ADVANCING THE FUTURE*



**NATCO**  
The Organization for Transplant Professionals

**August 12-15, 2012**  
**Grand Hyatt Washington**  
**Washington, DC**

*37th Annual Meeting • August 12-15, 2012 • Washington, DC*

The abstract and case study online submission form can be found at [www.natco1.org](http://www.natco1.org).

### **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- **Only previously unpublished original work will be considered.**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:**
  - Visit [www.natco1.org](http://www.natco1.org) for electronic submission.
  - **Authors must be clearly identified in the author field of the on-line 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.**
  - **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 subject's 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](http://www.natco1.org).**
- **Abstracts must be received by Tuesday, January 31, 2012.**
- **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

### NEW ANALYSIS MAY REFINE QUALITY METRICS FOR TRANSPLANT PROGRAMS: PROCEEDINGS OF THE HRSA TRANSPLANT CENTER TASK FORCE

*Michael J. Goldstein, MD, FACS, Director, Kidney and Pancreas Transplantation, Mount Sinai Medical Center, New York, NY*

Full name,  
credentials  
listed

Problem/Idea  
stated in first  
sentence/  
paragraph

**PURPOSE:** The Organ Donation and Transplantation Community of Practice has increased deceased organ donation through sharing best practice methodologies. Efforts to support transplant center capacity stimulated HRSA to develop a Transplant Center Task Force (TCTF) to increase participation from transplant centers around the nation in achieving national, regional and donor service area (DSA) performance goals.

Transplant  
center, OPO  
and service  
area NOT  
named in the  
body of the  
abstract to  
assure  
objectivity  
during review  
process

Methods briefly  
described

**METHODS:** The proceedings of the 2010-2011 TCTF formalized new quality performance measures for transplant programs for which high performing programs were recognized at the National Learning Congress in November 2010. An intention to treat approach was used to define transplant program quality in three clinical areas: program waitlist mortality, program transplant rate, and 1-year post-transplant graft survival. SRTR data was utilized to compare observed to expected results in each category. Transplant programs were eligible for an award if their observed results were significantly better than expected in any category, while simultaneously not achieving significantly worse than expected results in other categories.

Appropriate  
use of  
numerals for  
numbers in  
the text to  
condense  
volume

Results briefly  
described

**RESULTS:** 735 transplant programs were evaluated in the analysis. 157 programs (21.3%) received awards. 146 programs (19.9%) achieved bronze status by showing above expected performance in one of the defined areas. 10 (1.4%) achieved silver status by showing above expected performance in two of the defined areas. Just one program (0.1%) achieved gold status by showing above expected performance in all three of the defined areas. The award-winning programs by organ type included 75 kidney (48%), 31 liver (20%), 22 pancreas (14%), 17 heart (11%), and 12 lung (8%). 141 programs (19%) met eligibility for an award for higher than expected transplant rate, whereas 130 programs (18%) failed to meet expected transplant rates. 36 programs (4.9%) failed to meet expected waitlist mortality and 40 programs (5.4%) failed to meet expected 1-year graft survival. 21 programs (2.9%) had two deficiencies by failing to meet expected outcomes in two of the three metrics. There was no program identified that failed to meet expected outcomes for all three quality metrics.

Word Count:  
350 or fewer

Four distinct  
sections;  
easily  
reviewed

Conclusions  
stated are  
directly relevant  
to procurement,  
transplantation  
or hospital  
development  
field

**CONCLUSION:** The TCTF awards may have defined new quality standards, which will encourage increased utilization of deceased donor organs and refine recipient selection and management for transplant centers.

Human  
subjects  
protection  
documented

## Call for Case Studies

37th Annual Meeting • August 12-15, 2012 • Washington, DC

The case study submission form can be found at [www.natco1.org](http://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:**
  - Visit [www.natco1.org](http://www.natco1.org) for electronic submission.
  - **Authors must be clearly identified.**
  - **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.**
  - **Use standard abbreviations.** Place special or unusual abbreviations in parentheses after the full word the first time it appears.
  - **Use numerals to indicate numbers except to begin a sentence.**
  - **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.
      - 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](http://www.natco1.org).**
- **Case studies must be submitted by Tuesday, January 31, 2012.**
- **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

### A FAMILY'S COMMITMENT TO DONATION, FOLLOWING DIAGNOSIS OF INFANT ANENCEPHALY AT 20 WEEKS, RESULTS IN SUCCESSFUL HEART VALVE DONATION

*Lisa Magaro, RN, CPTC, Organ Procurement Coordinator, Gift of Life Donor Program, Philadelphia, PA; Patricia Mulvania, BSN, CPTC; Christine Radolovic, RN, BSN, CPTC; Karen Bronchella, MT, MBA; Richard Hasz, MFS, CPTC; Howard M. Nathan, BS, CPTC*

Full name, credentials listed

Introduction and brief definition

**PATIENT PROFILE:** Fetus was diagnosed with anencephaly during a routine pre-natal ultrasound at 20 weeks. Parents elected to continue the pregnancy to 37 weeks, with a scheduled c-section, recognizing survival would be limited to minutes or hours post-delivery. At 33 weeks gestation, parents entered into a donation discussion with the OB GYN physician. Referral was made to the OPO.

No confidential information disclosed

Concise explanation of situation

**DISCUSSION:** The OPO coordinator met with the parents. Following investigation of donation possibilities with tissue processors, heart valve donation was discussed explaining a strict 6 lb. minimum weight requirement. The parents were committed to pursuing the opportunity for donation, including postponement of the C-section to 40 weeks in hopes the baby would meet the weight requirement. A birthing plan was created with the mother and care team to include timing of consent, maternal serologies, medical-social history and timely notification to the OPO following infant death. Written consent and maternal medical-social history was obtained 4 days prior to the scheduled C-section. One week prior to the birth, the OPO coordinator met with the Labor and Delivery nurse manager and clinical nurse specialist to discuss the donation process. A plan was developed to include the OPO coordinator returning on site the morning of the delivery to draw blood for maternal serological testing. Careful consideration was given, for the family's privacy and time together, during completion of paperwork, blood collection and throughout all communications and preparations with the parents. An infant female was delivered via c-section at 40 weeks gestation, weighing 6 lbs., 3 oz. The parents were able to spend 36 hours with their daughter. Upon the baby's death the OPO coordinator returned to the hospital to support the family. Heart valves were successfully recovered.

Appropriate use of numbers

Transplant center, OPO and service area are NOT identified

Detailed explanation of flow of events

Three distinct sections

**CONCLUSION:** It is not uncommon to have parents of infants' diagnosed in-utero with anencephaly to inquire about donation possibilities. Often the response is that no donation possibilities exist. Through continued support and clear explanation of all possibilities, this OPO provided a family the opportunity to create a meaningful legacy for its daughter while at the same time providing the opportunity for heart valve transplant to two other infants.

Permission to publish documented

## Call for Grants

*37th Annual Meeting • August 12-15, 2012 • Washington, DC*

- **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 Tuesday, January 31, 2012.
  
- **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](mailto: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.
  - **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.
  - **Significance:** Briefly describe the background of the proposal, including a critical evaluation of the existing body of knowledge about the problem.
  - **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.
  - **Budget:** Specify direct and indirect costs, including supplies, equipment, computer costs, consultative fees and other expenses. Include a one-page budget justification (see sample).
  - **Appendices:** May include copies of instruments.
- **Application Order:** The order of contents should be:
  - Completed application form
  - CV or biographical sketch of the primary investigator followed by CVs or biographical sketches for co-investigators
  - Support letter(s)
  - Research plan
  - Reference pages
  - Budget and budget justification
  - Appendices
- Send the grant application and all required documentation to NATCO at [natco-info@goAMP.com](mailto:natco-info@goAMP.com) no later than Tuesday, January 31, 2012.
- **Requirements:** Authors receiving one-year grants in August 2012 must agree to present one-year results at the 2012 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 2013 Annual Meeting, followed by a manuscript to *Progress in Transplantation*.
  - 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 Tuesday, January 31, 2012**



**NATCO GRANT REQUEST BUDGET TEMPLATE**

<b>Budget Category</b>	<b>Itemized Costs</b>	<b>Year of Support</b>	
		<b>Year 1</b>	<b>Year 2</b>
<b>Personnel</b> – List of individuals (no more than 5% of your budget can be allotted to personnel)	Percent of salary or fee	Total requested for each year of study	
Statistician			
<b>Consultants</b>	Fee	Total requested for each year of study	
<b>Supplies</b> – itemize supplies	Cost based on per-subject	Total the itemized list	
<b>Equipment</b> – itemize equipment	Costs	Total the itemized list	Determine the cost for year two
<b>Analysis</b>	Fee	Total costs for each year of the study	

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