



**2010 AOPO ANNUAL MEETING CALL FOR PRESENTATIONS and POSTERS  
FOCUS ON THE FUTURE  
DUE: FEBRUARY 22, 2010**

We invite you to submit your proposals for a breakout session and/or poster for the 2010 AOPO Annual Meeting, FOCUS ON THE FUTURE. The meeting is June 15-18, 2010, at the Baltimore Marriott Waterfront Hotel, Baltimore, MD.

We will review work that is related to organ and tissue donation and especially encourage work that shares proven practices. Special consideration will be given to submissions that focus on quantitative results with demonstrated outcomes. Our conference objectives are listed below to give you some guidance in developing your ideas but are not intended to limit the scope of what you submit. Every discipline within the organ and tissue donation industry is encouraged to participate. You may submit multiple proposals.

Sessions may include one lecturer, or may have multiple views and therefore result in mini-presentations, or perhaps panel discussions. Additional guidance on formatting, scheduling and coordinating with others for the session will be provided to those whose topics are selected by the Committee.

Guidance on format for posters, setting up and being present to discuss the findings will be provided to those who are selected. The committee will select up to 20 posters.

We ask that you respond by sending your proposals and abstracts no later than February 22, 2010. Please use the attached forms. There is one for sessions and one for abstracts.

**Meeting Objectives for AOPO's Focus on the Future:**

- Where is the data driving us and what does it mean? (SRTR, CMS, UNOS)
- How can we move from Best Practices to Proven Practices?
- How do we use demographic trends and data to prepare for the donor profile of the future?
- What new business models can be developed to meet the changing economy?
- How do we measure up? Lessons learned from the first round of CMS visits (CMS, AOPO, AATB, EBAA, UNOS, etc.)
- What can make a difference in maximizing donation; what small changes in practice make a big impact? What are the key things to test?
- Evolving science of donation and transplantation - what does the future hold for organ transplantation, cloning, organ engineering, organ regeneration?
- Finding your leadership voice

## FORM 1: AOPO ANNUAL MEETING 2010 BREAKOUT SESSION PROPOSAL

Submission deadline: February 22, 2010

Send to: [coneill@aopo.org](mailto:coneill@aopo.org)

Questions? Call Carol O'Neill, 703-556-4242, ext. 203

<b>Contact person</b>	
<b>Organization, Phone, Email</b>	
<b>Proposed Topic/Title</b>	
<b>AOPO Council or Committee represented by this session? (if applicable)</b>	
<b>Describe the relevant audience for this session?</b>	
<b>Time Needed</b>	<input type="checkbox"/> 30 minutes <input type="checkbox"/> 45 min <input type="checkbox"/> 1 hour <input type="checkbox"/> 1.5 hours <input type="checkbox"/> 2 hours
<b>Session Objectives</b>	1.  2.  3.
<b>Format overview (panel, lecture, interactive, etc.)</b>	

## FORM 2: AOPO ANNUAL MEETING 2010 ABSTRACT SUBMISSION FOR POSTERS

**Submission deadline: February 22, 2010**

**Send to: [coneill@aopo.org](mailto:coneill@aopo.org)**

**Questions? Call Carol O'Neill, 703-556-4242, ext. 203**

Author guidelines for abstract submission:

1. Abstracts report the investigation and results of completed research.
2. Abstracts should be no longer than 400 words
3. Type font size in standard 10 or 12 point
4. Organize the abstract into four distinct sections
  - a. Purpose – What was the reason for the study?
  - b. Methods – How was the investigation accomplished?
  - c. Results – What were the findings?
  - d. Conclusions – What solutions were found based on the results?
5. Evaluation of abstracts is based on content and compliance with suggested format.
6. Abstracts will be reviewed by the program committee to determine the acceptance.
7. Posters will be displayed and will be available for review by all participants.
8. Authors must be present at their poster during one timeframe, to be determined by the Committee, in order to meet attendees and answer questions.
9. There will be awards and a breakout session presentation for the top three abstracts accepted for poster presentation.
10. Accepted abstracts will be published on the AOPO Portal.
11. Confirmation of acceptance for poster presentation will be communicated to the author(s) in early April.
12. There will be a maximum of 20 poster presentations.

The form follows on the next page.

**AOPO ANNUAL MEETING 2010 POSTER ABSTRACT FORM**

ABSTRACT TITLE:

**\*REQUIRED INFORMATION:**

**\*Primary Author and Title:** \_\_\_\_\_

**\*OPO / Address:** \_\_\_\_\_

**\*Phone/Email:** \_\_\_\_\_

**\*Additional Author(s) & Title:** \_\_\_\_\_

...SAMPLE ABSTRACT...

**Purpose:**

Family time constraints and patient instability pose significant challenges to Organ Procurement Organizations (OPO). Without a focused approach to such cases, potential organ donors may not be realized and fewer organs may be recovered for transplant. The aim of this study is to examine one OPOs approach to cases that present with time constraints through the development of an Expedited Recovery Team.

**Methods:**

Our OPO convened a multi-disciplinary group to examine the need, and to develop a process for an expedited recovery team (ERT). The group first met on July 23, 2008. Group members included two Administrators, one Donation Coordinator (DC), one Triage Coordinator, one Family Services Coordinator (FSC), one Hospital Relations Coordinator (HRC), one Organ Clinical Coordinator (OCC), and two Organ Surgical Recovery Coordinators (OSRC). The group enlisted the help of Informational Technology (IT) to create a mail group on the OPO email system so that, in the event of a potential donor case with time constraints the team could be convened through a rapid email notification. It was determined that when an onsite coordinator identifies a need to move a case forward quickly, the coordinator will ask the OCC to activate the ERT. A conference call will follow to determine how best to support staff onsite and to divide work to rapidly mobilize recovery staff. In addition, the group has developed and distributed resource materials for the DCs to use in the event that a case needs to be brought to the Operating Room (OR) prior to OSRC arrival. Debriefings are held after each ERT activation to identify what is working well and what may be improved.

**Evaluation and Outcome:**

The ERT has been activated fourteen times between July 28, 2008 and February 20, 2009. The case mix has included thirteen potential donors after cardiac death (DCD) and one hemodynamically unstable brain dead donor (DBD). Three potential DCD donors did not expire within the required timeframe, one was determined to be medically unsuitable for donation prior to extubation, and ten donors proceeded to organ recovery. Mean age of potential donors in this group was 38.9 years. A total of 22 organs (20 kidneys and two livers) were recovered and transplanted from these donors, resulting in 2.2 organs transplanted per donor (OTPD). The mean time from activation of the ERT to extubation (for DCD) or OR (for DBD) was three hours, 38 minutes. The mean time from consent to extubation or OR was four hours, 31 minutes. During that same time period the OPO had 32 DCD donors where the ERT was not activated. The mean time from consent to extubation on these donors was 28 hours, 38 minutes. Mean age of these donors was 42.6 years. A total of 56 organs were transplanted (45 kidneys, ten livers, and one pancreas), resulting in 1.75 OTPD. This OPOs experience indicates that the use of a targeted, multidisciplinary group to assist onsite staff to expedite organ recovery can result in significant reduction in the time needed to coordinate recovery without negatively affecting OTPD. This approach can help achieve organ recovery in those cases which would otherwise not have gone forward.

**\*REQUIRED INFORMATION:**

**\*Author(s) & Title:** Use of an Expedited Recovery Team to Ensure Organ Recovery in Donor Cases with Family Time Constraints or Donor Instability

Sheila P. Harms, RN, MSN, Posy Durning, PA, Christopher C. Curran, Daniel Miller, Kenneth Kramer, ST, Barbara Levine, MSW, Joseph Gambino, ST, John Belcher, CCEMT-P, Lilia Gershgorin, BA

**\*OPO / Address:** New England Organ Bank, One Gateway Center, Newton, MA

**\*Phone/Email:** 617-413-5327/Sheila\_harms@neob.org