

I T N S

GOLDEN TRIANGLE Chapter *Newsletter*

Editor: Christine Shay

Spring 2004

President's Message by **Christine Shay, RN, BSN, CCTC**

While spending time staffing the UNOS booth at the Pittsburgh Hilton in April, I had the opportunity to meet an OPO coordinator from Connecticut. She was attending the conference offered by The Association of Death Education and Counseling and had done so for the last few years. We had a great discussion regarding different aspects of the donation and transplantation process. It was interesting to see that, as an OPO coordinator, she struggled with many of the same concerns and goals that I have as a Clinical Coordinator regarding organ donation, allocation of organs, and patient outcomes.

Within that same week, I visited a patient post-transplant who could not say enough positive things about his experience through the transplant process. As a nurse himself, and coming from a family of nurses, he acknowledged and was impressed with the compassion, responsibility, and continuing education that each person in the system must possess to care for him. Because of his experience, he is willing to become an active part regarding efforts to increase organ donation and is also willing to speak with patients and families before and after transplant to answer their questions and to calm their fears.

It is very easy for us as health care professionals to fall into a "rut" full of task work and chaos that we encounter on a daily basis within each of our positions. This "rut" is frustrating and tiring and can cause us to lose sight of the "big picture" and the real purpose for our role within the world of transplantation. Regardless of that role, whether OPO coordinator, nurse, pharmacist, social worker, financial analyst, or other discipline, we have an impact on each individual patient we encounter and ultimately the entire transplant process.

I am proud to be the president of the Golden Triangle Chapter, ITNS and I am proud of the example that our chapter has set for others in the transplant world as well as the community. We possess a multitude of disciplines in our chapter empowering us to make a difference in the "big picture". As we continue to become more recognized, I encourage all of you to become more involved. The part you play is noticed and appreciated! Be proud of who you are as a transplant professional!!

GTC NEWS

Congratulations to:

Jackie Aramany-Roth who had a baby daughter on 1/17/04.

Patrice Pfeifferberger for passing her CCTC exam.

The winners of the GTC, ITNS **Educational Grants:**

Marsha Zak

Karen Emmett

Gloria Lardieri

Mark Paynter

Linda Bonazza & Kim Meyer

Lisa Kyper

Kathy Nestler

Welcome to the following new members of the Golden Triangle Chapter, ITNS

Cheryl Buzzard, Renal Transplant Coordinator, STI

Heidilyn Dolinich, Education Specialist, PICU, Children's Hospital

May Beth Kusturiss, Continuity of Care Coordinator, Cardiac Transplant, UPMC

Gloria Lardieri, Liver Transplant Coordinator, STI

Dolores Di Tullio, Social Worker, UPMC

Marnie Burkett, Education Specialist, PICU, Children's Hospital

For the second year in a row, an ITNS Golden Triangle member has received the esteemed National Kidney Foundation's Karen Hull "**Small Hands, Big Heart**" Award for volunteering for the foundation who's one of many missions include increasing organ donor awareness. Shelley Zomak, MS, CCTC was honored with this award on Saturday April 4, 2004 at the NKF's Gift of Life Dinner. In 2003, Judi Vensak, BSN, CCTC, who also is one of our GTC members was the recipient of this award. Congratulations to both Shelley and Judi for their great contributions.

Please join me in acknowledging a few of our members for publishing a book chapter:

Primary Care of the Child with a Chronic Condition, eds. Patricia Jackson Allen, Judith A. Vessey, Mosby 2004, Chapter: Organ Transplantation by Beverly Kosmach-Park, Melanie Klein, and Kathy S. Lawrence, pp. 644-666.

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BOARD OF DIRECTORS

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ANNOUNCEMENTS

As per the vote at last dinner meeting, \$500 was donated to National Kidney Foundation to support **2004 U. S. Transplant Games** which will take place from July 27-August 1, 2004 in Minneapolis, MN.

GTC, ITNS received a thank you letter from CORE regarding our donation in memory of Brian Broznick. A nameplate in honor of Brian will be added to the gold level of recognition area that adorns CORE'S main entrance.

Thank you Dan Foust for sponsoring the Journal Club on March 17, 2004.

Thank you Marilyn Bartucci from Fujisawa for sponsoring the Dinner Meeting, January, 21, 2004.

Annual **Membership Drive** will run until June 30, 2004. The GTC member to sponsor the most new members after a minimum of 5 will win a car CD player with installation. Please refer to the local and international membership application enclosed in the newsletter.

Support Team Pittsburgh at the **Transplant Olympics** coming up in July, 2004. Cookbooks are still available!! They are \$13.00 or 2 for \$25.00!! Shelley Zomak can be contacted via email (zomakra@msx.upmc.edu) with questions and to make a purchase.

Assistance needed in the following areas:
Newsletter Committee – The goal is to facilitate, collect, and organize materials and information for the development of the GTC quarterly newsletter.

Membership Committee – The goal of the committee is to enhance recruitment and retention of ITNS members.

CALL FOR VOLUNTEERS

Volunteers are needed at **Family House** to help the guests feel welcome and to make their visit more comfortable. Every week, a group of people go to Family House to cook a meal or sponsor an event for the guests. Whether you go with other ITNS members, friends, family members, or you are a member of a club or church group, you are welcome. You could run a BINGO game, cook a meal, bake cookies, or plan a craft.

REMEMBER
CEPTC's are available
for all committee
involvement.

UPCOMING EVENTS

April Dinner Meeting

Date: Wednesday, April 28, 2004
Location: Hot Metal Grill
Sponsor: Dan Foust, Roche
Pharmaceuticals
Speaker: Terry Byers
Topic: Financial Considerations
Regarding Transplantation

July Journal Club

Date: Tuesday, July 8, 2004
Host: Liver Candidate Service
Topic: To Be Announced
Sponsor: Pfizer
Location: Children's Hospital,
B213/214, 1-2:30pm

Details regarding these events may be accessed on the GTC voicemail at 412-648-1139

PROFILES IN TRANSPLANT NURSING

by

Mimi Funovits, RN, BS, CCTC

This is the second article in our new series that profiles a Golden Triangle Chapter member.

I had the pleasure to sit down recently to interview **Michael Bucknam, RN**. He is the Unit Director of Cardiothoracic Transplant (7F) at UPMC Presbyterian Hospital. Mike has an easy-going nature along with a friendly smile which instantly made me feel at ease.

Mike graduated from CCAC in 1994. He is currently attending graduate school at the University of Pittsburgh working towards an MSN in Nursing Administration. Mike's nursing career began at The Rehabilitation Institute in Squirrel Hill. He worked as a staff nurse there from 1994 through 1997. He then moved to West Penn Hospital and worked as a staff nurse on a medical cardiology unit for 1-½ years. He joined UPMC in 1998 as a staff nurse in the Cardiac Care Unit, and was promoted to a Primary Care Coordinator (PNCC) in 2000. Mike says one of his most notable career accomplishments was his promotion and transfer to his current position of Unit Director of the CT Transplant Unit.

Mike has a wonderful joking attitude when he talks about balancing his nursing career with school and family. Mike says it takes perseverance and good planning to juggle personal time with his daily commitments. When asked where he wants to be 5 years from now, he says with a laugh, "You mean if I don't win the Lottery? Seriously though, I want to be right here continuing my professional development."

He hopes that his goals will lead him toward nursing administration, policy development and clinical management of a UPMC division.

Mike says every day in the unit is different. He is accountable for all activities twenty four/seven. He makes daily rounds to assure patient and staff satisfaction and frequently rounds with the physicians that he claims is a wonderful learning experience. He is also responsible for the unit budget, finances and staffing.

Mike's first experience with transplant nursing began last year when he joined the cardiothoracic transplant team and became a member of ITNS and the Golden Triangle Chapter. He believes ITNS and our local chapter provides for educational opportunities and networking. He has observed that our members take great pride in their transplant expertise.

Mike has been married for 5 years to his wife, Cherri, who works as a postpartum nurse at UPMC Magee Women's Hospital. They share their home with their dog, a Sheltie named Sammy. When not working or attending class, Mike enjoys snow skiing, bicycling, and golfing. He looks forward to traveling to Florida or the Caribbean every winter or spring.

We know that Mike's hard work and perseverance will pay off. He is yet another example of our outstanding Golden Chapter membership. Good luck Mike!

ITNS GOLDEN TRIANGLE CHAPTER

Journal Club Summary

DATE: March 17, 2004

TOPIC: HIV in Transplantation

The Clinical Post-op Liver Transplant Coordinators of The TESTI hosted a Journal club on March 17, 2004. Dan Foust and Doug Doehring, of Roche Pharmaceuticals, sponsored our meeting and provided a delicious lunch. The topic was "HIV in Transplantation". The following summaries will provide you a brief overview of the articles discussed.

"Key Clinical, Ethical, and Policy Issues in the Evaluation of the Safety and Effectiveness of Solid Organ Transplantation in HIV-Infected Patients"

Michelle E. Roland, et al., Archives of Internal Medicine, Vol.163 (15), 2003.

Patients with HIV infection are at significant risk for end-stage liver and kidney disease, but until recent years, have been considered poor candidates for transplantation. Reasons include the ideas that HIV mortality may make the use of a scarce resource unjustified and that post-transplant immunosuppression may accelerate HIV progression.

There are 3 major issues regarding transplantation of patients diagnosed with HIV.

1. A history of opportunistic infections and complications that would render a poor outcome
2. Resource allocation of a scarce resource.
3. Risks and benefits associated with living and cadaveric donation.

Some argue that with better antiretroviral (HAART) treatment, mortality has declined and restricted access to transplantation is no longer justified. Others argue that HIV patients may not have the same outcomes after transplant comparable to those without HIV.

Dr Roland initiated a pilot multi-site clinical trial in June, 2001. The goal was to assess the impact of immunosuppression on HIV progression. 275 subjects who met inclusion criteria and underwent kidney or liver transplantation were to be studied beginning last fall. Currently, UNOS does not prohibit HIV infected patients from receiving organs. It is left up to the individual transplant centers to list them for transplantation.

Utilitarians have argued that diverting organs from a group known to be likely to benefit from transplant to a group whose likelihood is unknown could result in deaths among patients on the waiting list without benefiting the organ recipients. Their conclusion is that a clinical trial of HIV infected patients is not justified. The author believes that this issue should be decided according to rigorous clinical data. They developed a proof of concept theory in selecting HIV patients for transplantation. The goals of the trial were to evaluate the impact of both post-transplant immunosuppression on survival and HIV progression and HIV infection on graft survival. The study investigators use living donors as long as voluntary disclosure of the recipient's HIV status is made known to the donor. The use of marginal donors was considered in this study. In a research setting, the goal of gaining knowledge may be compromised if marginal donors are used. It would be difficult to determine if a poor outcome would be due to HIV or marginal donor. Organs from HIV infected donors were considered, but not used in this study. Concerns about HIV super-infection with a new strain, or more virulent strain was of serious concern.

The proof of the principal theory approach to subject selection provides the best chance for a successful study outcome. They used the hypothesis that immunosuppression neither accelerates the progression of HIV nor reduces survival in subjects with a fairly intact immune system and good HIV suppression. They selected subjects with the best prognostic indicators, except when patient need takes priority.

Their conclusion is that preliminary experience with HAART and transplantation appears promising, although clinical and ethical questions remain. With improvements in the management of HIV infection, it is timely to perform a safety and efficacy study of transplantation of HIV infected patients.

“Pushing the Limits:Transplantation in HIV-Positive Patients”, Bonham,C.A.,XVII International Congress of the Transplantation Society,2000

Until recently, positive HIV status was considered a contraindication to organ transplantation. Outcomes were poor in HIV positive patients who received transplants in the 1980's. With the onset of pharmacological advances and development of HAART(Highly Active AntiRetroviral Therapy), many HIV positive patients have an extended life expectancy and are presenting with end stage renal or liver disease.

Arguments against transplantation for HIV positive patients include:

Patients with medically stable HIV may decompensate under immunosuppression.

Immunosuppression may enhance HIV replication.

Drug interactions between antiretrovirals and immunosuppression are a problem.

Adverse public sentiment for offering transplantation to HIV positive patients may lead to diminished organ donation.

Arguments for transplantation were presented:

Immunopathology has demonstrated that Cyclosporin and Tacrolimus may reduce HIV activity and does not accelerate the disease.

The objective of HAART is to control the HIV viral load, decrease viral replication, and decrease T-cell destruction.

HAART consists of two or more nucleoside analog reverse transcriptase inhibitors and a protease inhibitor. Individual regimens with combination drug therapy are tailored to achieve suppression of HIV replication with the least amount of toxicity. Adverse drug reactions in organ transplantation of HIV positive patients on HAART and immunosuppression is a significant concern. Virtually all antiretroviral agents have associated toxicities that are enhanced with immunosuppression, and immunosuppression medications are elevated to toxic levels in the presence of HAART drugs.

Recent outcomes of liver transplants in HIV positive patients in the HAART era have shown that there has not been a progression of HIV disease after transplantation.

UPMC has developed a protocol to assess the impact of HIV infection and transplantation on patients with end-stage organ failure. Inclusion criteria include meeting minimal transplant listing criteria. Additionally, they must demonstrate a clinical response to HAART, defined as a CD4 count of >200 for 6 months and an undetectable viral load for 3 months. In the small group reported at this time, 5 patients received liver transplants under HAART therapy, 4 remained alive with 1 death due to bacterial sepsis. There was no evidence of progression of HIV disease in this group.

In conclusion:

Organ transplantation was not associated with progression of HIV disease.

Patients maintained undetectable viral loads under HAART.

Tacrolimus doses were greatly reduced.

CD4 T-cell counts of > 200 were sustained.

Patients retained their ability to reject organ allografts.

Significant drug interactions occur, but they are manageable.

HAART remains effective in controlling HIV progression in spite of immunosuppression.

Recent advances in management and improved prognosis for HIV-positive patients indicates that organ transplantation should be considered an option for these patients.

The Attendant Care Program

by

Dolores Di Tullio, SW, Transplant Social Worker

Although the goal of transplantation is to enable recipients to live as independently as possible, the reality is that some of the recipients and/or their family members may require assistance with activities of daily life. The cost of such assistance is not covered by traditional health insurance plans and is often beyond the recipients' financial means. The availability of government in-home support services is limited particularly for persons between the age of 18 and 59. These factors often pose major strains on family life, jeopardizing the recipients' ability to remain at home and/or comply with post-transplant care.

One program which attempts to address the above issues but is often underutilized is the Attendant Care Program. This program is designed to enable adults, ages 18 through 59, who are mentally alert and have physical disabilities to attain one or more of the following goals:

1. live as independently as possible in a community setting
2. prevent avoidable admissions to nursing homes
3. seek or maintain employment

The program is available throughout the United States and is generally coordinated on a state/county/regional level.

What Are The Services Provided By The Attendant Care Program?

The services include assistance with:

1. getting in & out of bed, wheelchair &/or car
2. bathing and personal hygiene
3. dressing and grooming
4. eating, meal preparation
5. homemaker services such as shopping, laundry, light housekeeping
6. companion services including transportation and escort services
7. management of finances and planning activities.

Who Is Eligible To Receive Attendant Care Services?

An individual may be eligible for the program if he/she :

1. has a physical disability expected to last for at least 12 months or which may result in death
2. is mentally alert and between 18 - 59 years of age
3. requires assistance in order to carry out the activities of daily life, self care and mobility
4. has limited income and assets
5. is able to independently select, supervise and train an attendant

What Are The Financial Eligibility Criteria?

Although income eligibility for the recipient of services is defined as \$1,635 per month and \$2,000 in assets, the determination of what constitutes income and assets is individualized. Therefore, a person's financial eligibility for the program should be explored even if it appears that he/she is over the stated income/assets. In addition, fee for service, based on a sliding scale, may also be an option.

Who Hires The Caregivers?

Depending on the recipient's preference/capabilities, the caregivers may be hired and fired by the:

1. agency
2. recipient
3. the recipient and the agency
4. the agency completes background checks on all caregivers and, if hired by the recipient, is available to train them

Which Agencies Coordinate The Attendant Care Program?

**Allegheny County
UCP - Community Living and Support Services
4638 Centre Ave.
Pittsburgh, Pa. 15213
412-683-7100**

A Community Living and Support Services Coordinator assists with the application process and is available to coordinate/monitor care after the application is approved. Other Pa. Counties' contact available from:

**Office of Social Programs Waivers
Harrisburg, PA
717-772-2525**

Other States: Call the State's Human Services Department.

Who May Make A Referral?

A referral to the coordinating agency may be made by the patient, family, or any health care professional.

Source: Commonwealth of Pa. Dept. of Public Welfare, Office of Social Programs
Community Living and Support Services staff

“If You Build It, They Will Come.”
Nancy L. Stitt, RN BSN
Director of Nursing Education; ISMETT
Co-founder; President Emeritus ITNS

Well-known from the movie “**Field of Dreams**”, the mantra “if you build it, they will come” became the words and vision in 1992 of ITNS co-founders Nancy Stitt and Kandy Yarris-Newell when “building” the International Transplant Nurses Society. Now one of the co-founders is experiencing the building of a different international organization: ISMETT. What began as a dream for one Italian hepatologist – Dr. Ugo Palazzo – has become reality for Sicily and the Italian National Health System. In an era of healthcare where you are more likely to *close* a healthcare facility versus *opening* one, we have had the daunting but rewarding task of living the latter.

Why ISMETT? ISMETT was created to respond to some of the most urgent healthcare needs of the Sicilian population and the Mediterranean Basin. Patients with end-stage organ failure were either going without surgical intervention and dying or going abroad for treatment – what is referred to as “journeys of hope”. What began as discussions in 1996 for the creation of a multiorgan transplant center in Palermo, in 1997 turned joint venture between the Region of Sicily, UPMC and 2 public hospitals in Palermo (Civico and Cervello Hospitals). The new hospital at the UPMC-Italy facility in Palermo – known as ISMETT (Istituto Mediterraneo per I Trapianti e Terapie ad Alta Specializzazione) or the Mediterranean Institute for Transplantation and Highly Specialized Therapies, would open its doors for clinical activity.

Much preparation has been done to get to this moment with hiring and targeted training of nurses, coordinators, nurse

educators, physicians, pharmacists, aides, unit secretaries, and administrative staff. Under the direction and supervision of ITNS co-founder Nancy Stitt, RN, BSN (then clinical instructor for transplantation at UPMC), clinical training of Italian nursing staff began at UPMC-Presbyterian in March 1998 with the arrival of the first 15 Italian nurses (a total of 36 Italian nurses trained at UPMC between March 1998 and May 1999). Training in the American model of nursing with a focus on care of the transplant patient was achieved through a coordinated effort of classroom and clinical activity, with the clinical activity heavily supported by key senior UPMC staff preceptors on the transplant patient care units, The Thomas E. Starzl Transplantation Institute, members of ITNS, and many who continued to support the training of Italian staff here in Palermo since 1999. Today the training and education is coordinated through the Department of Nursing Education at ISMETT, which consists of 4 Italian nurse educators: 1 for each area of ICU/PACU, Step-down, Floor and OR.

Clinical activity in the “first” ISMETT began in July 1999 where a renovated wing of an existing building in the Civico Hospital campus housed ISMETT. A 16-bed floor, 4 bed ICU, 3 bed PACU, 2 room OR, neighboring out-patient clinic, and a telepathology microscope linked to UPMC would serve as the first site of our transplantation center with approximately 210 total transplants (liver and kidney, both cadaveric and living donation) having been performed between July 1999 and April 2004.

With our feet in the “old” ISMETT, we kept our eyes on the lot next door, where we could see the building up of the new facility. The new facility will have 70 beds (44 inpatient, 14 ICU, 12 PACU, 4 ORs), state-of-the-art labs and equipment for performing interventional procedures in addition to the specialized surgeries currently performed. Pediatric liver transplantation has begun and the future holds the development of cardiac, lung, intestinal, pancreas, and islet cell transplants – “cell factory” included.

Official inauguration of the new facility occurred the last weekend of March. Beginning with a press conference on Friday, March 26 and concluding with an extremely successful “Open House” on Sunday March 28, in which the public was given the opportunity to tour the new facility, the hospital is poised to open its doors to clinical activity.

The highlight of the weekend for transplant professionals was the scientific symposium held Saturday, March 27: “**Symposium on the Management of End-Stage Organ Failure: The ISMETT Perspective**” held at the historic and beautiful *Palazzo dei Normanni*. **Dr. Thomas Starzl** gave the keynote presentation: “*A Fifty Year Perspective on Transplant Immunology*”.

The inauguration will not end with the passing of this weekend. In honor of the grand opening, various educational events will be scheduled throughout the upcoming year, of which ISMETT transplant nurses will be participating. In particular, we at ISMETT are looking forward to a joint educational “meeting” via videoconference with the Golden Triangle Chapter of ITNS. See you then!

ON THE LIGHTER SIDE. . . .

A distraught patient phoned her doctor's office. "Is it true", the woman wanted to know, "That the medication you prescribed has to be taken for the rest of my life?"

"Yes, I'm afraid so. The doctor told her.

There was a moment of silence before the woman continued, "I'm wondering, then, just how serious my condition is. This prescription is marked 'NO REFILLS.'



**INTERNATIONAL TRANSPLANT NURSES SOCIETY
GOLDEN TRIANGLE CHAPTER
MEMBERSHIP APPLICATION**

NAME: _____

POSITION/TITLE: _____

EMPLOYER: _____

PREFERRED MAILING ADDRESS:

PHONE: _____

EMAIL: _____

AREA OF EMPLOYMENT:

____ STAFF RN, TRANSPLANT UNIT

____ PEDIATRIC

____ STAFF RN, ICU

____ ADULT

____ TRANSPLANT COORDINATOR

____ OTHER _____

TRANSPLANT RECIPIENTS YOU CARE FOR:

____ LIVER

____ RENAL

____ HEART

____ LUNG

____ PANCREAS

____ INTESTINE

____ BONE MARROW

11

**THE MEMBERSHIP FEE FOR THE GOI
WILL BE DUE IN OCTOBER OF EACH**

GLE CHAPTER IS \$10.00 ANUALLY AND

YOU MUST ALSO BE A MEMBER OF ITNS, THE INTERNATIONAL ORGINAZATION.

**CHECKS FOR CHAPTER DUES SHOULD BE MADE PAYABLE TO
"GOLDEN TRIANGLE CHAPTER, ITNS" AND SENT TO:**

GOLDEN TRIANGLE CHAPTER, ITNS
110 ATWOOD STREET
BOX 138
PITTSBURGH, PA 15213

INTERNATIONAL DUES ARE \$50.00 FOR ITNS ACTIVE MEMBERSHIP (ALL RNs). (ALL ACTIVE MEMBERS ARE ENTITLED TO VOTE, HOLD OFFICE AND SERVE ON COMMITTEES.)

INTERNATIONAL DUES ARE \$30.00 FOR ASSOCIATE MEMBERSHIP (ANY HEALTH PROFESSIONAL INVOLVED IN TRANSPLANTATION; ASSOCIATE MEMBERS ARE NOT ENTITLED TO VOTE, HOLD OFFICE OR SERVE ON COMMITTEES.)

INTERNATIONAL DUES CAN BE SUBMITTED WITH YOUR GOLDEN TRIANGLE CHAPTER MEMBERSHIP OR THEY CAN BE MAILED TO THE INTERNATIONAL OFFICE WITH THE INTERNATIONAL MEMBERSHIP APPLICATION. INTERNATIONAL MEMBERSHIP APPLICATIONS ARE AVILABLE ONLINE AT WWW.ITNS.ORG.

**IF YOU HAVE ANY QUESTIONS ABOUT THE CHAPTER OR MEMBERSHIP PLEASE CALL:
412-648-1139**

REFERRED TO GTC BY: _____

ITNS Membership Application

Name: _____

Recruited by: _____

Degree/Certifications: _____

Preferred Mailing Address: Home Work

Home address:

Street: _____

Work address:

Hospital/Company: _____

City: _____

Position: _____

State/Province: _____

Dept/Div: _____

Postal Code: _____ Country: _____

Bldg/Room: _____

Phone Number: _____

Street: _____

Membership Dues: *Payment in U.S. Funds Only*

Active \$50 (All RNs. All Active members are entitled to vote, hold office and serve on committees.)

City: _____

State/Province: _____

Associate \$30 (Any health professional involved in transplantation. Associate members are not entitled to vote, hold office or serve on committees.)

Postal Code: _____ Country: _____

E-Mail Address: _____

Check Money Order

Phone Number: _____

VISA MasterCard

Fax Number: _____

_____ Exp. _____ Cardholder Signature: _____

I am currently a member of the following local ITNS Chapter: _____

Please send me information on the closest local ITNS Chapter: USA Canada Europe Starting a Chapter

Demographic Information

1. How many years have you been a nurse?

< 2 2-3 4-5 6-10 11-19 20+

2. How many years in Transplantation?

< 2 2-3 4-5 6-10 11-15
 16-20 > 20

3. Work setting?

University Affiliated Military
 Government Community/Private
 Academic Registry
 Organ Procurement Other: _____

4. Number of beds in your institution?

< 150 150-299 300-449
 450-599 > 600

5. Area of employment?

Transplant Unit Clinical Research ICU
 Outpatient Pediatrics Other: _____

6. Your position?

Staff Nurse Charge/Team Leader
 Head/Assistant Head Nurse Nursing Admin
 Supervisor Transplant Coordinator
 In Service/Staff Development Instructor
 Clinical Nurse Specialist/Clinician
 Nurse Practitioner Other: _____

7. Which organ/tissue recipients do you care for?

Liver Renal Heart Lung
 Bone Marrow Pancreas Islet Cell
 Small Bowel Other: _____

8. Highest level of Nursing education?

Student LVN/LPN RN ADN RN BSN
 RN Diploma Masters Degree Doctorate

9. Do you care for pediatric recipients? Yes No

FAX 412-343-3959 or apply at www.itns.org



MISSION STATEMENT

The ITNS is committed to the promotion of excellence in transplant clinical nursing through the provision of educational and professional growth opportunities, interdisciplinary networking and collaborative activities, and transplant nursing research.

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FOCUSING ON YOUR SKILLS

The development of distinct nursing skills is a vital part of the growth and continuing success in transplantation. Nurses have honed these skills in transplant centers and clinical research labs throughout the world. Now, nurses skilled in transplantation have an opportunity to share their expertise with their peers worldwide, attain information on state of the art transplant technology, gain recognition and assist in establishing certification for the transplant nursing specialty. The **International Transplant Nurses Society** is meeting this challenge.

By joining ITNS, you will be at the forefront of professional development for transplant nurses. You will have the opportunity to:

Demonstrate

- Your clinical excellence and commitment to transplant nursing
- Your interest in state of the art transplant technologies
- Your leadership skills as an officer, director or committee chair

Influence

- Organ donation awareness
- National decisions regarding healthcare that may affect transplant recipients
- Current nursing practices that may affect transplant recipient outcomes

Network

- With transplant nurses throughout the world
- With other decision makers in organ transplantation

Improve

- The standards for this nursing specialty
- Your knowledge through educational opportunities

Participate

- In the development of certification programs
- In the planning of educational programs
- In chapter development

MEMBER BENEFITS

As a member of ITNS, your benefits will include: discounts on outstanding educational programming that will return your membership investment with interest and increased skills; an informative newsletter that addresses transplant issues and provides information about events and programs; opportunities for national leadership as an officer, director, or committee chair; and participation in special interest groups keyed to your transplant specialty.

Active RN \$50 Annual dues OR \$135 for 3 years

Active Membership is open to any individual licensed to practice as a registered nurse in the United States and Canada or any individual licensed or registered to practice professional nursing outside of the United States. Active members are entitled to vote, hold office and serve on committees. **Registered nurses must select this membership category.**

Associate Non-RN \$30 Annual dues OR \$85 for 3 years

Associate Membership is open to any health professional involved in transplantation, LVN or LPN, Pharmacist, Social Worker, or full-time student enrolled in an accredited professional nursing program. Associate members receive all membership benefits, but are not entitled to vote, hold office or serve on committees.

International Transplant Nurses Society

1739 E. Carson Street, Box #351

Pittsburgh, PA 15203-1700

Phone: (412) 343-ITNS

Fax: (412) 343-3959

Email: itns@msn.com

Website: <http://www.itns.org>



ITNS: Our Mission

“ITNS is committed to the promotion of excellence in transplant clinical nursing through the provision of educational and professional growth opportunities, interdisciplinary networking and collaborative activities, and transplant nursing research.”

Membership Profile - Position descriptions

- 36% of ITNS members classify themselves as transplant coordinators
- 26% of ITNS members classify themselves as staff nurses
- 13% of ITNS members classify themselves as clinical nurse specialists
- 5% of ITNS members classify themselves as charge nurses/team leaders/ supervisors/instructors or nurse administrators
- 3% of ITNS members classify themselves as nurse practitioners
- 2% of ITNS members are employed by pharmaceutical or medical equipment/supply companies
- 2% of ITNS members have responsibilities related to procurement and working with donor families

Geographical Research

- 77% of ITNS members reside in the USA
- 12% reside in Canada
- 10% reside in the UK and Europe
- There are also members in Mexico, South America, Asia, New Zealand, and Australia

Organ Focus

- 64% have a specialty interest in renal transplantation
- 58% have a specialty interest in liver transplantation
- 38% have a specialty interest in pancreas transplantation
- 36% of our members care for pediatric patients
- 29% have a specialty interest in heart transplantation
- 22% have a specialty interest in lung transplantation
- 15% have a specialty interest in small bowel transplantation

Focusing on Skills

- **ITNS** offers transplant-specific education targeted to all transplant health-professionals from the novice transplant nurse through the seasoned clinician at its Annual Symposium and Regional Workshops.
- **ITNS** educational endeavors provide transplant nurses with clinical practice updates and methods to improve patient care at all levels.
- **ITNS** provides regular immunomodulation updates on both new and existing products as well as dosing and side effect issues.
- **ITNS** offers opportunities for clinicians to present papers, research findings, and case studies at its Annual Symposium.
- **ITNS** provides grant funding for Transplant Nursing Research.
- **ITNS** provides educational and membership benefits to transplant professionals who are in non-traditional nursing roles such as case managers, home health care, and corporate representatives.
- **ITNS** provides networking opportunities with other transplant professionals around the world.
- **ITNS** provides access to ITNS-developed or ITNS sponsored patient educational materials.
- **ITNS** offers bedside nurses and clinicians a voice in transplant policy making.

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