



Application for establishment of a Heartbeat International Pacemaker Bank

Date _____

Basis

The “Basis” section of the application defines the locality and Rotary composition of a given city or region interested in establishing a Rotary Pacemaker Bank. Our goal is to serve and save as many needy patients in need of pacemaker therapy as possible in your community. Therefore, you are required to provide Information about the Rotary District and multiple Rotary Clubs so that the expanded Pacemaker Bank model can reach the maximum number of patients in need.

City _____ Country _____
Population of City _____ Population of Country _____
Rotary District (number) _____ Number of Clubs in District _____
Number of Clubs in the city area _____

Rotary District Leadership

District Governor Information:

Name _____
Address _____
City, Country _____
Telephone _____ Fax _____
Email _____

District Governor-Elect Information:

Name _____
Address _____
City, Country _____
Telephone _____ Fax _____
Email _____

Rotary Basis for Pacemaker Bank

- a. District wide – yes _____ no _____
- b. If not, how many participating Clubs (a minimum of 3 is required) _____
- c. Submit information about Rotary Clubs on Addendum A

Governance

“*Governance*” of the Rotary Pacemaker Bank defines the composition of the Board of Directors, terms and meeting frequency. The Board is ultimately responsible for fulfilling the policies and procedures of the Pacemaker Bank.

Pacemaker Bank Board of Directors

Officers of the Board

Chairman Information:

Name _____
Address _____
City, Country _____
Telephone _____ Fax _____
Occupation _____
Email _____ Term _____

Secretary Information:

Name _____
Address _____
City, Country _____
Occupation _____
Telephone _____ Fax _____
Email _____ Term _____

Medical Director Information:

(Attach curriculum Vitae)
Name _____
Address _____
City, Country _____
Occupation _____
Telephone _____ Fax _____
Email _____ Term _____

Members of the Board

Board membership should consist of no less than 5 members or no more than 11 and should include the District Governor or Immediate Past District Governor and representation from participating Rotary Clubs. Alternatively Assistant District Governors can represent multiple Clubs.

Name _____
Address _____
City, Country _____
Occupation _____
Rotary Club _____ Position in Club _____
Number in Club _____ Term _____
Telephone _____ Fax _____
Email _____

Name _____
Address _____
City, Country _____
Occupation _____
Rotary Club _____ Position in Club _____
Number in Club _____ Term _____
Telephone _____ Fax _____
Email _____

Name _____
Address _____
City, Country _____
Occupation _____
Rotary Club _____ Position in Club _____
Number in Club _____ Term _____
Telephone _____ Fax _____
Email _____

Name _____
Address _____
City, Country _____
Occupation _____
Rotary Club _____ Position in Club _____
Number in Club _____ Term _____
Telephone _____ Fax _____
Email _____

Members of the Board – (Continued)

Name _____
Address _____
City, Country _____
Occupation _____
Rotary Club _____ Position in Club _____
Number in Club _____ Term _____
Telephone _____ Fax _____
Email _____

Name _____
Address _____
City, Country _____
Occupation _____
Rotary Club _____ Position in Club _____
Number in Club _____ Term _____
Telephone _____ Fax _____
Email _____

Name _____
Address _____
City, Country _____
Occupation _____
Rotary Club _____ Position in Club _____
Number in Club _____ Term _____
Telephone _____ Fax _____
Email _____

Name _____
Address _____
City, Country _____
Occupation _____
Rotary Club _____ Position in Club _____
Number in Club _____ Term _____
Telephone _____ Fax _____
Email _____

Name _____
Address _____
City, Country _____
Occupation _____
Rotary Club _____ Position in Club _____
Number in Club _____ Term _____
Telephone _____ Fax _____
Email _____

Operating Policy

The "Operating Policy" section addresses processes necessary to assure that only needy patients receive pacemakers. Also please indicate the professionals responsible for reporting device implants to Heartbeat International and ordering replacement inventory.

Describe process and controls to assure recipients are indigent. _____

Social worker(s) or other responsible party (and qualifications) who will determine patient economic status

Name _____

Address _____

City, Country _____

Telephone _____ Fax _____

Email _____

Relationship with hospital _____

Submit resume for participating social workers or individuals responsible for determining patient economic status.

Name _____

Address _____

City, Country _____

Telephone _____ Fax _____

Email _____

Relationship with hospital _____

Submit resume for participating social workers or individuals responsible for determining patient economic status

Pacemaker implant reports are mandatory and determine whether future inventory will be shipped.

If not the Pacemaker Bank Secretary, who will be responsible for completing and submitting implant reports and for ordering devices?

Name _____

Address _____

City, Country _____

Telephone _____ Fax _____

Email _____

Medical Staff and Facilities

The "Medical staff and facilities" section of the application documents the availability and participation of appropriately trained physicians and equipped hospitals.

Medical facilities, hospital, and clinics where implantation will be performed:

Name of hospital _____
Affiliation _____
Address of hospital _____

List physicians applying for participation. Include Curriculum Vitae for each.

Name _____
Address _____
City, Country _____
Telephone _____ Fax _____
Email _____
Number implanted last year _____ Number implanted last 5 years _____

Name _____
Address _____
City, Country _____
Telephone _____ Fax _____
Email _____
Number implanted last year _____ Number implanted last 5 years _____

Name _____
Address _____
City, Country _____
Telephone _____ Fax _____
Email _____
Number implanted last year _____ Number implanted last 5 years _____

Detail equipment available to Pacemaker Bank physicians to support diagnosis and implants _____

Follow Up Facility

Detail where and by whom the patient follow up will be performed. The follow up must be performed in accordance with Pacemaker Bank policy for each recipient with a copy of follow up forms submitted to Heartbeat International.

Pacemaker Follow Up

Describe frequency of patient follow up _____

Describe where follow-up will be conducted _____

Indicate which programmers are available to support patient follow up:

- Medtronic 9710
- Medtronic 9790
- Pacesetter 3510
- Pacesetter 3500
- Pacesetter APS2
- Other 2 _____
- Other 3 _____

Medical staff and hospital capabilities – Indicate clinical services available:

- Implantable defibrillators
- Resynchronization devices
- Heart valves
- Electrophysiology
- Echocardiography
- Coronary artery intervention
- Cardiovascular Disease Prevention program

Identify your local pacemaker industry representatives available by manufacturer:

- Biotronic _____
- Medtronic _____
- St. Jude Medical _____

Process for Receiving Devices from Heartbeat International

The “*Process for receiving devices from Heartbeat International*” is the Pacemaker Bank’s responsibility. The Rotary Pacemaker Bank Board of Directors is responsible for making all necessary arrangements and special provisions for receiving donated medical equipment. The Pacemaker Bank Board of Directors is in the best position to make certain an effective process is in place for receiving devices through Customs.

Indicate all available means for receiving shipments of devices:

- Air freight to nearest hospital

Designated Custom broker responsible for clearing devices through
Customs _____

- Ship directly to Rotary Club using courier service. Arrangements must be made to avoid delays or denials for entry by Customs
- Ship directly to hospital – arrangements in place to clear Customs
- Hand carried by visiting Rotarians or physicians
- Other – describe _____

NOTE: Do you have a federal approved number that can e used on shipments to help get packages through customs?

Marketing and Fundraising Plans

Your “*Marketing Plan*” is a very important tool for creating awareness in the community and among Rotary Clubs, doctors and hospitals of the availability of the pacemaker program. Increased awareness will help Pacemaker Bank identify more people in need. Likewise a successful “*Fundraising Plan*” contributes to ongoing operations and expenses of the Pacemaker Bank and Heartbeat International.

Who will be responsible for publicizing and marketing program?

Name _____
Address _____
City, Country _____
Telephone _____ Fax _____
Email _____

Describe steps to announce the approval of Pacemaker Bank status:

Media – press release, press conference _____

Rotary District _____

Describe strategy to maintain Rotary and community awareness:

Community / media
Rotary Clubs and District
Physicians _____

Describe how the Pacemaker Bank will raise funds _____

Addendum A – Participating Rotary Clubs

Please complete a form for each participating Rotary Club:

- Rotary Club name _____

- Rotary Club Address _____

- Membership size _____
- Number of males _____ and females _____
- Age distribution- From Age _____ to Age _____
- List any specific government / political or diplomatic ties _____

- President of Rotary Club
Name _____
Address _____
City, Country _____
Telephone _____ Fax _____
Email _____

- President Elect of Rotary Club
Name _____
Address _____
City, Country _____
Telephone _____ Fax _____
Email _____