

The Society of Thoracic Surgeons Regional Group Information Form

ID# _____ (for internal STS use only)

1. Primary Contact Person for the Region:

Name of contact person: Donna Chenkovich
Title: R.N. Abstractor-Quality Management-The Medical Center of Aurora
E-mail address: Donna.Chenkovich@HealthONECares.com
Telephone #: 303-695-2737
Fax #: 303-695-2758
Name of regional group:Colorado/Wyoming
Regional group Web page address:none

Additional Contacts for the Region:

Name of contact person: Glenda Wiltshire
Title: CV Registry-Nurse Coordinator
E-mail address: Glenda.Wiltshire@HealthONECares.com
Telephone #: 303-839-6164
Fax #: 303-839-6786

Name of contact person:
Title:
E-mail address:
Telephone #:
Fax #:

Name of contact person:
Title:
E-mail address:
Telephone #:
Fax #:

2. Please list all Institutions that are in the Region:

Institution name:Boulder Community Hospital
City and state of institution:Boulder, CO
Regional member: Non-Regional Member:

Institution name:Exempla Lutheran
City and state of institution:Denver, CO
Regional member: Non-Regional Member:

Institution name:Exempla St. Joseph Hospital
City and state of institution:Denver, CO
Regional member: Non-Regional Member:

Institution name:Longmont United Hospital
City and state of institution:Longmont, CO
Regional member: Non-Regional Member:

Institution name:Medical Center of Aurora
City and state of institution:Aurora, CO
Regional member: Non-Regional Member:

Institution Name:Memorial Hospital
City and state of institution:Colorado Springs, CO
Regional member: Non-Regional Member:

Institution Name:Northern Colorado Medical Center
City and state of institution:Greeley, CO
Regional member: Non-Regional Member:

Institution name:Parkview Medical Center
City and state of institution:Pueblo, CO
Regional member: Non-Regional Member:

Institution name:Presbyterian/St. Lukes/Rose Medical Center
City and state of institution:Denver, CO
Regional member: Non-Regional Member:

Institution name:Penrose Hospital
City and state of institution:Colorado Springs, CO
Regional member: Non-Regional Member:

Institution name:Porter Adventist Hospital
City and state of institution:Denver, CO
Regional member: Non-Regional Member:

Institution name:St. Anthony Central
City and state of institution:Denver, CO
Regional member: Non-Regional Member:

Institution name:St. Mary's Hospital
City and state of institution:Grand Junction, CO
Regional member: Non-Regional Member:

Institution name:Swedish Medical Center
City and state of institution:Englewood, CO
Regional member: Non-Regional Member:

Institution name:United Medical Center
City and state of institution:Cheyenne Medical Center
Regional member: Non-Regional Member:

Institution name:University (UCHSC)
City and state of institution:Denver, CO
Regional member: Non-Regional Member:

Institution Name:Poudre Valley Hospital
City and state of institution:Ft. Collins, CO
Regional member: Non-Regional Member:

Institution Name:Wyoming Medical Center
City and state of institution:Casper, WY
Regional member: Non-Regional Member:

Institution name:VA Medical Center
City and state of institution:Denver, CO
Regional member: Non-Regional Member:

If additional spaces are needed, please submit a second form. On the second form please complete the regional group's primary contact person information (item #1) again.

2. How often does your regional group meet?

Twice a year

3. Is your regional group incorporated? Yes No

4. Does your regional group represent one state or a group of states? Please list the state(s).

- 1. Colorado
- 2. Wyoming
- 3.
- 4.
- 5.
- 6.

5. Is your region/state required to submit data to a state agency? Yes No

6. If "yes," name of the state agency.

7. State agency primary contact person information:

Name of contact person: Donna Chenkovich
Title: R.N. Abstractor-Quality Management-The Medical Center of Aurora
E-mail address: Donna.Chenkovich@HealthONECares.com
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8. Mission statement for your regional group.

The STS Regional Data Managers Group will provide a forum to facilitate information sharing in the areas of data collection, data entry and data harvesting . Through our activities, we will share successful process improvements in the delivery of cardiac surgical care which will advance the strength and quality outcomes of each program in our region.

9. Goals of your regional group.

To mentor new data managers, to share information regarding data collection, entry and harvest processes, to clarify data definition questions, to discuss areas for process improvement and share protocols

10. Do surgeons actively participate in your region's meetings? Yes No

11. If "yes", name of the state board.

12. Do surgeons in your region meet separately? Yes No

13. Any additional information concerning your regional group that you think the STS and other Data Managers will find beneficial.

We now have an active group. We are planning a physician speaker for our fall meeting. We also have developed email lists to share information and help answer questions data managers have.

14. What are your suggestions for the STS Regional Group Web page?

This needs to be discussed further.