

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: Jillian Harrington

Title: Clinical Data Manager

E-mail address: jillianh@u.washington.edu

Telephone #: 206.543.1842

Fax #: 206.543.0325

Name of regional group:WASTS: Washington Society of Thoracic Surgeons Data Managers

Regional group Web page address:wasts.jglu.com (membership only)

Additional Contacts for the Region:

Name of contact person: Julie McDonald, RN, CPHQ

Title: Clinical Outcomes Manager

E-mail address: julie.mcdonald@providence.org

Telephone #: 425-261-3898

Fax #: 425-261-3901

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:Cardiac Surgery Group

City and state of institution:Tacoma, WA

Regional member: Non-Regional Member:

Institution name:Children's Medical Center

City and state of institution:Seattle, WA

Regional member: Non-Regional Member:

Institution name:Deaconess Medical Center

City and state of institution:Spokane, WA

Regional member: Non-Regional Member:

Institution name:Harrison Medical Cener

City and state of institution:Bremerton, WA

Regional member: Non-Regional Member:

Institution name:Kadlec Medical Center

City and state of institution:Richland, WA

Regional member: Non-Regional Member:

Institution Name:Multicare Tacoma General Hospital

City and state of institution:Tacoma, WA

Regional member: Non-Regional Member:

Institution Name:Northwest Hospital
City and state of institution:Seattle, WA
Regional member: Non-Regional Member:

Institution name:Overlake Hospital
City and state of institution:Bellevue, WA
Regional member: Non-Regional Member:

Institution name:Providence St. Peter Medical Center
City and state of institution:Olympia, WA
Regional member: Non-Regional Member:

Institution name:Sacred Heart Medical Center
City and state of institution:Spokane, WA
Regional member: Non-Regional Member:

Institution name:Providence Everett Medical Center
City and state of institution:Everett, WA
Regional member: Non-Regional Member:

Institution name:Southwest Washington Medical Center
City and state of institution:Vancouver, WA
Regional member: Non-Regional Member:

Institution name:St. Joseph Hospital
City and state of institution:Bellingham, WA
Regional member: Non-Regional Member:

Institution name:St. Joseph Medical Center
City and state of institution:Tacoma, WA
Regional member: Non-Regional Member:

Institution name:Swedish Medical Centr
City and state of institution:Seattle, WA
Regional member: Non-Regional Member:

Institution name:University of Washington Medical Center
City and state of institution:Seattle, WA
Regional member: Non-Regional Member:

Institution Name:Veteran's Affairs Puget Sound Health Care System
City and state of institution:Seattle, WA
Regional member: Non-Regional Member:

Institution Name:Virginia Mason Medical Center
City and state of institution:Seattle,WA
Regional member: Non-Regional Member:

Institution name:Yakima Regional Medical & Heart Center
City and state of institution:Yakima, WA
Regional member: Non-Regional Member:

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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?

Quarterly

3. When is your next regional group meeting?

November 2007

4. Is your regional group incorporated? Yes No

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

1. Washington
- 2.
- 3.
- 4.
- 5.
- 6.

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

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

COAP - Clinical Outcomes Assessment Program

8. State agency primary contact person information:

Name of contact person: Kristin Sitcov
Title: COAP Program Director
E-mail address: ksitcov@qualityhealth.org
Telephone #: 206-682-2811
Fax #: 206-682-3739

9. Mission statement for your regional group.

A voluntary group of data managers from STS member programs in Washington State, formed to facilitate the education and ongoing networking of its members for the purpose of sharing best practice in data management, and utilization of national database data for improving care to the cardiac surgery patients in our communities.

10. Goals of your regional group.

1. Networking opportunities for data managers and abstractors
2. Ongoing education related to the intricacies of the STS national disease registry and the definitions of its data elements
 - Be prepared for future STS audits
 - Early notice of new STS measures
3. Building awareness of the data environment of our local area and its impact on local programs' resources
4. Information about software products and vendors
5. Educational opportunities on topics related to cardiovascular surgical procedures

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

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

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

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

We utilize the jiglu website as a way to communicate effectively with the region - functions as a listserv as well as a place to upload documents.

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

Have subpages for each of the regions, where they can upload their own regional info and manage content.
Post tools/templates for new regions