

Stroke Coordinator Boot Camp

Train & Think F.A.S.T. - Time Saved is Brain Saved



Stroke Coordinator Boot Camp

Regional Workshops
presented by the

**American Heart Association/American Stroke Association
Great Rivers Affiliate**

Locations and Dates

Cincinnati Area, OH	Thursday, April 3, 2014
Pittsburgh Area, PA	Thursday, April 10, 2014
Philadelphia Area, PA	Friday, April 25, 2014

EXHIBITOR PROSPECTUS



Stroke Coordinator Boot Camp

Train & Think F.A.S.T. - Time Saved is Brain Saved



Dear Colleague:

The American Heart Association (AHA) respectfully requests your support of our **Stroke Coordinator Boot Camp**. The Great Rivers Affiliate will be hosting three workshops all in April 2014 with Exhibitor opportunities available at all three locations.

Target Audience: As the lead facilitator of stroke care across the continuum the Stroke Coordinator collaborates with stroke team members using evidence-based practice to organize and deliver stroke services and facilitate optimal outcomes for stroke patients. This educational activity is designed to enhance the skills of the stroke coordinator, provide best practices for improving stroke care and promote networking with professionals across the region.

The following pages contain the locations, dates, agenda, speakers and a commitment form for the three **Stroke Coordinator Boot Camps** located in the Greater Cincinnati (Mason) area, Pittsburgh area (Meadow Lands) and the Philadelphia area (King of Prussia). If you feel that your company would be interested in a territory other than yours or you are not the right person please forward this document to the appropriate representative for review.

Your financial support is essential to the AHA's professional education mission: To focus Continuing Professional Education Programs on emerging research and improvement of clinical competence, performance and enhanced patient outcomes for the prevention, diagnosis and management of cardiovascular disease and stroke.

To participate in any of the **Stroke Coordinator Boot Camp** workshops listed, please complete the commitment form (last page of the prospectus) (including signature), scan and email it to staff person listed on the form.

For additional information on the upcoming conferences and exhibitor opportunities please contact us. We look forward to partnering with you as we continue in our effort to provide quality professional education our regions.

Vendor Coordinator:

Meighan Hodgson

Coordinator, Quality and Systems Improvement
Great Rivers Affiliate (Serving DE, KY, OH, PA, WV)

American Heart Association/American Stroke Association

1689 E. 115 Street, Cleveland, Ohio 44106-3988
(Phone) 216.619.5163 (Fax) 216.791.5202
meighan.hodgson@heart.org

Stroke Coordinator Boot Camp

Train & Think F.A.S.T. - Time Saved is Brain Saved



Agenda

Time	Presentation Title
7:00-7:45 am	Registration, Exhibitors and Continental Breakfast
7:45-8:00 am	Conference Overview
8:00-8:45 am	2014 International Stroke Conference Hot Topics
8:45-9:30 am	Traditional and Emerging Roles of the Stroke Coordinator
9:30-10:00 am	Validating Your Program: Stroke Coordinator Return on Investment
10:00-10:30 am	Break and Exhibitors
10:30-11:15 am	Enhancing Your Skills in Quality Improvement and Data Analysis
11:15-12:00 pm	The Future of Stroke: A Brief Overview of CMS, Affordable Care Act, Value Based Purchasing, Meaningful Use and Transitions of Care
12:00-1:00 pm	Lunch and Exhibitors
	<i>CONCURRENT SESSIONS</i>
1:00-1:45 pm	Preparing for PSC Certification
	Preparing for CSC Certification
1:45-2:15 pm	An Update on Best Practices in Stroke Education
	Engaging Physicians as Partners
2:15-2:30 pm	Break
2:30-3:15 pm	Stroke Nursing Research: Advancing Your Stroke Program
	An Update on Best Practices in Stroke Education
3:15-3:45 pm	Professional Development and Self Preservation of the Stroke Coordinator
3:45-4:00 pm	Question and Answer
4:00 pm	Conference Adjournment

Stroke Coordinator Boot Camp

Train & Think F.A.S.T. - Time Saved is Brain Saved



Course Faculty/Planning Committee

Patricia Horstman, MSN, RN, NEA-BC

Director, Clinical Program Development
West Virginia University Healthcare
Morgantown, WV

Lynn Hundley, MSN, RN, APRN, CCRN, CNRN, CCNS

Clinical Nurse Specialist, System Stroke Coordinator
Norton Healthcare
Louisville, KY

President – American Board of Neuroscience Nursing

Jean Luciano, MSN, RN, CNRN, CRNP, SCRNP, FAHA

Stroke Team Nurse Practitioner
The Hospital of the University of Pennsylvania
Philadelphia, PA

Lori Massaro, MSN, CRNP

Clinical Supervisor - UPMC Stroke Institute
University of Pittsburgh Medical Center
Pittsburgh, PA

Claranne Mathiesen MSN, RN, CNRN

Director Medical Operations Neuroscience Service Line
Lehigh Valley Hospital
Lehigh Valley, PA

Kathy Morrison, MSN, RN, CNRN, SCRNP

Stroke Program Manager
Penn State Hershey Medical Center
Hershey, PA

Wendy J. Smith, MA, BS, RN, RES, RCEP

Enterprise Stroke Systems Manager
Neurological Institute
Cleveland Clinic Cleveland

Stroke Coordinator Boot Camp

Train & Think F.A.S.T. - Time Saved is Brain Saved



Company Name: _____

- | | | |
|--|--------------------------|----------|
| <input type="checkbox"/> Cincinnati Area, OH | Thursday, April 3, 2014 | \$500.00 |
| <input type="checkbox"/> Pittsburgh Area, PA | Thursday, April 10, 2014 | \$500.00 |
| <input type="checkbox"/> Philadelphia Area, PA | Friday, April 25, 2014 | \$500.00 |

Total Commitment \$ _____

Exhibitor Commitments:

Booth Needs: _____ Internet _____ Electricity (*Exhibitors are asked to supply their own extension cords/power strips*)

Exhibitor Contact Information:

Name: _____ Title: _____

Company: _____ Local Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Fax: _____ Email: _____

Signature: _____ **Date:** _____

My company plans on attending the luncheon (please indicate how many representatives will attend): _____

Please avoid space assignment adjacent to the following companies: _____

Date of payment will be received by American Heart Association: _____

Method of Payment:

_____ Check Enclosed (Please make all checks payable to **American Heart Association**. The AHA's Tax ID # is 13-5613797)

_____ Email invoice to contact listed below.

_____ Mail invoice to contact listed below.

_____ Credit Card: _____ American Express _____ Master Card _____ Visa

_____ **Credit card #:** _____ **Exp. Date:** _____ **Sec. Code (back of card)** _____

_____ **Card Holder Name – Please print name exactly as it appears on credit card**

I cannot attend, but would like to make a donation of \$ _____

_____ **My *signature indicates authorization to make this commitment on behalf of the company.**

_____ **Today's Date**

**Typed name may serve as an electronic signature.*

Please scan/fax this completed
Exhibitor Commitment Form to: Meighan Hodgson
Meighan.hodgson@heart.org
Phone: 216-619.5163 Fax: 216-791-5202