# Kansas Initiative For Stroke Survival (KISS) Bootcamp

Sept. 27, 2016 • 8:00 a.m. - 12:30 p.m. • Colby, Kan.

City Limits Convention Center, 2227 South Range, Colby, Kan.

### **Agenda**

7:30 – 8:00 a.m. Registration and Light Breakfast

8:00 - 8:15 a.m. Welcome and Introduction to Kansas

Initiative For Stroke Survival (KISS)

Colleen Lechtenberg, M.D.

8:15 - 8:45 a.m. Introduction to Stroke ... What is a

Stroke?

Heather Klatt, DO

8:45 - 9:30 a.m. Neurovascular Anatomy, Stroke

**Symptoms and Localization** 

Colleen Lechtenberg, M.D.

9:30 - 10:15 a.m. Treatment of Stroke

Heather Klatt, DO

10:15 - 10:30 a.m. Break

10:30 - 11:45 a.m. Routing ... Where Do We Go and What

Do We Do?

Carol Groen, RN, MSN, CEN, NE-BC and Janice Sandt, MS, BSN, RN, SCRN, CCM

11:45 - 12:00 p.m. Break

12:00 - 12:30 p.m. Cardiovascular and STEMI

Lillian Slater, MSN, RN, CEN, CPEN, NR-P

### **Course Description**

According to the American Heart Association, stroke is the No. 4 killer of Kansans. This program will focus on assisting the health care delivery system in rural areas to provide current evidence based treatment of stroke.

### **Objectives:**

At the conclusion of the program, participants should be able to:

- · Discuss the goals of KISS Organization
- · Identify diagnostic criteria for MI
- Recall and list stroke types
- Contrast and compare signs and symptoms of stroke
- · Identify treatment options in stroke
- Discuss and choose appropriate level care based on symptoms and hospital capabilities

#### Cost

There is no cost to attend this program. Preregistration required by noon, September 22, 2016. Due to limited seating, preregistration is your only guarantee of a seat and handout material.

### **Target Audience**

Physicians, Advanced Practice Nurses, Nurses, and Emergency Medical Services

### **Course Faculty**

Colleen Lechtenberg, M.D.; Director, Advanced Comprehensive Stroke Center, The University of Kansas Hospital; Assistant Professor, Neurology, University of Kansas Medical Center, Kansas City, Kan.

**Heather Klatt, DO**; Medical Director, HaysMed Primary Stroke Center **Carol Groen RN, MSN, CEN, NE-BC**; Manager; Clinical Certifications & Primary Stroke

Center, HaysMed

Janice Sandt, MS, BSN, RN, SCRN, CCM; Stroke Program Coordinator, Advanced
Comprehensive Stroke Center, The University of Kansas Hospital, Kansas City, Kan.

Lillian Slater, MSN, RN, CEN, CPEN, NR-P; Director of Education, Ellis County EMS

# **Continuing Education Credit**

**All participants are required to complete and sign a "verification of attendance" form.** After the program, a certificate of completion will be provided to activity participants based on documentation of actual attendance time.

**Physicians:** The University of Kansas Medical Center Office of Continuing Medical Education is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The KU Medical Center Office of Continuing Medical Education designates this live activity for a maximum of 3.75 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**APRN:** The University of Kansas Medical Center Area Health Education Center East, as an approved provider of continuing education by the Kansas State Board of Nursing, presents this offering for a maximum of 4.5 contact hours credit applicable for relicensure of APRNs. Kansas Provider Number LT0056-0749

**Nurses:** The University of Kansas Medical Center Area Health Education Center East, as an approved provider of continuing education by the Kansas State Board of Nursing, presents this offering for a maximum of 4.5 contact hours credit applicable for relicensure of RNs and LPNs. Kansas Provider Number LT0056-0749

**EMS:** The University of Kansas Medical Center Area Health Education Center East, as an approved program provider by the Kansas Board of EMS, approves this program for a maximum of 4.5 hours of continuing education. Provider #PP 4040

Continuing education credit will be prorated according to documented attendance.

### Watch for information regarding additional dates and locations

Support for KISS Bootcamp provided by the Kansas Department of Health and Environment.

For More Information: Call the KU Medical Center AHEC at (620) 235-4040.



KANSAS INITIATIVE FOR STROKE SURVIVAL

A PROJECT BY AND FOR KANSANS

Phone (913) 588-1554 • Fax (913) 945-8892



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# **Program Accessibility**

We accommodate persons with disabilities. Please call KU Medical Center AHEC and a representative will contact you to discuss your needs.

# **Planning Committee**

Wendy Dusenbury, DNP, APRN-BC; Colleen Lechtenberg, M.D.; Tony Nunn, RN, BSN; Janice Sandt, MS, BSN, RN, SCRN, CCM; and Mary Beth Warren, MS, RN

## **Cancellation Policy**

A registrant may cancel no later than three business days prior to the program.

KU Medical Center AHEC reserves the right to cancel the program and will not be responsible for any losses incurred by registrants, including but not limited to airline cancellation charges or hotel deposits.

Registration Form

### **Nondiscrimination Statement**

The University of Kansas prohibits discrimination on the basis of race, color, ethnicity, religion, sex, national origin, age, ancestry, disability, status as a veteran, sexual orientation, marital status, parental status, gender identity, gender expression and genetic information in the University's programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Director of the Office of Institutional Opportunity and Access, IOA@ku.edu, 1246 W. Campus Road, Room 153A, Lawrence, KS, 66045, (785) 864-6414, 711 TTY.

# Register Online

Contact Information



Register for programs online by visiting www.kumc.edu/AHECcalendar or by scanning the code to the left on your mobile device. Once on the calendar, search the date of the date you wish to attend and click on the program.

# Register by Phone/Fax

Phone: (620) 235-4040 Fax: (620) 235-4041

# Registration Deadline: Noon, Thursday, September 22, 2016

Name	Professional Title
Please check (✓) preferred address:  ☐ Home Address	☐ Work Mailing Address
Street	Street
City/State/Zip	City/State/Zip
County	County
Employer	Position
Professional License #	Email Address
Home Phone () Work Phone (	Cell Phone ()
Continuing Education Type  □ CME □ APRN □ CNE □ EMS □ Certificate of Atter	OFFICE USE ONLY
<b>Cost</b> There is no cost to attend but registration will be accepted on a basis due to limited seating availability. Registration deadline: N	

**Notice:** \( \square\$ If you will need special accommodations, please check the box and return to AHEC Statewide Office at least

one week prior to the program date. You will be contacted personally by a member of the staff.