

SER WOC Nurses Society 2014 Annual Conference Certificate of Completion

The Future of WOC NURSING in the Capital of Dreams

09/18/14 - 09/20/14 - Montgomery, AL

This continuing nursing education activity was approved by the Alabama State Nurses Association (ASNA), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation (ANCC).

This activity has been approved by ASNA for up to 18 contact hours of continuing education, Course # 2-0.1397, and is valid through August 7, 2016.

Date	Session	Hrs. Earned
09/18/2014	201401 Wound Treatment Associate — Train the Trainer and Skills Workshop	3
09/18/2014	201403 Revitalizing YOU for the Future — Stress Management	1
09/18/2014	201404 Advancing Your Professional Practice	1
09/18/2014	201405 The Basics of Wound Care: At Home and Abroad	1
09/19/2014	201406 Hyperbaric Oxygenation Therapy (HBO) in Wound Care	1
09/19/2014	201407 Pharmacological Management of Voiding Dysfunction	1
09/19/2014	201408 Ostomy Panel: Educational Needs / Sexual Issues from the Patient Viewpoint	1
09/19/2014	201409 Getting Your Feet Wet... Urinary Incontinence	1
09/19/2014	201410 Primary Strategies for Preventing Fecal Incontinence (and maintaining clean underwear!)	1
09/19/2014	201411 Diabetic Foot and Wound Assessment	1
09/20/2014	201412 When The Answer is Not Textbook: Ostomy Challenges for the WOC Nurse	1
09/20/2014	201413 Challenges of Ostomies in the Bariatric Patient -From Marking to Managing. (O)	1
09/20/2014	201414 Pediatric Ostomies: No Small Challenge (O)	1
09/20/2014	201415 Obesity and the Skin: A Look at Bariatric Associated Skin Disorders	1
09/20/2014	201416 Wound Treatment Associate (WTA): Enhancing Your WOC Nursing Practice	1
09/20/2014	201417 Traumatic Wound Management	1
Total Contact Hours Earned:		18

This is to certify that [REDACTED] has completed the Educational Activity titled: The Future of WOC NURSING in the Capital of Dreams on 9/20/2014.

Nursing License No. / State _____ Signature _____ Date _____


Trudy Huey, MSN, RN, CWOCN





Southeast Region

Wound Ostomy & Continence
Nurses Society

2014

Annual Conference



Renaissance Montgomery Hotel & Spa
at the Convention Center

September 18-20, 2014 • Montgomery, Alabama

SOUTHEAST REGION WOUND, OSTOMY & CONTINENCE NURSES SOCIETY
ANNUAL CONFERENCE

THE FUTURE OF WOC NURSING

In the Capital of Dreams

Success Starts Here

September 18, 19 & 20, 2014
Montgomery, Alabama



phone: (800) 247-9951 • email: info@elastogel.com • website: www.elastogel.com

southwest technologies inc.

Treating the world well®

This annual conference booklet was generously sponsored by Southwest Technologies.

Renaissance Montgomery Hotel & Spa at the Convention Center

FIRST FLOOR

- First Floor:**
1. Main Entrance
 2. Bell Stand
 3. Hotel Front Desk
 4. Gift Shop
 5. Business Center
 6. House Restaurant
 7. House Bar
 8. House Private Dining Room
 9. Exchange Lounge
 10. Exchange Patio
 11. Wintzell's Restaurant
 12. Alabama Ballroom
 13. Ballroom Foyer
 14. Ballroom Service Area
 15. Hotel Coat Room/Hotel Registration Booth
 16. Hotel Loading Dock
 17. Main Kitchen
 18. Housekeeping
 19. Human Resources
 20. Engineering
 21. Loss Prevention
 22. Banquet Office
 23. Concourse
 24. Montgomery Convention Center
 25. Bibb Street Entrance
 26. Convention Registration Booth
 27. Exhibit Hall Pre-Function Area
 28. Convention Center Loading Dock & Vehicle Entrance
 29. Convention Center Kitchen
 30. Convention Center Main
 31. Banquet Storeroom
 32. Vehicle Entrance - A
 33. Vehicle Entrance - B
 34. MPAC Theater
 35. MPAC Atrium
 36. MPAC Lobby & Concession Stand
 37. MPAC Box Office
- Elevators:**
54. Hotel / Spa / Wintzell's / Parking Deck Elevators - 3 & 4
 55. Convention Center / MPAC / Parking Deck Elevators - 1 & 2
 56. Hotel Guest Room Elevators
 57. Montgomery South Elevator
 58. Montgomery North Elevator
 59. MPAC Guest Elevator

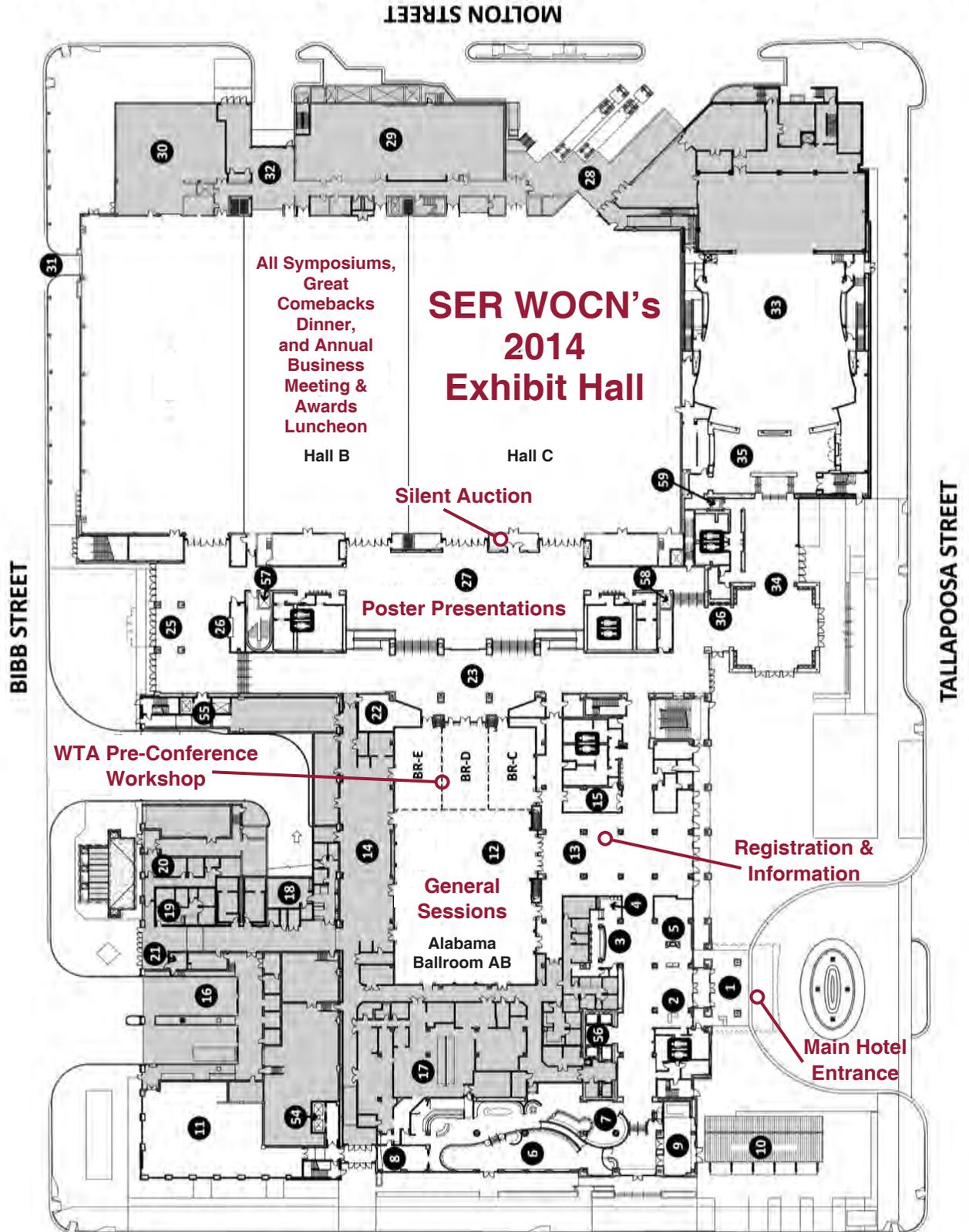




Table of Contents

WELCOME LETTERS..... 4-7

SER WOCN SOCIETY BOARD OF DIRECTORS 8

CONTINUING EDUCATION INFORMATION9

SER WOCN SOCIETY CONFERENCE COMMITTEES 10

CONFERENCE SPONSORS.....11

PRESENTATIONS (chronological order)

 Pre-Conference: Wound Treatment Associate — Train the Trainer and Skills Workshop 12

 Pre-Conference: The Aftermath of GI Surgery: The Art and Crafts of Ostomies, Fistulae, Drains and Wounds 14

 Opening Keynote: Revitalizing YOU for the Future — Stress Management 16

 Advancing Your Professional Practice 18

 The Basics of Wound Care: At Home and Abroad 20

 Hyperbaric Oxygenation Therapy (HBO) in Wound Care 22

 Pharmacological Management of Voiding Dysfunction 24

 Ostomy Panel: Educational Needs / Sexual Issues from the Patient Viewpoint 26

 Getting Your Feet Wet... Urinary Incontinence 28

 Primary Strategies for Preventing Fecal Incontinence (and maintaining clean underwear!) 30

 Diabetic Foot and Wound Assessment 32

 When The Answer is Not Textbook: Ostomy Challenges for the WOC Nurse 34

 How Stuff Works - Robotic Surgery / Continence Surgery Referral Criteria..... 36

 Pediatric Ostomies: No Small Challenge 38

 Obesity and the Skin: A Look at Bariatric Associated Skin Disorders..... 40

 Wound Treatment Associate (WTA): Enhancing Your WOC Nursing Practice 42

 Traumatic Wound Management 44

SYMPOSIUMS

BSN MEDICAL LUNCH SYMPOSIUM: Clinical Impact of Hydrophobic Bacteria Binding Therapy in Chronic Wounds.... 46

GREAT COMEBACKS REGIONAL AWARD DINNER: Sponsored by ConvaTec..... 47

COLOPLAST BREAKFAST SYMPOSIUM: The Latest in Ostomy Innovation: Mio 48

MÖLNLYCKE HEALTH CARE BREAKFAST SYMPOSIUM: Prevention Counts... A Panel Discussion 49

SILENT AUCTION..... 50

POSTER ABSTRACTS 51-55

EXHIBITORS 56-58

SER WOCN Society Disclosure

Registrants for this program understand that medical and scientific knowledge are constantly evolving. The views and treatment modalities of the instructors are their own and may reflect innovations (including off-label or investigational use of medical products) and opinions not universally shared. Every effort has been made to assure the accuracy of the data presented at this program in the context of accepted medical and nursing practice. Prior to clinical application, practitioners should check specific details such as drug doses and contraindications, off-label uses, or other details in standard sources. The views and treatment modalities of the instructors are not those of the Southeast Region Wound, Ostomy, Continence Nurses Society, but are presented in this forum to advance scientific and nursing education. Registrants waive any claim against SER WOCN Society arising from information presented at this program.

OFFICE OF THE MAYOR
Todd Strange, Mayor

Post Office Box XIII PH 334.241.2000
Montgomery, Alabama FX 334.241.2600
36101-XIII



City of **Montgomery**, *Alabama*

September 18, 2014

Welcome Wound Ostomy Continence Nurses, other medical professionals and manufacturer representatives to Montgomery, Alabama, recently voted Best Historic City by readers of USA TODAY and an All-America City by the National Civic League.

We are excited to have you in town for The Southeast Region Wound, Ostomy & Continence Nurses Society 2014 Annual Conference. Please accept our sincere gratitude for your commitment to this specialty area of healthcare. Your contribution is invaluable and allows so many to pursue better health, comfort and a better life.

Please enjoy all that Montgomery has to offer, from our excellent hotels, to the beautiful Riverfront Park and vibrant restaurants and nightlife of our entertainment district to the unique and world-changing history that you will find in the attractions and streets of our city.

We hope that you will have a productive and energizing conference and that you will return again and often to Montgomery, the Capital of Dreams.

Sincerely,

Mayor Todd Strange





City of Montgomery, Alabama
Office of the Mayor
Proclamation

WHEREAS, *the City of Montgomery takes pride in its leadership in health care and the level of health care services provided to its citizens and to this region of our great state; and*

WHEREAS, *WOC Nurses and related health care professionals provide specialized service to a population with identified needs in the treatment of wound, ostomy and continence issues; and*

WHEREAS, *the City of Montgomery recognizes the importance of education and promotion of leadership for the Southeast Region Wound Ostomy Continence Nurses Society; and*

WHEREAS, *the City of Montgomery is honored by the selection of The Southeast Region WOC Nurses Society to hold its annual conference in the Alabama State Capital;*

NOW, THEREFORE, I, Todd Strange, Mayor of the city of Montgomery, Alabama, do hereby proclaim September 18, 2014 as

WOC NURSES DAY

in gratitude and appreciation for providing this inspiring conference to our great City.

In witness whereof, I have hereunto set my hand and caused the seal to be affixed on this 22nd day of July 2014




Todd Strange, Mayor



Southeast Region

Wound Ostomy & Continence
Nurses Society

Welcome Everyone!

On behalf of the SER WOCN board of directors, it is my great pleasure to welcome you to Montgomery, Alabama and to the 38th Annual SER WOCN Society Conference. Our organization, the Southeast Region Wound, Ostomy and Continence Society, continues to grow and prosper. We now have over 700 members who call our region home. Attending conference allows us to network with other members and to come away energized about our profession.

This year's conference has been designed to present an innovative and comprehensive overview of the latest developments in wound, ostomy and continence nursing. The educational sessions will provide us a wonderful opportunity to enhance our knowledge, strengthen our skills and celebrate WOC nursing. Jennifer Anderson, Michael Byars and Karen Eubank, Conference Co-Chairs, did an outstanding job leading their Alabama conference team. Jennifer, Michael, Karen and all of the committee chairs and members, thank you for your hard work and generosity in hosting what is sure to be an exciting conference.

Our exhibit hall will be a hub of discussion. With over five hours of dedicated exhibit time, you'll have an opportunity to talk one-on-one with our industry partners. We would like to express our sincere thanks to our industry partners for their generous support. Their continued support enables us to offer an economical conference for our members.

Enjoy your visit to the very beautiful and exciting city of Montgomery. Have a great conference experience.

Let Success Start Here in the Capital of Dreams!

Patti Haberer, MA, BSN, RN, CWOCN
President, SER WOCN Society

**Southeast Region WOCN Society c/o Corecare Associates, Inc.
400 Executive Center Drive, Suite 208, West Palm Beach, FL 33401**

(561) 689-6321 • FAX: (561) 689-6324
www.serwocn.org • icordes@serwocn.org



Southeast Region
Wound Ostomy & Continence
Nurses Society

Welcome y'all to the 2014 Southeast Region WOCN Conference! The Alabama WOC nurses are pleased to host our conference in The Capital of Dreams, Montgomery, Alabama. We are looking forward to the distinguished variety of presenters and learning from their expertise in the challenging and evolving practice of Wound, Ostomy and Continence Nursing.

"The Future of WOC Nursing" is a fitting theme for the 2014 SER WOCN Society Regional Conference. Although we are grounded by those who have paved our path; we continually look ahead to innovation, inspiration and instruction to improve the means by which we provide care. It is our hope your learning experience will be rewarding in every respect. Two years of planning has gone into this year's conference which is based on past conference evaluation comments from our members. Your SER WOCN Society Board of Directors draws on our membership's suggestions to provide the topics needed for your practice in a beautiful and comfortable venue supported by the companies and vendors we respect to maintain our practices. Many active committees were formed to cover the huge number of details that goes into the planning and the presentation of a conference. Our goal is to offer current continuing education from interesting and qualified presenters you can take back to your workplaces, share with others and enhance your life as a WOC nurse.

Have fun while you are here! Montgomery is a small, but interesting city. Its theme is, "The Capital of Dreams," which is a reference to its revitalization efforts. Within walking distance of the conference venue are various restaurants, The Riverwalk, Dexter Avenue Baptist Church where Dr. Martin Luther King, Jr. was pastor, The Rosa Parks Library and various other Civil Rights Movement sites of distinction. Montgomery houses the Alabama Shakespeare Festival Theatres and Park as well as the Montgomery Museum of Fine Arts. It is also home to five major universities and colleges, as well as Maxwell and Gunter Air Force Bases.

The Alabama WOC nurses and the various planning committees are enthusiastic about your presence at our conference and have a sincere desire for a positive educational and networking experience. We would like to thank all of our vendors for their financial support making this conference a reality. We would also like to thank Trudy Huey, Director of Conference Planning, for her many hours of tireless effort and superlative direction. We could not have done it without you, Trudy! Last but not least, we would like to thank you for joining us in Montgomery.

All the best from your Co-Chairs,

Jennifer Anderson
MBA, MSN, RN, CWCN, CFCN

Michael Byars
BSN, RN, CWOCN

Karen Eubank
BSN, RN, CWOCN

Southeast Region WOCN Society c/o Corecare Associates, Inc.
400 Executive Center Drive, Suite 208, West Palm Beach, FL 33401

(561) 689-6321 • FAX: (561) 689-6324
www.serwocn.org • icordes@serwocn.org

**Southeast Region
Wound, Ostomy & Continence
Nurses Society
Board of Directors**

President — Patti Haberer, MA, BSN, RN, CWOCN
president@serwocn.org

President-Elect — Martha Davidson, MN, BSN, RN, CWOCN
pres.elect@serwocn.org

Secretary — Katrena Beckham, BSN, RN, CWOCN
secretary@serwocn.org

Treasurer — Pam Whitley, MSN, FNP-BC, CWOCN
treasurer@serwocn.org

Director of Awards — Cindy Norris, BSN, RN, CWOCN
awards@serwocn.org

Director of Communications — Jennifer Anderson, MBA, MSN, RN, CWCN,
CFCN
news@serwocn.org

Director of Conference Planning — Trudy Huey, MSN, RN, CWOCN
conf.plan@serwocn.org

Director of Special Projects — Reneé Epting, MN, RN, CWOCN
projects@serwocn.org

Nominations Committee Chair — Terry Barton, BSN, RN, CWOCN
nominations@serwocn.org

Continuing Education Information

Target Audience

Professionals involved in the care of patients with wound, ostomy, and continence issues.

Objectives of the Conference

Upon completion of this conference, participants should be able to:

1. Discuss advances in theoretical and clinical knowledge impacting individuals affected by wound, ostomy, or continence issues.
2. Describe examples of evidence-based practice and multidisciplinary approaches to enhance outcomes in various health care settings.
3. Describe examples of evidence-based practice as it pertains to WOC nursing specialties.

ANCC-Approved Contact Hours *for* Nurses & Nurse Practitioners

This continuing nursing education activity was approved by the Alabama State Nurses Association, an accredited approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Educational Activity number **2-0.1397**. This program has been approved for **5.0** (Preconference) and **15.0** (Conference) contact hours, and is valid through **August 7, 2016**.

Attendees are responsible to self-report their earned contact hours to each individual state of licensure as required.

Southeast Region Wound, Ostomy & Continence Nurses Society

Conference Committees

Conference Co-Chairs:

**Jennifer Anderson
Michael Byars
Karen Eubank**

Education Committee:

Chair: Deborah Thedford-Zimmerman

Amy Armstrong
Cynthia Hill
Kelly Suttle
Opal Watson
Sharon D. White

Exhibitor Committee:

Chair: Sarah Streety

Poster Committee:

Chair: Cheryl Lane

Karen Edwards
Sarah Streety
Najla Washington
Vicki Williamson

Silent Auction Committee:

Chair: Catrice Potts

Pat Blakely
Randy Broach
Cynthia Cunningham
Linda Howard
Nancy Lee
Nancy Strunk

Tote Bag Committee:

Chair: Ramona Reed-Chism



CONFERENCE SPONSORS

We gratefully acknowledge our generous partners for assisting the SER WOCN Society in our conference.

DIAMOND PROGRAM SPONSORS: \$10,000 or greater



GOLD PROGRAM SPONSORS: \$6,000-\$9,999



SILVER PROGRAM SPONSOR: \$3,000-\$5,999



OTHER SUPPORTERS

- 3M – Unrestricted Educational Grant
- ArjoHuntleigh — Pre-conference Dopplers and ABI Kits
- Catawba Valley Medical Center — Pre-conference Handouts
- C. R. Bard — Unrestricted Educational Grant
- KCI — Unrestricted Educational Grant
- Medline — Tote Bags
- Ri-Med/Wound-Coach — Coffee Break
- Span America — Pre-conference Mattress Overlays



You are cordially invited to join
BSN medical and Dot Weir, RN, CWON, CWS
to learn more about Cutimed® Sorbact's® bacteria binding hydrophobic
interaction and its effect on chronic wounds.

“Clinical Impact of Hydrophobic Bacteria Binding Therapy in Chronic Wounds”

Thursday, September 18, 2014
Exhibit Hall B
11:30 am - 12:30 pm

Seating is Limited
RSVP to Karen Broome
karen.broome@bsnmedical.com



Cutimed® Sorbact®

Binds and removes microbes from colonized and infected wounds.



GREAT COMEBACKS®

*You are cordially invited to the Great Comebacks®
Regional Award Dinner in Montgomery, AL*

Join host Rolf Benirschke as we recognize the
2014 Great Comebacks® Regional Award recipient
at this year's SER WOCN® Annual Conference

Thursday, September 18, 2014 at 7:15 p.m.
Renaissance Montgomery Hotel, Exhibit Hall B

SPONSORED BY



IN PARTNERSHIP WITH

CROHN'S & COLITIS FOUNDATION OF AMERICA (CCFA)
UNITED OSTOMY ASSOCIATIONS OF AMERICA, INC. (UOAA)
WOUND OSTOMY AND CONTINENCE NURSES (WOCN®) SOCIETY™
THE AMERICAN SOCIETY OF COLON AND RECTAL SURGEONS (ASCRS)

By accepting the meal and/or refreshments offered with this program, you represent that neither the state(s) in which you are licensed nor your employer(s) prevent you from accepting these items. In adherence with AdvaMed guidelines, medical education programs are for healthcare professionals only. Inclusion of a healthcare professional's spouse or other guests in this event is prohibited.

US Physicians Only: In adherence with the Patient Protection and Affordable Care Act of 2010 (Federal Sunshine) the cost of the meal issued at this event may be subject to Federal reporting and disclosure. US Physicians will be required to provide ConvaTec with their NPI and state license number before admittance to this event.

Great Comebacks and the Great Comebacks logo are registered trademarks of ConvaTec Inc. © 2014 ConvaTec Inc. AP-014644-US

SenSura® Mio

New
SenSura® Mio
For all
ostomy types



Fits Right. Feels Right.

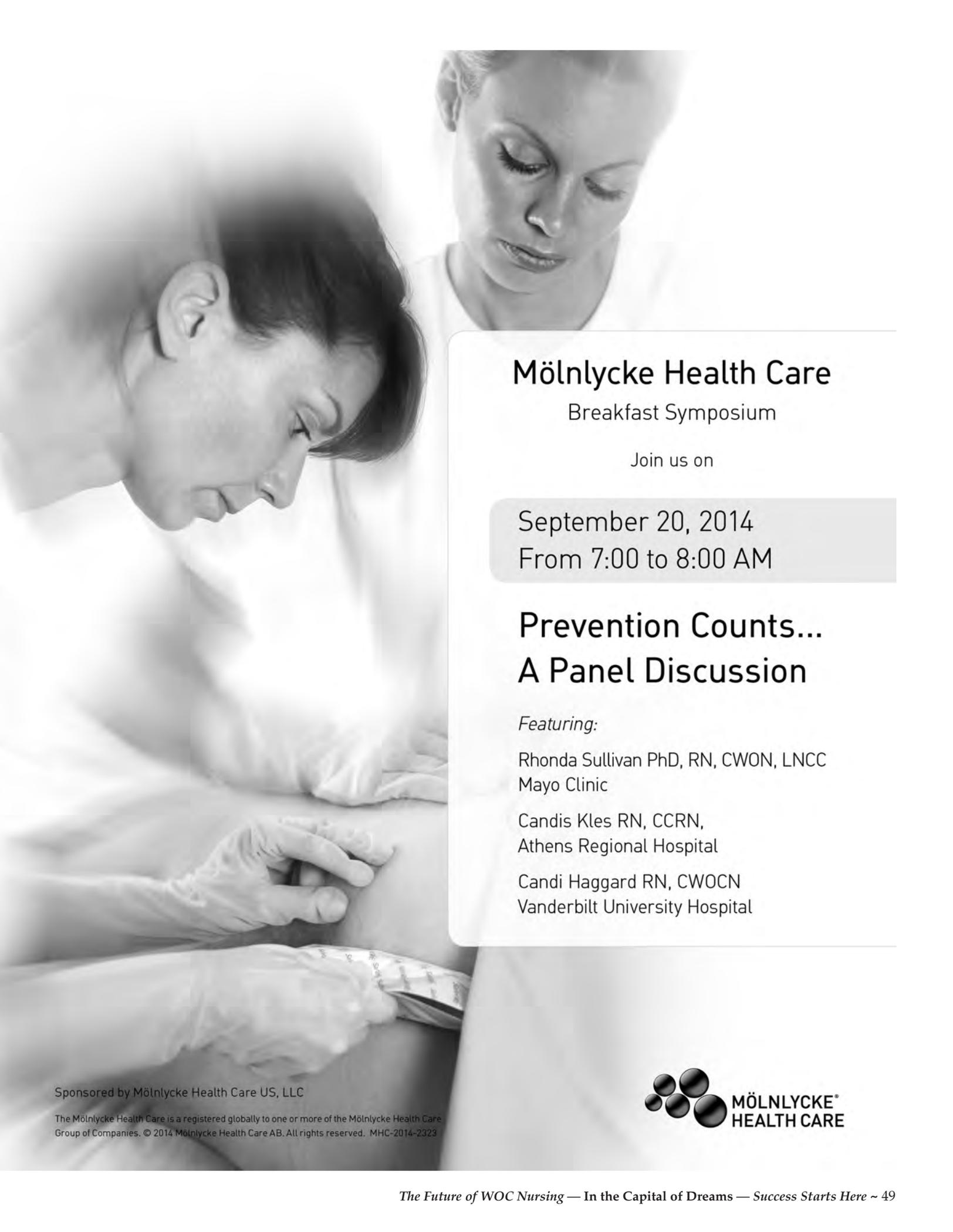
A barrier designed to fit your patients

SenSura® Mio has an elastic barrier that fits your patients' individual body shapes and follows their contours when bending and stretching.

SenSura Mio is very discreet. The soft, water resistant textile material gives the pouch the feel of a clothing item. Its specially chosen neutral gray color is designed to stay unnoticed under all clothing colors.

To learn more, stop by the Coloplast booth at the SER WOCN Conference in Montgomery or visit us online at www.sensuramio.us





Mölnlycke Health Care

Breakfast Symposium

Join us on

September 20, 2014

From 7:00 to 8:00 AM

Prevention Counts... A Panel Discussion

Featuring:

Rhonda Sullivan PhD, RN, CWON, LNCC
Mayo Clinic

Candis Kles RN, CCRN,
Athens Regional Hospital

Candi Haggard RN, CWOCN
Vanderbilt University Hospital

Sponsored by Mölnlycke Health Care US, LLC

The Mölnlycke Health Care is a registered globally to one or more of the Mölnlycke Health Care Group of Companies. © 2014 Mölnlycke Health Care AB. All rights reserved. MHC-2014-2323



SILENT AUCTION



Don't miss this year's Silent Auction which is being held outside the Exhibit Hall. The funds raised through this auction help provide scholarships and education for attendees.

Here are a hint of the wonderful auction items this year:

- One free night stay at the Renaissance Montgomery Hotel & Spa
- Gift Baskets
- Amazon Kindle Fire
- "There is a Difference[©]" poem by Dr. Phyllis Bonham imprinted on color photo
- Wii
- Tablet

And many more wonderful items brought to conference by **YOU!**

We want to thank all our fabulous donors for their wonderful auction items!

The auction will be open during the Exhibit Hall times, and will close at:

Friday, September 19, 6 PM

All auction items must be claimed and paid* by the highest bidder:

Saturday, September 20, 11:30-12:00 Noon

Have fun and may the highest bid win!

Catrice Potts, BSN, RN, CWOCN, Silent Auction Chair

*Cash, check or credit card payments accepted.

Poster Abstracts

POSTER SESSION SCHEDULE

Please view the posters in the Exhibit Hall Prefunction Area

Posters open 4:30-7 pm; Thursday, Sept. 18

Posters open 11:30 am-2:45 pm; Friday, Sept. 19

The Conference Planning Committee wishes to thank this year's presenters:

◆ 1. **Implementation of Pressure Ulcer Education as a Best Practice Strategy for Success in Pressure Ulcer Prevention at Carolinas Medical Center-Pineville**

Author: Brenda Rutland, BSN, RN, CWON

Affiliations: Carolinas Healthcare System-Pineville

Abstract: Carolinas Healthcare System was awarded a contract to become a Hospital Engagement Network (HEN) to enhance patient outcomes with best practice implementation. This project was chosen by the Pressure Ulcer Prevention Team (PUP) at CMC-P in response to one of the ten CMS areas of focus: pressure ulcer reduction. Patient prevention education was employed as a strategy for pressure ulcer prevention. The PDSA (Plan, Do, Study, Act) methodology was used to guide the CWON and the PUP Team through the process of implementing the standardized patient education tool to high risk patients. Data confirmed 100% adoption of this teaching tool in all adult inpatient acute care units as evidenced by improved documentation from 20% to 100% by the end of 2013. The facility continued to maintain a zero hospital acquired Stage III and IV events in 2013.

◆ 2. **There's No Place Like Foam**

Authors: Ramona Reed-Chism, BSN, RN, COCN, CCCN, CFCN; Saralyn Fonville McDade, BSN, RN-BC, CWOCN; Kay Raxter, BSN, RN-C, CWOCN; David Crumbley, MSN, RN, CWCN

Affiliations: Baptist Medical Center South

Abstract: The authors compared the clinical outcomes of a leading negative pressure wound therapy (NPWT) system's polyurethane foam dressing with that of a competing NPWT system since it was inconsistently available. Target outcomes surveyed included 1) quality, 2) ease of use, 3) clinical results. This project involved the application and use of a new ROCF dressing (N=27) on patients with acute and chronic wounds. A survey was used by physicians and nurses to evaluate the new dressing for perceived quality, ease of use, and clinical results. All evaluators were competent with the use and familiar with the expected outcomes of the previous ROCF dressing. The competing NPWT system's ROCF dressing was identified to be comparable in performance to the leading NPWT system's ROCF as measured by perceived quality, ease of use, and clinical results. Based on the findings, the new competing ROCF dressing and NPWT system were implemented as part of the hospital system's wound management operations.

◆ 3. **Head Over Heels for Prevention: The use of a silicone bordered foam heel dressing in the prevention of pressure ulcers**

Authors: Misty Bailey Edwards, BSN, RN, CWOCN; Joy Hartley Lynch, BSN, RN

Affiliations: Princeton Baptist Medical Center

Abstract: This two month study of fifty six patients was performed in a medical intensive care unit where the patients have one of the highest levels of acuity in the facility. Heels dressings were placed upon arrival to the unit. Using a data collection form, the date and condition of the heel(s) was documented by the WOC nurse at the time of placement and later by staff with each dressing change. Dressings were changed twice per week with few exceptions. Dressing changes continued for the duration of the patients' hospital stay or until self-ambulatory. Of the fifty-six patients who received the dressing, only two developed skin breakdown on the heel(s) during the study. The two patients who did develop breakdown had increased risk factors and an increased amount of shearing to the heels due to agitation. One patient had a deep tissue injury upon admission and with use of the dressing only, the wound resolved without progression to an open wound. The use of a silicone bordered foam heel dressing was effective in preventing the formation of hospital acquired pressure ulcers to the heels.

◆ 4. **Outcomes of a Nurse Practitioner Driven Limb Preservation Clinic in Northwest Georgia**

Authors: Julie Yerke, MSN, ACNP-BC, APCWCN, CFCN; Taci Tillery, MSN, FNPBC

Affiliations: Floyd Medical Center

Abstract: The need was identified for an outpatient service for preventive foot care that could not be provided for diabetic patients in the acute care setting. A randomized retrospective chart review was performed on 292 diabetic patients, who were provided preventive foot care with a mean duration of 29.31 months by nurse practitioners at a Northwest Georgia Foot Clinic. Prior to preventive foot care 23 patients had amputations due to diabetic foot ulcers (DFUs). Collective data revealed no patients suffered an amputation during the treatment plan. The data also reveals a statistical significance in this nurse practitioner driven clinic. Furthermore, this represents a projected 2.1 million dollar cost avoidance for this Northwest Georgia Community Hospital.

◆ 5. **Implementation of the Wound Treatment Associate Program in the Intensive Care Unit to Reduce Pressure Ulcers**

Author: Donna Geiger, BSN, RN, CWON

Affiliations: UF Health Jacksonville

Abstract: The study focused on the impact nurses with advanced training will have on the prevention, recognition and treatment of pressure ulcers. A select group of 8 critical care nurses received advanced training by attending the Wound Treatment Associate program. For three months, WTA's performed a full skin assessment every 24 hours on all eligible patients in the SICU and MICU. The WTA program resulted in early recognition, documentation and treatment of skin breakdown. Results for January 2014 - March 2014 for SICU and MICU lead to a decrease in Hospital acquired pressure ulcers from 24% to 7.4% in SICU and 29.6% - 3.7% in MICU.

In order to ensure sustainability, the WTA program will be offered to bedside nurses working in the ICU and the step-down units. Implications for nursing practice will result in offering the WTA program to other facilities within the community.

◆ 6. **A Five-Year Retrospective Study of Descriptors Associated With Identification of Stage I and Suspected Deep Tissue Pressure Ulcers in Persons with Darkly Pigmented Skin**

Author: Rhonda Sullivan, PhD, RN, CWON, LNCC

Affiliations: Mayo Clinic

Abstract: A 5-year retrospective review of 96 subjects with 274 stage I or sDTI encounters was conducted to identify common descriptors associated with stage I and sDTI pressure ulcers in persons with darkly pigmented skin, to determine whether the NPUAP definitions are adequate, and to identify additional descriptors that might aid practitioners in identifying pressure ulcers in this at-risk population. A literature search aided in identifying descriptors associated with pressure ulcers in persons with darkly pigmented skin. The pressure ulcer documentation of 9 WOCNs was analyzed. The results revealed Stage I and sDTIs presentations were varied. However, the majority of the descriptors were consistent with NPUAP staging guidelines. For stage I pressure ulcers, non-blanchable 75% (66), redness 74% (65) of intact skin 100% was the prevailing presentation. Contrary to NPUAP guidelines, the blanch effect was commonly present. Stage I pressure ulcers may also present with normal color 11.4% (17) that is accompanied by bogginess, pain, and induration. For sDTI pressure ulcers, purple discoloration 70% (130) of intact skin 75.3% (140) was the prevailing presentation but contrary to NPUAP guidelines, sDTIs can have a break in the skin 26 (14%). This suggests that the NPUAP definition may benefit from revision to improve the accuracy of sDTI identification among persons with darkly pigmented skin.

◆ 7. **Successful Implementation of a Virtual WOCN Patient Access Program Positively Impacts Healthcare in the Post-Acute Setting**

Author: Rhonda Sullivan, PhD, RN, CWON, LNCC

Affiliations: iWOC Nursing Foundation & Mayo Clinic

Abstract: The purpose of this project was to impact the care disparities negatively affecting patients with wounds and ostomies through ready access to the specialized services of a Board-Certified Wound-Ostomy Nurse (CWON). A virtual WOCN patient access environment was created with options for general education and/or an individualized wound or ostomy assessment. For an individualized evaluation, a form queries the client regarding the history of the problem. A photo upload is required. This information is dispatched to a CWON who reviews the information and provides an Individualized Plan of Care (IPOC). The IPOC provides a summation of the problem and recommended solutions based on current evidence-based standards of practice. The IPOC is intended to be used by the patient to guide discussions with their primary care provider and to intervene appropriately in the interim. Since its inception in February 2013, the

gratis virtual WOCN program has assisted 1,954 clients with finding wound or ostomy care solutions. Pressure ulcers remain the most addressed topic, followed by general wounds and ostomy care. Its success demonstrates the feasibility of a virtual-WOCN patient access program as a bridge to quality care and may serve as a prototype for a new modality for health care delivery.

◆ 8. **Online Survey of VA Wound Providers**

Authors: Linda Cowan, PhD, ARNP, FNP-BC, CWS; Cynthia Garvan, PhD

Affiliations: NF/SG VHS / University of Florida

Abstract: Chronic wounds such as pressure, diabetic foot and venous leg ulcers and non-healing surgical wounds decrease veterans' quality of life, increase mortality and health care costs. However, participation by disciplines other than nursing on Wound Teams is inconsistent. We have not closely examined current practices relating to chronic wound management. This study was conducted to determine key background information regarding providers of chronic wound management in Veteran facilities nationwide to use in planning future research and educational programs. The three objectives: (1) Survey wound providers regarding common wound knowledge, experience, training, preferences and practices. (2) Determine wound clinician educational needs nationwide. (3) Evaluate wound debridement preferences. Over 400 of the 1700 VA wound providers who were contacted responded to the survey. Of these, 269 participants indicated they have "extensive" (average 14 years) experience in wound care, however less than 50% of these reported that wound care and pressure ulcer prevention education in their facilities were "adequate." Our poster reports the average wound educational background of these respondents; types of wounds and products respondents were most/least confident with; educational topics & methods of educational programming most/least desired; and most/least favored debridement methods.

◆ 9. **Identifying Hard-To-Detect Pressure Ulcers in Individuals with Dark Skin Tones.**

Authors: Jennifer Vandiver, RN, BSN, CWON, Sheila Carter, MSN, RN, FNP-BC, CWON, CFCN; Patricia Moore, RN, ASN, CWCN; Hope Voegeli, RN, CWON

Affiliations: Jackson Madison County General Hospital

Abstract: Deep tissue injuries and stage I pressure ulcers can be difficult to recognize in individuals with dark skin tones. The WOC nurses identified a need for pictures of suspected deep tissue injuries and stage I pressure ulcers in dark skinned individuals and additional education to enhance knowledge of recognizing those differences. After obtaining consent, photos were taken of the suspected deep tissue injuries and stage I ulcers. A pre-test was given to the staff nurses on their current knowledge of suspected deep tissue injuries and stage I ulcers with pictures to identify. The staff nurses were then shown a PowerPoint presentation with detailed pictures of suspected deep tissue injuries, stage I ulcers and methods, such as looking, listening and feeling (touch) when performing a thorough skin assessment; risk assessment tools, such as the Braden Scale; and recognizing key diagnoses when completing the patient's health history (such as history of diabetes mellitus, coronary artery disease, peripheral vascular disease, etc.) that places the patient at higher risk of developing suspected deep tissue injuries, stg I pressure ulcers and skin breakdown. The presentation concluded with treatment options for suspected deep tissue injuries, stage I pressure ulcers, prevention of skin breakdown and a post-test. Visual aids and educational preparation improved success on the post-test and enhanced the staff nurses ability to identify suspected deep tissue injuries and stage I pressure ulcers in individuals with dark skin tones.

◆ 10. **Can Educating Certified Nursing Assistants (CNAs) in a Nursing Home Reduce In-house Pressure Ulcer Development?**

Author: Cathy Wogamon, DNP, MSN, FNP-BC, CWCN

Affiliations: North Florida South Georgia VA Medical Center

Abstract: A pre-test/post-test design was utilized to measure the effectiveness of an evidence-based educational intervention. Pressure ulcer incidence was compared three months pre-intervention and three months post-intervention. A statistical analysis was completed to compare the pre-intervention / post-intervention pressure ulcer incidence. Pre-test/Post-test analysis was conducted utilizing a t test (P value of 0.5387). There was reduction from 5 total pressure ulcers pre-intervention to 0 post-intervention. The Quality Indicator report showed a reduction from 12.3% in the pre-intervention quarter to 0% post-intervention. CNA reporting of skin breakdown increased by 68%. The t test P value showed no significant change in knowledge between the pre-test and post-test values which could be related to small sample. A significant increase in CNA reporting of skin issues prior to acquiring pressure ulcers suggests that early identification of skin issues with intervention can greatly decrease the development of pressure ulcers. It can be concluded that CNA training regarding pressure ulcer identification and prevention measures can significantly impact pressure ulcer incidence rates in the nursing home setting.

◆ 11. ***It's Time for a Name Change: Let's Call Them Ostomy Supplements***

Author: Leanne Richbourg, MSN, APRN-BC, GCNS-BC, CWON-AP

Affiliations: Duke University Hospital

Abstract: In addition to ostomy appliances (wafers and pouches), there are other products, known as accessories, available that assist the ostomate to maintain reliable containment of urine and/or feces. An IRB approved 50-question survey was distributed via ostomy support groups in each of the 50 United States. Surveys were returned from 301 persons: 86 with colostomies, 174 with ileostomies, and 41 with urostomies. Seventy percent of respondents reported pouch leakage. Fifty-three percent of ileostomists, 36% of colostomists, and 36.6% of urostomists use accessories. Between one-third and one-half of ostomists find accessories essential to improving pouch adherence. Moldable rings and skin sealants are the most common supplements used. For ileostomates, there is a relationship between wearing a 2-piece pouch and needing an Ostomy Accessory. Urostomates benefit from a moldable ring with both 1 and 2-piece pouches.

◆ 12. ***What's Going On Under the OR Drapes? A Closer Look at Pressure Ulcers Acquired in the Perioperative Period***

Authors: Dawn Engels, MSN, RN, CWOCN, CWCN-AP, CNS; Melody Austin, BSN, RN, CWOCN; Laurie McNichol, MSN, RN, GNP, CWOCN, CWON-AP; Jennifer Zinn, MSN, RN, CNS-BC, CNOR; Sat Gupta, PhD; Dr. Haseeb Kazi

Affiliations: Cone Health System; University of North Carolina-Greensboro, Emory University

Abstract: The purpose of this study was to determine what factors might contribute towards the development of pressure ulcers in patients that have been to the Operating Room (OR). A retrospective chart review was conducted of any patient who was found to have a HAPU which was noted within one week of having an OR procedure performed at four acute-care, community hospitals within an integrated tertiary health network. A dedicated drill down tool was created reflecting specific risk factors identified in literature which contribute to perioperative pressure ulcer development. 15 patients who underwent surgical procedures within our hospital system developed a pressure ulcer which was noted during the post-operative stay. The study group was compared to a randomized control group of 45 patients who had OR procedures performed during the same timeframe and did not develop an intraoperative pressure ulcer. Several significant predictors of pressure ulcers were revealed. Early identification of potential risk factors prior to the patient entering the OR is the first step towards implementation of a preventive process that could help decrease the incidence of pressure ulcer development.

◆ 13. ***A New Twist on an Old Favorite: Methylene Blue and Gentian Violet Antibacterial Polyurethane Foam***

Authors: Karen Edwards, MSS, BSN, RN, CWOCN; Sharon White, BSN, RN, CWOCN; Najla Washington, BSN, RN, CWOCN; Amy Armstrong, BSN, RN, CWOCN; Catrice Potts, BSN, RN, CWOCN; Kelly Suttle, BSN, RN, CWOCN

Affiliations: UAB Hospital

Abstract: Methylene Blue and Gentian Violet (MBGV) polyvinyl alcohol (PVA) foam has recently (January 2014) been granted FDA clearance as an antimicrobial, not bacteriostatic dressing. This makes it a more cost effective choice than the silver or iodine type antimicrobials, without the concern for absorption of any of the components into the tissues. MBGV dressings now have another foam delivery added to its arsenal, polyurethane(PU) foam with thin film backing. This foam doesn't have to be hydrated, nor does it necessarily need a secondary dressing. Ease of use, decreased time of application, decreased overall cost (compared to other antimicrobial dressings), aids in autolytic debridement, can be used in conjunction with enzymatic debriding agents and growth factors. The evolution in resistant bacterial strains will drive continual changes in advanced wound care products. The main actions of advanced dressings will be for debridement, maintain moist wound environment, absorb and trap bacterial debris, and decreased frequency of dressing changes. They also must be cost effective, have ease of use, and be readily available, to compete in the wound care product market.

◆ 14. ***International Skin Tear Advisory Panel: Evidence Based Prediction, Prevention, Assessment, and Management of Skin Tears***

Authors: Karen Edwards, MSS, BSN, RN, CWOCN; Kimberly LeBlanc, MN, RN, CETN(C), IIWCC; Sharon Baranoski, MSN, RN, CWCN, APN-CCNS, FAAN; Dawn Christensen, MHSc, RN, CETN(C), IIWCC; Mary Gloeckner, MS, RN, COCN, CWCN; Samantha Holloway, RN, MSc; Diane Langemo, PhD, RN, FAAN; Mary Regan, PhD, RN, CNS, CWCN; Mary Ann Sammon, BSN, CCN; Gary Sibbald, BSc, MD, FRCP, MEd, MAPWCA; Ann Williams, BSN, RN, BC, CWOCN, CFCN

Affiliations: UAB Hospital, KDS Professional Consulting, Wound Care Dynamics, UnityPoint Health-Trinity, Cardiff University School of Medicine, Hollister Wound Care, Cleveland Clinic, University of Toronto in Canada, Reston Hospital Center

Abstract: The International Skin Tear Advisory Panel has created a tool kit for the prevention, identification, and treatment of skin tears. The tool kit is based on extensive literature reviews, international input from healthcare professionals, and on expert opinion. It has undergone a modified Delphi process. The goal of the ISTAP Skin Tear Tool Kit is to provide a foundation to assist and guide individuals, their circle of care, and healthcare professionals in the risk assessment, prevention, and treatment of skin tears. The ISTAP Skin Tear Tool Kit is designed to allow the clinician to implement a systematic approach to the prevention, management, and treatment of skin tears.

◆ 15. **Quality Outcomes with Wound Ostomy Continence Nurse Management of the Patient with an Enterocutaneous Fistula**

Authors: Sharon White, BSN, RN, CWOCN; Najla R. Washington, BSN, RN, CWOCN; Karen Edwards, MSS, BSN, RN, CWOCN; Amy A. Armstrong, BSN, RN, CWOCN; Catrice R. Potts, BSN, RN, CWOCN; Kelly Suttle, BSN, RN, CWOCN

Affiliations: University of Alabama -Birmingham Hospital

Abstract: Management of an enterocutaneous fistula (ECF) requires a complex comprehensive team approach including the physician, the Wound Ostomy and Continence Nurse (WOCN), bedside nurse, caregiver, and the patient. The WOCN is often consulted to help manage the complex wound care. Their specialized training and knowledge ensures the patient will be monitored for potential complications specific to the ECF management. The WOCN plan of care goals focus on containment of effluent to decrease skin irritation, protection of the skin surrounding the fistula, accurately monitoring intake and output, education and support of the bedside nurse of the products available, and psychological support for the patient and family. In the past, management of ECF included some methods which proved to be ineffective or required specialized training to apply the dressing properly. As a result the patient experienced Moisture Associated Skin Damage (MASD), malnutrition, infection, stress, and a negative self-image. At a large academic medical facility and regional trauma and burn center, the Wound Ostomy and Continence Nurses (WOCNs) successfully used several methods to address the issues in managing patients with an ECF. Containment of the effluent with the use of various sizes of wound/fistula pouching systems were utilized and NPWT was used to segregate the fistula from the wound in a complex ECF with positive outcomes for the patients, physicians and the nursing staff.

◆ 16. **Nursing Driving Excellence: Preventing Pressure Ulcers in the High Risk Population**

Authors: Mary Hopper, BSN, RN, CWON; Gennifer Baker, MSN, RN, CCNS; Julie Carlyle, MSN, RN; Jenifer Cretul, MSN, RN, CCNS; Anu Haynes, BSN, RN, CNOR; Karol Jones, MSN, RN

Affiliations: Huntsville Hospital

Abstract: After noting an increase in HAPUs/DTIs during the first quarter of 2013, a team of nurses met to analyze the issue of sacral and heel breakdown in the CVICU and Surgical Trauma Intensive Care Unit (STICU). In September, the sacral and heel five layer soft silicone adhesive border dressings* were trialed for 45 days. Based on the national average cost of \$42,123, there is an opportunity to save approximately \$900,000 annually minus the cost of supplies. Education on pressure ulcer prevention was given to staff prior to the 45 day trial followed by training on inclusive criteria, proper placement technique with five layer soft silicone adhesive border dressing, and data to be collected. The sample included all CVOR patients with perioperative time > 4 hours, all CVICU patients meeting inclusion criteria, and all STICU patients placed on lateral rotational therapy beds. HAPUs/DTIs incident rate decreased to 0% in ALL patients included in the trial. CVOR, CVICU, and STICU continue to maintain a HAPU/DTI incident rate of 0% since the implementation of the five layer soft silicone adhesive border dressing. After completion of the trial, sacral and heel five layer soft silicone adhesive border dressings are now being placed system wide on all in-patients meeting the criteria.

Exhibitors

Show your support by visiting every exhibitor!

3M

Bard Medical

Byram Healthcare

Calmoseptine

Carolyn

CHG Hospital Beds

Coloplast

ConvaTec

DermaSciences

DeRoyal

DM Systems

Domtar Personal Care

Edgepark Medical Supplies

EHOB

The Gideons International

GWM Products

Hartmann

Hill-Rom

Hollister

Integrated Healing Technologies

Kinetic Concepts (KCI)

Kreg Therapeutics

Linet Americas

Medela

Medical Supplies Depot

MediTech International

Medi USA/Circaid

Medline Industries

MiMedx

Milliken Healthcare Products

Mölnlycke Healthcare

The Morel Company

National Rehab

Nu-Hope Laboratories

Osborn Medical

OSNovative Systems

Primo

Principle Business Enterprises

Rehab Select

Ri-Med/Wound-Coach

Sizewise

Skil-Care

Smith & Nephew

SteadMed Medical

Stryker Medical

This list of exhibitors is current as of August 15, 2014

Exhibitors

Jim Record
3M
205-217-2629
jrecord@mmm.com

Allen Heaton
Bard Medical
205-540-3810
allen.heaton@crbard.com

Rick Pressel
Byram Healthcare
404-456-2867
rpressel@byramhealthcare.com

Kim Saeng
Calmoseptine
714-840-3405
Fax: 714-840-9810
shows@calmoseptine.com

Marcus Seitz
Carolon
800-334-0414
Fax: 336-969-6999
mseitz@carolon.com

Monica Passmore
CHG Hospital Beds
519-963-4010
Fax: 519-963-4013
mpassmore@chgbeds.com

Hailey Wachlarowicz-Bayer
Coloplast
612-337-7929
ushwa@coloplast.com

Mike McLoughlin
ConvaTec
314-724-6215
Fax: 228-215-0338
michael.mcloughlin@convatec.com

Dana Daniel
DermaSciences
215-383-5362
Fax: 803-781-3758
ddaniel@dermasciences.com

Mallory Wallin
DeRoyal
615-631-2601
mwallin@deroyal.com

Don Moorhead
DM Systems
847-328-9540
Fax: 847-328-7950
dmoorhead@dmsystems.com

Kevin Trenga
Domtar Personal Care
252-830-7511
kevin.trenga@domtar.com

Bob Recker
Edgepark Medical Supplies
330-963-6996
Fax: 330-963-0125
bobr@edgepark.com

Evan Schachter
EHOB
2908-377-9449
evan.schachter@ehob.com

Dana Weeks
The Gideons International
615-564-5000
dweeks@gideons.org

Leila Abboud
GWM Products
855-872-2013
Fax: 855-872-2013
labboud@gwmproducts.net

Hunter Gregory
Hartmann
615-477-4523
hunter.gregory@hartmanninfo.com

Jennifer Tyler
Hill-Rom
251-209-6870
jennifer.dillardtyler@hill-rom.com

Shane Weeks
Hollister
205-907-3613
shane.weeks@hollister.com

Tara Robinson
Hollister
205-566-9009
tara.robinson@hollister.com

Ritchey Graham
Integrated Healing Technologies
877-572-1999
Fax: 615-472-8455
ritchey.graham@intwoundcare.com

Julie Bray
Kinetic Concepts (KCI)
205-329-3706
julie.bray@kci1.com

Christy Koontz
Kreg Therapeutics
312-829-8904
Fax: 312-829-8909
ckoontz@kreg.us

Lauren Hurst
Linnet Americas
704-248-5650
Fax: 704-248-5655
lauren.hurst
@linetamericas.com

Matt Gingo
Medela
813-763-8443
Matt.Gingo@Medela.com

Heather Perry
Medi USA/Circaid
336-449-4440
Fax: 336-446-1617
events@mediusa.com

Charles Simpson
Medical Supplies Depot
251-380-3341
Fax: 251-380-3346
charles.simpson
@msdepot.com

Kevin Spahn
Medi-Tech International
678-677-5097
kevin.spahn
@medi-techintl.com

Michael Carroll
Medline Industries
636-579-1579
Fax: 866-914-6968
mcarroll@medline.com

Jennifer Lake
Milliken Healthcare Products
864-503-1727
jennifer.lake@milliken.com

Margaret Martin
MiMedx
770-651-9100
Fax: 770-321-4438
mmartin@mimedx.com

Laura Shafer
Mölnlycke Health Care
404-694-4870
lshafer833@gmail.com

Deb Grieshop
The Morel Company
812-832-6100
Fax: 812-932-6101
deb@morelcompany.com

Susan Wood
National Rehab
412-694-5282
Fax: 877-570-0969
susan.wood@nationalrehab.com

Bradley Galindo
Nu-Hope Laboratories
818-899-7711
Fax: 818-899-2079
brad@nu-hope.com

Becky Zweber
Osborn Medical
507-932-5028
Fax: 507-932-5044
becky@osbornmedical.com

Alia Pasquale
OSNovative Systems
888-519-2297
Fax: 888-519-2295
AliP@osnovation.com

Jeffrey Gainey
Primo
770-940-9093
Fax: 770-486-6298
jeff@primoinc.net

Jamie Hamilton
Principle Business Enterprises
419-352-1551, ext. 365
Fax: 419-352-8340
jhamilton@pbenet.com

Bobby Stephenson
Rehab Select
334-273-9002
Fax: 334-273-9878
bobby.stephenson
@rehabselect.net

Chuck Rierson
Ri-Med/Wound-Coach
205-942-2650
Fax: 205-942-5094
chuck@rimedinc.com

Tim Vos
Sizewise
800-814-9389
tvos@sizewise.net

Cassandra Armstrong
Skil-Care
914-963-2040
Fax: 914-963-2567
carmstrong@skil-care.com

Amy Johnson
Smith & Nephew
404-368-6848
Fax: 770-627-3385
amy.johnson3
@smith-nephew.com

Yvonne Rodriguez
SteadMed Medical
817-885-8273
yvonne.rodriguez
@steadmed.com

Clay Romano
Stryker Medical
334-322-3282
Fax: 334-460-9398
clay.romano@stryker.com

**SOUTHEAST REGION WOUND, OSTOMY & CONTINENCE NURSES SOCIETY
ANNUAL CONFERENCE**

Experience the Magic!



*Blending the Art & Science
of WOC Nursing*

**Thursday, September 10 to
Saturday, September 12, 2015**

SAVE THE DATE



**ROSEN
CENTRE
HOTEL
ORLANDO, FLORIDA**

SCHEDULE OF EVENTS



THURSDAY SEPTEMBER 18

7:30 am-5 pm	Registration & Information	Registration Booth
7:30-9 am	Pre-Conference Continental Breakfast Sponsored by Hollister	AL & Riverview Foyers
8-11:15 am	Pre-Conference: Wound Treatment Associate — Train the Trainer and Skills Workshop	Alabama CDE
	<i>Phyllis Bonham, PhD, MSN, RN, CWOCN, DPNAP, FAAN (W, 3 Contact Hours)</i>	
8:30-10:30 am	Pre-Conference: The Aftermath of GI Surgery: The Art and Crafts of Ostomies, Fistulae, Drains and Wounds	Riverview 2
	<i>Karen Edwards, MSS, BSN, RN, CWOCN (W or O, 2 Contact Hours)</i>	
11:30 am-12:30 pm	BSN Medical Lunch Symposium: Clinical Impact of Hydrophobic Bacteria Binding Therapy in Chronic Wounds (No Contact Hours)	Hall B
12:45-1 pm	Welcome/President's Message	Alabama AB
1-2 pm	Opening Keynote: Revitalizing YOU for the Future — Stress Management (PP)	Alabama AB
	<i>Deb DiSandro</i>	
2-3 pm	Advancing Your Professional Practice (PP)	Alabama AB
	<i>Nancy Tomaselli, MSN, RN, CS, CRNP, CWOCN, LNC</i>	
3-3:15 pm	Refreshment Break sponsored by Ri-Med/Wound-Coach	
3:15-4:15 pm	The Basics of Wound Care: At Home and Abroad (W)	Alabama AB
	<i>Terry Treadwell, MD, FACS</i>	
4:30-7 pm	Grand Opening Reception with Exhibits	Exhibit Hall C
4:30-7 pm	Silent Auction and Posters	Exb. Hall Prefunction Area
7:15-9:15 pm	Great Comebacks® Reception & Dinner Sponsored by ConvaTec (No Contact Hours)	Hall B

FRIDAY SEPTEMBER 19

6:30 am-5 pm	Registration & Information	Registration Booth
7-8 am	Coloplast Breakfast Symposium: The Latest in Ostomy Innovation: Mio (No Contact Hours)	Hall B
8:15-9:15 am	Hyperbaric Oxygenation Therapy (HBO) in Wound Care (W)	Alabama AB
	<i>Randall G. Cook, MD, FACS, CWSP, ADPM/UHM</i>	
9:15-10:15 am	Pharmacological Management of Voiding Dysfunction (C)	Alabama AB
	<i>Tracey S. Wilson, MD</i>	
10:15-10:30 am	Coffee Break	
10:30-11:30 am	Ostomy Panel: Educational Needs / Sexual Issues from the Patient Viewpoint (O)	Alabama AB
	Moderator: <i>Dorothy Doughty, MN, RN, FNP, CWOCN, FAAN</i>	
11:45 am-2:45 pm	Exhibits Open with Boxed Lunch	Exhibit Hall C
11:30 am-2:45 pm	Silent Auction and Posters	Exb. Hall Prefunction Area
3-4 pm	Getting Your Feet Wet... Urinary Incontinence (C)	Alabama AB
	<i>Rhonda Jeannine McCormick, MSN, RN, CRNP</i>	
4-5 pm	Primary Strategies for Preventing Fecal Incontinence (and maintaining clean underwear!) (C)	Alabama AB
	<i>Dorothy Doughty, MN, RN, FNP, CWOCN, FAAN</i>	
5-5:15 pm	Coffee Break	
5:15-6:15 pm	Diabetic Foot and Wound Assessment (W)	Alabama AB
	<i>Mark W. Kunkel, DPM, CWS</i>	
Friday Night	FREE	

SATURDAY SEPTEMBER 20

7-5:30 pm	Information	Registration Booth
7-8 am	Mölnlycke Health Care Breakfast Symposium: Prevention Counts... A Panel Discussion (No Contact Hours)	Hall B
8:15-9:15 am	When The Answer is Not Textbook: Ostomy Challenges for the WOC Nurse (O)	Alabama AB
	<i>John Mark Vermillion, MD</i>	
9:15-10:15 am	How Stuff Works - Robotic Surgery / Continence Surgery Referral Criteria (C)	Alabama AB
	<i>Brian Richardson, MD</i>	
10:15-10:30 am	Coffee Break	
10:30-11:30 am	Pediatric Ostomies: No Small Challenge (O)	Alabama AB
	<i>Colin Martin, MD</i>	
11:30 am-12 pm	Silent Auction Pick-up and Payment	Storage Hall C East
11:30 am-12 pm	Poster Pick-up	Exb. Hall Prefunction Area
12-1:30 pm	Annual Business Meeting & Awards Luncheon	Hall B
1:45-2:45 pm	Obesity and the Skin: A Look at Bariatric Associated Skin Disorders (W)	Alabama AB
	<i>Catrice Potts, BSN, RN, CWOCN</i>	
2:45-3:45 pm	Wound Treatment Associate (WTA): Enhancing Your WOC Nursing Practice (W)	Alabama AB
	<i>Angela Graham, BSN, RN, CWOCN</i>	
3:45-4 pm	Coffee Break	
4-5:00 pm	Traumatic Wound Management (W)	Alabama AB
	<i>David Crumbley, MSN, RN, CWCN</i>	
5-5:15 pm	Closing Remarks	



Overall Conference Evaluations

Questions with ratings 1 - 5 (5 being the highest)	
Question 1	The educational content, program descriptions and objectives were consistent with marketing materials.
# Responses	132
Avg Score	4.80
Question 2	The conference brochure and registration form were made easy to follow.
# Responses	132
Avg Score	4.80
Question 3	The length of the program was appropriate.
# Responses	132
Avg Score	4.75
Question 4	My registration was handled efficiently.
# Responses	132
Avg Score	4.77
Question 5	My on-site registration (name badge and material pick-up) was handled efficiently.
# Responses	132
Avg Score	4.68
Question 6	I had ample opportunity to network with my peers.
# Responses	132
Avg Score	4.74
Question 7	I would recommend this conference to my peers.
# Responses	132
Avg Score	4.80
Question 8	The exhibits were applicable to my work setting.
# Responses	132
Avg Score	4.69
Question 9	There was adequate time allocated for viewing exhibits.
# Responses	132
Avg Score	4.65
Question 10	The program was relevant to my practice/profession, and my knowledge and skills were updated.
# Responses	132
Avg Score	4.73

Question 21	There was adequate time for viewing the posters.		
# Responses	132	Avg Score	4.67
Question 22	The posters provided relevant information that impacts my practice/profession		
# Responses	132	Avg Score	4.62
Question 23	The Silent Auction continues to be a fun and worthwhile event at conference.		
# Responses	132	Avg Score	4.29

Questions with choice answers

Question 11	How did you hear about the SER WOCN Conference?		
Email	34		
Employer	6		
Friend	24		
RegBrochure	44		
Other	24		

Question 13	I would like to see more Non-CE symposia.		
Yes	20	No	112

Question 14	Who is assuming responsibility for the REGISTRATION FEES of this conference?		
Employer / Bus	60		
Grant-Scholar	7		
Self	47		
Shared	7		
Other	11		

Question 15	Who is assuming responsibility for the TRAVEL costs of this conference?		
Employer / Bus	55		
Grant-Scholar	6		
Self	59		
Shared	3		
Other	9		

Question 16	Will you be attending the 2015 Conference to be held in Orlando, FL		
Yes	46	No	11
		not Sure	75

Question 17	If no, what is the biggest obstacle keeping you from attending?	
	Employer	4
	Expenses	34
	Not Every Year	3
	Work Coverage	18
	Other	16
	NoSelection	57

Question 18	Which clinical practice setting would you like to see more sessions on? (Please choose one)	
	Acute Care	33
	Home Health	15
	Long Term	20
	Outpatient	20
	Ok As Is	44

Questions With Text Answers

Question 12	What aspect of the exhibit hall program would you like to see changed?
	allow more time to see all the vendors
	None
	none
	A few more extra hours to view exhibits.
	none
	Small gathering places for sitting. Perhaps benches or small table seating within the exhibit hall.
	Where food located
	no changes
	It worked well as it was.
	None
	i spent all allotted time in the hall during the 2 sessions and still missed 6 or7 due to time.
	none
	not sure, have nothing to compare it to; this was my first professional conference
	times and locations of drawings could be added to the schedule
	None
	THE EXHIBIT HALL PROGRAM WAS WELL DESIGNED. I THINK IT WAS APPROPRIATE AND EDUCATIONAL
	Open up poster presentation in per-conference more viewing time.
	No change. Pleased wit exhibits

was done well

Exhibit hall was well laid out. Adequate time. Thanks.

none

It was great. I liked the set up for the lunch in the hall, it was better than many in past.

None

none

none

Carpet. Food not behind the curtains. 3 hours on Friday was too long.

nothing

It was set up very well. No change needed

need a message board

more time each h day

none

nothing that I can think of

move food to aisles between the vendors. Try to find more time for the vendors due to the high #s

More hands on work shop options.

None, well organized

Maybe back the presenters booths away from the front door more. I felt overwhelmed when I walked in

Consider adding a breakfast time in lieu of a symposia as the exhibit attendees during lunch the second day were scarce.

none

hours open

The temperature-- too cold!!.. and that goes for the conference lecture rooms as well.

ease of viewing

more pediatric based topics

not a thing

The exhibit hall was fine.

I thought it was well done. Lots of space to move about.

Did not see

nothing--I thought it was wonderful

everything was very nicely done

multiple options

I was both an exhibitor and an attendee. Nothing brought the attendees to the back of the room.

none

Nothing to change from this year

Nothing

no preferences

It was too cold. The AV equipment for Dr Bonham was not working correctly. The rest was very nice

none

none

Good representation of vendors. Time allotted adequate to see all vendors

Can't think of any major changes

HOURS TOO LONG FOR LOW TRAFFICE

give list of attendees to vendors;some names were missing.make contest drawingfor 25vendor signatur

some were too aggressive soliciting workplace information.

nothing

None well designed

exhibit hall was fine

Nothing, it was a great host site.

Lay out more conducive to demonstrations.

no changes. thought the set up was nice.

None.

no

None

It was too spread out.

Nothing

I thought it was well laid out.

Nothing

Nothing

No prize give for the most signature on form but they have to answer a question about products/svcs

There was plenty of room and it was easy to maneuver.

no changes

Lunch more visibly located.

80

Question 19 What new topics would you like to see presented in the future?

non-traditional roles for the WOCN & legal consulting

Atypical Wounds, Calciphylaxis

Care for patients with fistulas.Oncology pts.& their special skin care issues. Assessing dark skin

things were great and relevant

rehab

(dermatology) atypical wound not related to pressure ulcers

Interdisciplinary patient care

Dealing with traumatic wounds

Treatment of diabetic ulcers, PVD and CVD. Which product did they use and did they perform doppler.

lymphedema

Foot care

Therapeutic support surfaces, litigation, risk/benefit analysis of turning programs

identifying unusual ulcers with treatment for each and specific wound care needs of the amputee.

more information on new research and updated evidence based practice .

more 'hands on' activities with difficult pouching/npwt situations

Enjoyed. As. Is

WOUND STAGING

Setting up for

setting up outpatient services for ostomy or wound.

More on Pediatrics

Dermatology

problem fistula management

research

would love to see more pediatric topics.

More on the newest approaches to wound care

Transition of care form acute care to LTAC to home / home health.

none

Challenges of wound care in Home care; politics influence on our practice settings.

less ostomy

Computer skills

More ostomy. Liked how program was balanced with ostomy, wound and continence sessions.

more on HBO

not sure

None

Lower leg wounds i.e. diabetic, vascular, venous. More on how to select ostomy equipment.

skin diseases and care

necrotizing fasciitis, vasculitis

Research/ poster process.

Lower extremity ulcers

Conference had a lot of ostomy and wound. Would like to see more on PU prevention and role development

Support Surface Selection; What is the current evidence? Mechanical Device related Pressure Ulcers; Prevention and Management

More treatment information. For example, what topical works best on different wounds.

skin grafting in the outpatient setting

More panel discussions (w/wound patients); Specialty Beds; Writing/research for Journal publication

review of unusual wounds; Lymphedema; Crohn's and Colitis; LEVD/LEAD

more on wounds

Chronic sacral WD healing

unsure

Difficult stoma management, Decreasing bio burden, more on bariatrics, conservative debridement,

I think you do a great job with the topics

not sure

Legal issues, Documentation

information on charting and reimbursement

professional practice-addressing the vastly growing need for staff education and competence

None at this time

Dr. Krishna, Infection Control speaker we have had in the past would be a great presenter.

I appreciate any other insight we can receive by ostomates

Wound care for the chronic wound- foot ulcer, does not heal, traumatic amputation and the care of

none

Ostomy clinics. Creative moist wound healing for indigent pts.

Professional practice offerings

How to setup an OP Ostomy Clinic

maybe a topic with nutrition and wound healing

more on wound care;

None new to share. Good job with selections covered this conference

more on support surfaces; oncology topics(fungating tumors, melanoma,GVHD. legal nsg, WOCpolicies

new research, effectiveness of new products as opposed to older products

legal issues, new practices, continue preconference classes

Legal concepts of wound care.

Wound and ostomy care and pouching, fistulas.

Wound coding

biofilm, growth factors, grafts

Home Health Care is almost never presented although about 1/4 of the attendees work in home care

More on obesity

More fistula presentation

prevention methods, data collection for facility, prevalence studies methods

wound care management in the hospital setting

More continence

biochemical, gene therapy, growth factors

biological dressings; advanced practice

computerized standards of care orders

help setting up wound care protocols, dressings; ostomy needs at a hospital site with initial wocn.

More HBO pearls

83

Question 20 What new topics would you like to see presented in the future at PRE-CONFERENCE?

legal consulting

Complex fistula management

Should be able to attend pre-conference without attending complete conference.

Perhaps an HBO train the trainer.

no suggestion

Care giver teaching

How to treat hypergranulation tissue.

None. Do not attend pre-conference.

Utilizing scholarship resources to obtain additional education and promotion of foot certification

none

None

Putting together search projects, writing proposals.

Want challenging fistula management again

More concentration on wound care, product use, types of wounds specific to long term care.

--

none

Skin wound

How to deal with idiots 101

How to do a poster

biologic dressing

not sure

Various wound vacs and their differences

undecided

Fistula/complex pouching but with skills lab

Shear prevention and treatment.

wound debridement

none

Lower Extremity Compression Bandaging Systems

Not sure at this time.

prepping to recertify

taking care of war veterans/traumatic wounds; treating skin graft patients;

certification review

Good question

urodynamics

Creating an ostomy clinic, Conservative debridement, Foot assessment

not sure
No suggestions.
complex drains, maybe peg and j tubes, the different types of drains see in clinical practice
none I can think of now
None at this time
Legal implications for the WOC Nurse and maybe a skit as was done in the past. Lawyer for speaker.
skills based as this was
case studies and options for wound care products
none
Compression Therapy
None
none
How to setup an ostomy clinic.
Negative pressure therapy
I do not attend pre-conferences
compression dressings;developing wound formulary;develop wound protocols
recertification review
maybe 2 classes available for preconference i could attend. maybe more advanced classes
Problems with good outcomes due to aging population.
same. Karen did a good job. Hope to see her again.
fistula, gtube
Lower extremity wounds
Fistula Pouching. Starting a Wound Clinic
Calciphazis
traumatic wounds
Don,t know
debridement workshop
advanced practice
nail care

how to set up wound protocols, dressings, ostomy needs for a hospital with no previous wocn

Skin substitutes

66

Question 24 The conference could be improved by:

Keep room warmer

continue business meeting at lunch

The conferecne was great

This was my first conference. I enjoyed everything!!!

None

Conference was well organized, no suggestions for improvements.

Floor microphone needed for audience to ask questions. Distracting and time consuming when questions are not heard by all & speaker has to try to remember to repeat questions.

Since I'm not an early morning person, could breakfast start from 8

no recommendations

i know it is a struggle to get attendees to go to the vendors. i was disappointed on the turn out of wocn's the 2nd day. not sure how to fix this issue. the poor turn out did allow me to win the \$100

This conference was surprisingly well-attended with a great variety of topics. Kudos to the Alabama WOCNs and the SERWOC Nursing Board of Directors.

more topics relevant to updating skills and ebp not just over view of things with little new information .

not sure, have nothing to compare it to; this was my first professional conference

Getting. The. Program. Done. A little earlier. On. Saturday. Shorter. Lunch. Break..

It was a wonderful conference!! Maybe not get out so late on the last day..travel issues

More free time built in during the conference

Cannot think of anything to improve. I liked the format. I liked having free time on Friday rather than having awards banquet. Liked having awards banquet during and after lunch time Saturday.

conference was one of the best that I have attended well done, hosting members were very friendly and welcoming.

well done. Thanks.

It was very good.

best conference ever. SER never disappoints but this one with so many meals provided, reduced costs, ending on Sat. great bags, lots of stuff & top notch speakers. Venu very nice, lacked shopping only

I thought the food this year ; exhibit meals; snacks dinners etc were excellent. The content of the lectures were good however; audience is experienced and we need more how to care for our pts

This was excellent

Could we get CEUs for viewing the posters? Free night is good.

Better processes

starting earlier on thurs, getting out earlier of sat

the eval was not very user friendly

none

having talent night.

Finding way to improve the exhibit hours and have dinner in the exhibit hall for the Grand Opening. ?Decrease contact hours Add contact hours for the viewing of posters. Rethink Silent Auction

group Tour of the city option

Allowing more free time. At least 1 hour each day or start the day at 0700 but end at 1600.

Having the room less cold. Temperature got better second and third day but was very cold the first day. Maybe sessions where the participants can socialize and network more. Icebreakers somehow incorporated

The times that I went to visit the posters, there was no one there and/or there were no copies of the poster to take with me.

breaking into small groups for learning and challenges (allows you to meet more people and see how other WOCN's work); Please don't freeze us out-- ask the hotel for comfortable temperatures.

pharmacology & poster CE, electronic poster presentations, CE bkfst sessions. People to intro speakers& to monitor time-assign prior to conference! Time cards given to me without asking me,no watch!

more time with the speakers

Group outings.

Continue to work at keeping cost contained, include as many industry-sponsored meals as possible. I always enjoy staying places where there is a decent pool area and exercise room.

I felt it was great

No improvements needed! Beautiful hotel that was accessible to shopping & eateries. Conference well managed & planned. This conference was comparable to a multidisciplinary conference I attended.

how do you improve perfect--the best conference I have attended--food awesome!

well organized

No suggestions. Done well! But I do not like having my name on the evaluations. Not that I would change anything...just like the evaluations to be anonymous. Thanks for a great conference.

None

I really enjoy this conference and prefer it to a national event. I just wish I was always able to attend.

The conference are better each year I have attended

The more seasoned WOC Nurses were discussing the conference,asking if the conference was not as informative as has been in the past, majority of speakers were not energetic/informative as usual

offering nondairy creamer at coffee stations - THANK YOU FOR THE COFFEE!

Very, very nice

none

I was worn out with the long lunch break for viewing exhibits. I was very tired by 3

none

Room not being so cold.

I liked the that you had a share ride and room available for attendees

get conference information out to more people such as wound treatment nurses in SNF's, and home health.I am a CWON and never got a brochure sent to me either, I think this is why attendance was low

Better climate control. It was too cold!

provide CE for poster view. give CE for PT,OT,RD to attend? yogurt/fruit on breaks? topic

more time for continence review. Like continence jeopardy

having tea at breaks along with coffee. I am not a coffee drinker!!

Nothing. This was one of the best SER WOCN Conference. I absolutely loved the physician lectures. They gave us access into there thought processes. This is something that is often foreign to us.

this conference was the best I have attended. Perhaps, timing not so close to other conferences.

Speakers could be more energetic like Karen.

no

Take out the use of speakers flipping the bird when speaking of physicians and fellow nurses

The conference was great.

Warm rooms

concurrent sessions so time is used effectively. I don't need continence so those were not appropriate for me.

I wish the Silent Auction close bid time would be announced. I asked a couple people and they didn't know.

more ride shares!

It was too cold in the conference rooms

More advance topics and new therapies

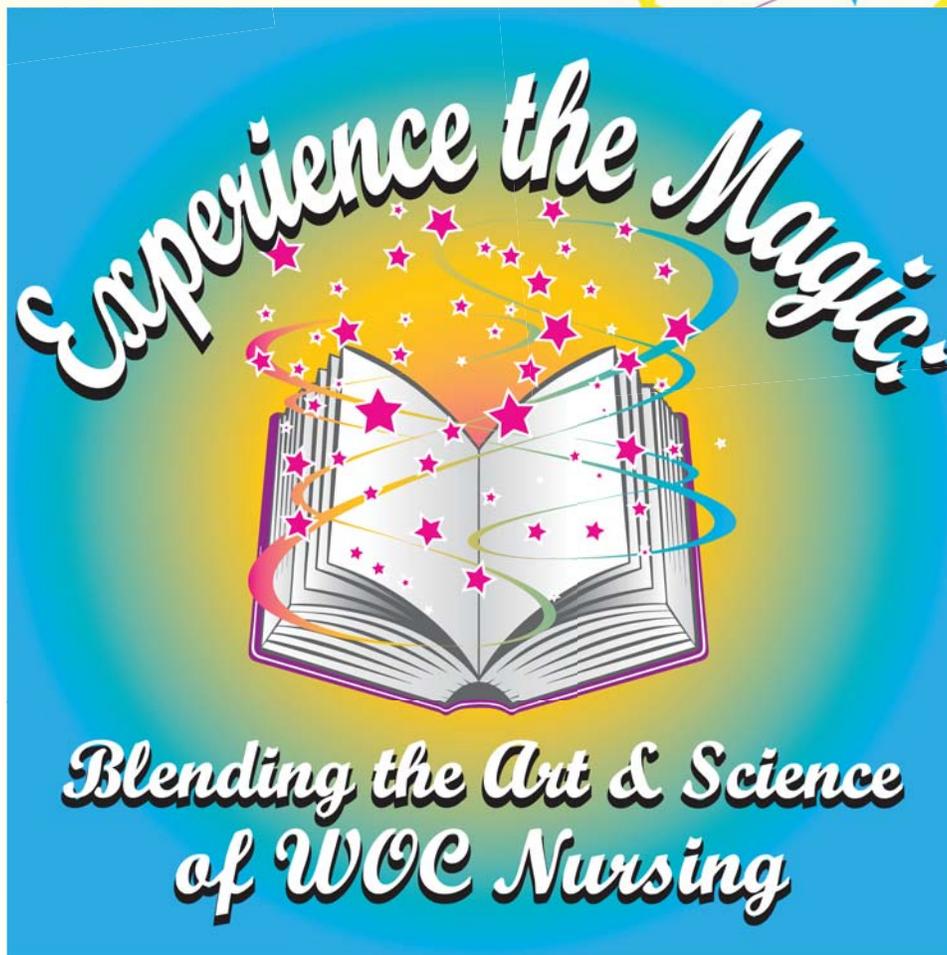
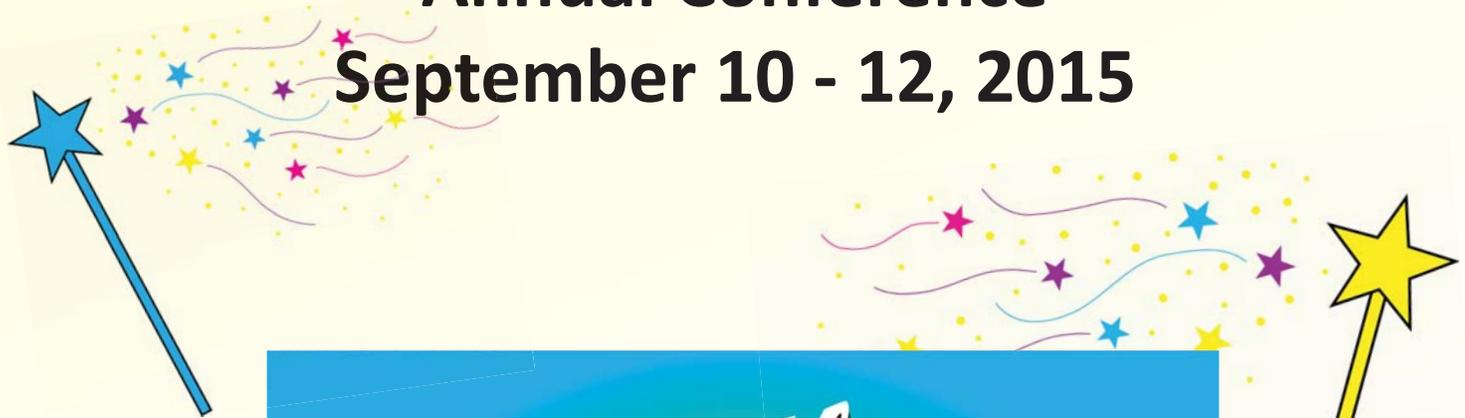
The venue was wonderful . . . kudos to conference planning committee!!! Hotel was very nice! Food was great!

thought it was just right

Southeast Region of the WOCN[®] Society

Annual Conference

September 10 - 12, 2015



Southeast Region
Wound Ostomy & Continence
Nurses Society

ROSEN CENTRE HOTEL - ORLANDO, FL

2015 CONFERENCE AGENDA

ON-SITE REGISTRATION HOURS

Thursday September 10

6:30 AM - 7:45 AM • Pre-Conference only
8:30 AM - 5:00 PM • General Registration

Friday September 11

6:30 AM - 5:00 PM • General Registration

Saturday September 12

6:30 AM - 12:00 PM • General Registration

* The schedule of activities is subject to change

Meeting rooms can be cool,
so layers are recommended!

CONTINUING NURSING EDUCATION

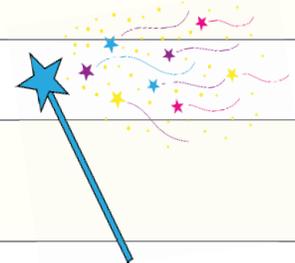
This activity has been submitted to Alabama State Nurses Association for approval to award contact hours. Alabama State Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

For more information regarding contact hours, please call Bernie Haberer, Association Manager, at 727-238-5140. Email: bhe@serwocon.org

(W) – Wound (O) – Ostomy
(C) – Continence (PP) – Professional Practice
All topics are for one contact hour unless otherwise stated.

THURSDAY, SEPTEMBER 10

7:00 AM - 8:00 AM	PRE-CONFERENCE BREAKFAST SPONSORED EVENT
8:00 AM - 11:00 AM	PRE-CONFERENCE WORKSHOP (3 HOURS) THE AFTERMATH OF GI SURGERY: THE MAGIC AND SCIENCE OF POUCHING (W / O) <i>Karen Edwards, MSS, BSN, RN, CWOCN</i>
11:30 AM - 12:30 PM	LUNCH SYMPOSIA (NON CE) SPONSORED BY SAGE PRODUCTS
12:45 PM - 1:00 PM	WELCOME & INTRODUCTIONS <i>Charlene Demers, Conference Chair</i> <i>Martha Davidson, President Southeast Region of the WOCN® Society</i> POSTER VIEWING BEGINS
1:00 PM - 2:00 PM	KEYNOTE ADDRESS WHAT'S NEW IN THE SCIENCE OF PRESSURE ULCERS: THE 2014 INTERNATIONAL PRESSURE ULCER GUIDELINES (W) <i>Margaret Goldberg, MSN, RN, CWOCN (Past President NPUAP)</i>
2:00 PM - 3:00 PM	SPHINCTER PRESERVATION SURGERY --NO MORE OSTOMIES (O) <i>George Joseph Nassif Jr., DO</i>
3:00 PM - 3:15 PM	BREAK
3:15 PM - 4:15 PM	BATTLING BIOFILMS: WINNING THE WAR IN WOUNDS (W) <i>Greg Schultz, PhD</i>
4:30 PM - 6:30 PM	GRAND OPENING RECEPTION WITH EXHIBITS HORS D'OEUVRES AND CASH BAR SILENT AUCTION BEGINS
6:45 PM - 9:00 PM	GREAT COMEBACKS RECEPTION & DINNER (NON CE) SPONSORED BY CONVATEC



2015 CONFERENCE AGENDA

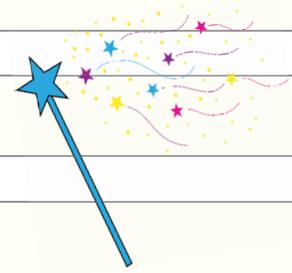
FRIDAY, SEPTEMBER 11

7:00 AM - 9:00 AM	BREAKFAST WITH EXHIBITORS EXHIBITS • SILENT AUCTION • POSTERS
9:15 AM - 10:15 AM	THE ROLE OF PHYSICAL THERAPY IN WOUND HEALING (W) <i>Jamie Birmingham, PT, CWS, CLT</i>
10:15 AM - 11:15 AM	TELEMEDICINE (W) <i>Ben Peirce, BA, RN, CWOCN</i>
11:15 AM - 11:30 AM	BREAK
11:30 AM - 12:30 PM	ESTABLISHING AND RUNNING AN OSTOMY SERVICE (O) <i>Brenda Rutland, BSN, RN, CWON</i>
12:45 PM - 1:45 PM	LUNCH SYMPOSIA (NON CE) SPONSORED BY MÖLNLYCKE HEALTH CARE
1:45 PM - 3:30 PM	EXHIBITS (LAST CHANCE TO VIEW AND MEET EXHIBITORS)
3:30 PM - 4:00 PM	SILENT AUCTION ENDS (FINAL BIDS) POSTER VIEWING ENDS
4:00 PM - 5:00 PM	PRUDENCE AS A DEFENSE: LEGAL ASPECTS OF WOC NURSING PRACTICE (PP) <i>Rhonda Sullivan, PhD, RN, CWON, LNCC</i>
5:00 PM - 6:00 PM	MOTILITY DISORDERS (C) <i>Susan Steele, PhD, RN, CWOCN</i>
	FREE NIGHT



SATURDAY, SEPTEMBER 12

7:00 AM - 8:00 AM	BREAKFAST SYMPOSIA (NON CE) SPONSORED BY TISSUE REGENIX WOUND CARE INC.
8:15 AM - 9:15 AM	UNDERSTANDING URINARY CATHETERS: KEEP THE FLOW GOING (C) <i>Judy Datillo, BSN, RN, CURN, CWOCN</i>
9:15 AM - 10:15 AM	USE OF PROBIOTICS IN THE PREVENTION & TREATMENT OF C-DIFF (C) <i>Jason Sniffen, DO, FACOI, FACP, FIDSA</i>
10:15 AM - 10:30 AM	BREAK
10:30 AM - 11:30 AM	SKIN CANCER AND SUN DAMAGE IN ELDERLY PATIENTS (W) <i>Robert A. Norman DO, MPH, MBA</i>
11:30 AM - 12:00 PM	PICK UP SILENT AUCTION ITEMS
12:15 PM - 1:45 PM	SOUTHEAST REGION GENERAL BUSINESS MEETING & LUNCHEON SOUTHEAST REGION AWARDS PRESENTATIONS
2:00 PM - 3:00 PM	MAGICAL EXPERIENCES FOR NURSES AND OSTOMATES AT YOUTH RALLY (O) <i>Stephanie Crane, Youth Rally Counselor</i>
3:00 PM - 4:00 PM	THE MAGIC OF WOC NURSING (PP) <i>Carolyn Watts, MSN, RN, CWON (President of the WOCN® Society)</i>
4:00 PM - 4:15 PM	CLOSING REMARKS <i>Charlene Demers, Conference Chair</i> <i>Martha Davidson, President Southeast Region of the WOCN® Society</i>



3 - Experience the Magic: Blending the Art & Science of WOC Nursing

2015 CONFERENCE INFORMATION

EXHIBIT HOURS

Thursday September 10

4:30 PM - 6:30 PM • Grand Opening Reception

Friday September 11

7:00 AM - 9:00 AM • Exhibits • Breakfast with Exhibitors
1:45 PM - 3:30 PM • Exhibits



POSTER SESSION HOURS

Thursday September 10

8:00 AM - 11:00 AM • Poster Set Up
12:30 PM • Poster Viewing Begins

Posters will be in the Foyer for viewing anytime
until 5:00 PM Friday

Friday September 11

5:00 PM - 7:00 PM • Pick up Posters

CALL FOR POSTERS

Share your innovative programs, projects, and research with your colleagues by submitting a poster. Poster winners will receive:

- **1st Place** **\$1000.00**
- **2nd Place** **\$500.00**
- **3rd Place** **\$250.00**

Visit our website www.serwocn.org for information and to download the poster submission form, or contact the Poster Committee Chair, Shawna Philbin at posters@serwocn.org.

SILENT AUCTION HOURS

Thursday September 10

4:30 PM - 6:30 PM • Silent Auction Opens

Friday September 11

7:00 AM - 9:00 AM • Silent Auction Open
1:45 PM - 3:30 PM • Silent Auction Open
3:30 PM - 4:00 PM • Final Bids / Auction Ends

Saturday September 12

11:30 AM - 12:00 PM • Pick up Auction Items



Support your Southeast Region by donating purchased or craft items and bringing them with you to the Silent Auction! Funds raised are used to fund our various Scholarship Opportunities. Contact Teri Robinson at: auction@serwocn.org for additional information.

HELP MAKE THE MAGIC HAPPEN

4 - Experience the Magic: Blending the Art & Science of WOC Nursing

2015 HOTEL & REGISTRATION INFORMATION

HOTEL INFORMATION

The Rosen Centre Hotel in Orlando, Florida has a block of rooms being held for attendees and exhibitors from September 8 through 12, 2015 at the rate of \$125 per night, single occupancy (+ \$20 per additional person). Please inform the reservations clerk that you are part of the SER of the WOCN® Society conference group. Reservations may be made directly with the hotel at 1-800-204-7234 or using the link at: www.serwocn.org/2015Conference/.



Image courtesy of Rosen Centre Hotel

AIRPORT TRANSPORTATION

SuperShuttle has a \$18.00 one way / \$32.00 round trip per person rate for our group members making an advance online reservation. The registration link is on our website at: www.serwocn.org/2015Conference/.

CONFERENCE REGISTRATION

Online registration and payment is fast and easy! Visit our website at: www.serwocn.org/Registration/. If you prefer your payment to be processed some other way, fill out the paper registration form (download from our website) and send it in with your payment. You will not be considered registered until your payment is processed.

For additional information contact:

Bernie Haberer

727-238-5140 (phone)

727-269-5760 (fax)

bhe@serwocn.org

www.serwocn.org

SER of the WOCN® Society
c/o BHe Management
36181 East Lake Road Ste. 376
Palm Harbor, FL 34685

REGISTRATION FEES

Registration Type	Early Bird Pricing*	Starting July 15th
Member - with Pre-Conference (includes Awards Luncheon)	\$ 300	\$ 375
Member - Conference Only (includes Awards Luncheon)	\$ 225	\$ 275
Member - Pre-Conference Only	\$ 75	\$ 100
YOU MUST BE A MEMBER OF THE SOUTHEAST REGION OF THE WOCN® SOCIETY TO OBTAIN MEMBER PRICING		
Non-Member - with Pre-Conference (includes Awards Luncheon)	\$ 375	\$ 450
Non-Member - Conference Only (includes Awards Luncheon)	\$ 275	\$ 325
Non-Member - Pre-Conference Only	\$ 100	\$ 125
* TO QUALIFY FOR EARLY BIRD PRICING, PAYMENT MUST BE RECEIVED BY JULY 14, 2015		
Single Day Option		
1 Day attendance	\$ 125	\$ 125



Southeast Region
Wound Ostomy & Continence
Nurses Society

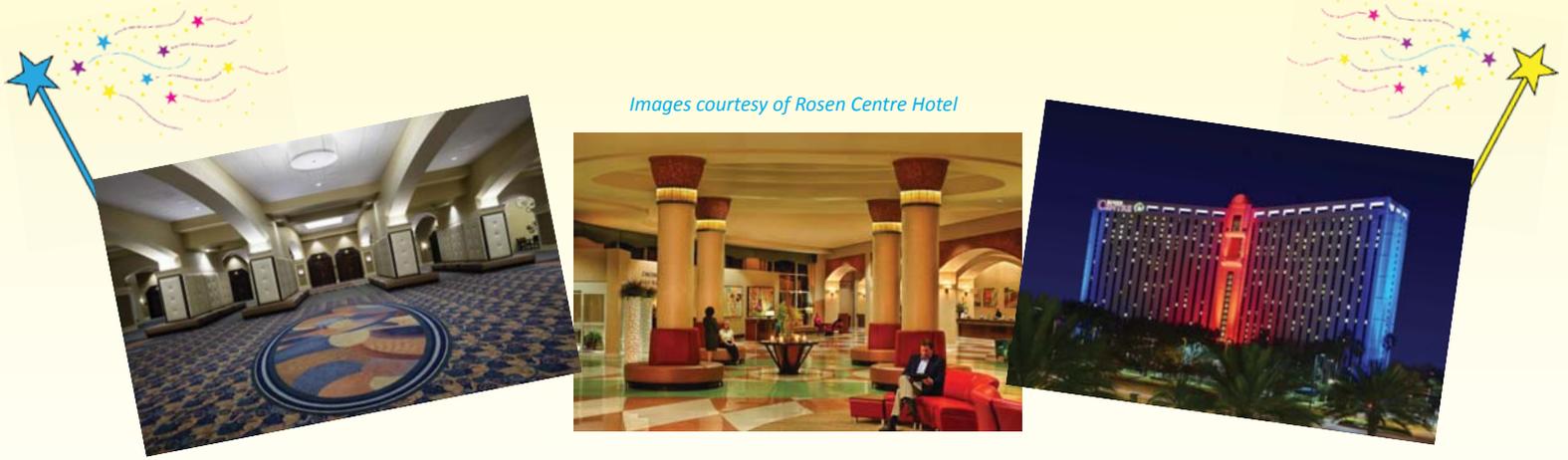
SER of the WOCN® Society

c/o BHe Management

36181 East Lake Road Ste. 376

Palm Harbor, FL 34685

ph: 727-238-5140 • fax: 272-269-5760



Images courtesy of Rosen Centre Hotel

Target Audience: *Professionals involved in the care of patients with wound, ostomy, and continence issues.*

OBJECTIVES OF THE CONFERENCE

Upon completion of this conference, participants should be able to:

1. Discuss advances in theoretical and clinical knowledge impacting individuals affected by wound, ostomy, or continence issues.
2. Describe examples of evidence-based practice and multidisciplinary approaches to enhance outcomes in various health care settings.
3. Describe examples of evidence-based practice as it pertains to WOC nursing specialties.

Southeast Region of the WOCN® Society

Annual Conference • September 10 - 12, 2015

EXPERIENCE THE MAGIC: BLENDING THE ART & SCIENCE OF WOC NURSING



Southeast Region
Wound Ostomy & Continence
Nurses Society

Southeast Region of the WOCN® SOCIETY 2015 Conference Information

[Home Page](#)

[Hotel Information](#)

[Attendee Information](#)

[Registration Info](#)

[Contact Hours](#)

[Attendee Brochure](#)

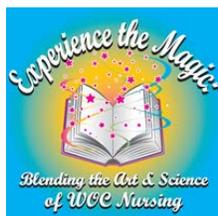
[Call for Posters](#)

[Exhibitor Brochure](#)

[Exhibitor](#)

[Sponsored Events](#)

[eNews Signup](#)



September 10 - 12, 2015

Orlando, Florida

Experience the Magic: Blending the Art & Science of WOC Nursing

Hotel Information



Rosen Centre Hotel
9840 International Drive
Orlando, Florida 32819

Reservations

The Rosen Centre Hotel has a block of rooms being held for attendees and exhibitors from September 8 through 12, 2015 at the rate of \$125 per night, single occupancy (+ \$20 per additional person). Reservations must be made before Tuesday, August 18, 2015, while supply lasts. Please inform the reservations clerk that you are part of the SER of the WOCN Society conference.

Call 800-204-7234 or [click here for online reservations](#)

Attendee Information

Download the [Attendee Brochure](#)

Airport Shuttle

SuperShuttle will be providing a link to make reservations for \$18/one way or \$32/round trip fares per person making online reservations.

Roommate and/or Ride Share

If you are looking for someone to share rooms / rides, please complete [this request form](#). The Region hopes that suitable matches will be found, however, we cannot promise your request will be honored. Deadline for submission is August 15, 2015.

The Southeast Region will only share contact information among people making this request, but **WILL NOT** take any role in making arrangements. The sole responsibility lies with the attendees themselves, and all liability remains with the attendees.

Contact Hours

This activity has been submitted to Alabama State Nurses Association for approval to award contact hours. Alabama State Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

For more information regarding contact hours, please call Bernie Haberer, Association Manager, at 727-238-5140. Email: bhe@serwocn.org

Register Now

Conference Registration	Registration Type	Early Bird* After July 14	
	Member - with Pre-Conference (includes Awards Luncheon)		\$300
Member - Conference Only (includes Awards Luncheon)		\$225	\$275
Member - Pre-Conference Only		\$75	\$100
You must be a member of the SOUTHEAST REGION of the WOCN® Society to obtain Member Pricing			
Non-Member - with Pre-Conference (includes Awards Luncheon)		\$375	\$450
Non-Member - Conference Only (includes Awards Luncheon)		\$275	\$325
Non-Member - Pre-Conference Only		\$100	\$125
Single Day Option (Does not include Pre-conference)			
1 Day: Thursday, Friday or Saturday		\$125	\$125

*** To qualify for Early Bird Pricing, payment must be received by July 14, 2015**

Exhibitor Information

[Download the Exhibitor Brochure](#)

complete with Symposia and Sponsorship Opportunities and booth registration form

Thanks to our Exhibitors for sponsoring the following events!

Details and registration information coming soon



Sage Lunch Symposium

Thursday, Sep. 10, 2015 at 11:30 AM



ConvaTec GreatComebacks Dinner

Thursday, Sep. 10, 2015 at 6:45 PM



Mölnlycke Lunch Symposium

Friday, Sep. 11, 2015 at 12:45 PM



Tissue Regenix Breakfast Symposium

Saturday, Sep. 12, 2015 at 7:00 AM

**Southeast Region of the
Wound, Ostomy and Continence Nurses Society™
Biographical & Conflict of Interest Form - 2015**



Title of Educational Activity:

Experience the Magic: Blending the Art & Science of WOC Nursing

Education Activity Date: **September 10-12, 2015**

Role in Educational Activity: Check all that apply

Planning Committee Member Faculty/Presenter/Author Content Reviewer

X Other – Describe: SER Board of Director responsible for approval of SER 2015 Annual Conference

Section 1: Demographic Data

Name with Credentials/Degrees: Terry Barton BSN, RN, CWOCN_____

If RN, Nursing Degree(s): BSN_____

Address: 1197 Lazy Hollow Pl Winter Park, FL 32792_____

Phone Number: wk:407 646 7523_____

Cell Phone Number: 321 377 7190_____

Email Address: terry.barton@flhosp.org_____

Current Employer and Position/Title: Florida Hospital/RN CWOCN_____

Section 2: Expertise - Planning Committee

Select area of expertise specific to the educational activity listed above:

_____ Nurse Planner (responsible for ensuring adherence to ANCC Accreditation criteria)

_____ Content Expert

X_____ Other

Please describe expertise and years of training specific to the educational activity listed above. *(If the description of expertise does not provide adequate information, the Nurse Planner may request additional documentation.)*

CWOCN for 15 years. Served on Board of Directors for FAET as Nominations chair, vice president, president, co-chair of FAET annual conference & participation in planning several; Nominations chair for SER in previously for 4 years & also presently_____

Section 3: Expertise - Presenter/Faculty/Author/Content Reviewer

_____ An "X" on this line identifies the expertise information the same as listed above.

Please describe expertise and years of training specific to the educational activity listed above. *(If the description of expertise does not provide adequate information, the Nurse Planner may request additional documentation.)*

Section 4: Conflict of Interest

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,* the products or services of which are pertinent to the content of the educational activity (see Figure 6). The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of

interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

***Commercial interest**, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients.

Commercial Interest Organizations are **ineligible** for accreditation.

An organization is NOT a Commercial Interest Organization* if it is:

- A government entity;
- A non-profit (503(c)) organization;
- A provider of clinical services directly to patients, including but not limited to hospitals, health care agencies and independent health care practitioners;
- An entity the sole purpose of which is to improve or support the delivery of health care to patients, including but not limited to providers or developers of electronic health information systems, database systems, and quality improvement systems;
- A non-healthcare related entity whose primary mission is not producing, marketing or selling or distributing health care goods or services consumed by or used on patients.
- Liability insurance providers
- Health insurance providers
- Group medical practices
- Acute care hospitals (for profit and not for profit)
- Rehabilitation centers (for profit and not for profit)
- Nursing homes (for profit and not for profit)
- Blood banks
- Diagnostic laboratories

(*Reference: Accreditation Council for Continuing Medical Education (ACCME) Standards of Commercial Support, August 2007 (www.accme.org) - ANCC's definition is intended to ensure compliance with Food and Drug Administration Guidance on Industry-Supported Scientific and Educational Activities and consistency with the ACCME definition)

All individuals who have the ability to control or influence the content of an educational activity must disclose all **relevant relationships**** with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

****Relevant relationships**, as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

- Relationships with any commercial interest of the individual's spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.
- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

Yes No

If yes, please complete the table below for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
	Salary	
	Royalty	
	Stock	
	Speakers Bureau	
	Consultant	
	Other	

**All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

Section 5: Conflict Resolution (to be completed by Nurse Planner)

- A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:
- Not applicable since no conflict of interest.
 - Removed individual, with conflict of interest, from participating in all parts of the educational activity.
 - Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
 - Not awarding contact hours for a portion or all of the educational activity.
 - Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
 - Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.
 - Other - Describe: _____

Section 6: Statement of Understanding

An "X" in the box below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

Electronic Signature

Date: 3/17/2015

Completed By: (Name and Credentials) Terry Barton, BSN, RN, CWOCN

Nurse Planner Signature (* If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).

An "X" in the box below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

Electronic Signature

Date: 04/10/2015

Completed By: Name and Credentials Trudy Huey MSN, RN, CWOCN

**Southeast Region of the
Wound, Ostomy and Continence Nurses Society™
Biographical & Conflict of Interest Form - 2015**



Title of Educational Activity:

Experience the Magic: Blending the Art & Science of WOC Nursing

Education Activity Date: **September 10-12, 2015**

Role in Educational Activity: Check all that apply

Planning Committee Member

Faculty/Presenter/Author

Content Reviewer

Other – Describe: **SER Board of Director responsible for approval of SER 2015 Annual Conference**

Section 1: Demographic Data

Name with Credentials/Degrees: **Jennifer Anderson MBA, MSN, RN, CWCN, CFCN**

If RN, Nursing Degree(s): **MSN (Nursing Administration) Samford University / BSN University of Alabama**

Address: **1299 County Road 69 Prattville, AL 36067**

Phone Number: **334-365-2084**

Cell Phone Number: **334-224-9846**

Email Address: **bama1296@gmail.com / Jennifer.Anderson@amtwoundcare.com**

Current Employer and Position/Title: **American Medical Technologies – Regional Manager**

Section 2: Expertise - Planning Committee

Select area of expertise specific to the educational activity listed above:

Nurse Planner (responsible for ensuring adherence to ANCC Accreditation criteria)

Content Expert

Other

Please describe expertise and years of training specific to the educational activity listed above. *(If the description of expertise does not provide adequate information, the Nurse Planner may request additional documentation.)*

Master's prepared RN (2001), certified in wound care (2011) with 2 years experience developing CE courses as a critical care staff educator in a hospital setting. ANCC certified presenter for 4 years with an accredited provider of continuing nursing education in industry.

Section 3: Expertise - Presenter/Faculty/Author/Content Reviewer

An "X" on this line identifies the expertise information the same as listed above.

Please describe expertise and years of training specific to the educational activity listed above. *(If the description of expertise does not provide adequate information, the Nurse Planner may request additional documentation.)*

Section 4: Conflict of Interest

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,* the products or services of which are pertinent to the content of the educational activity (see Figure 6). The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of

interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

***Commercial interest**, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients.

Commercial Interest Organizations are **ineligible** for accreditation.

An organization is NOT a Commercial Interest Organization* if it is:

- A government entity;
- A non-profit (503(c)) organization;
- A provider of clinical services directly to patients, including but not limited to hospitals, health care agencies and independent health care practitioners;
- An entity the sole purpose of which is to improve or support the delivery of health care to patients, including but not limited to providers or developers of electronic health information systems, database systems, and quality improvement systems;
- A non-healthcare related entity whose primary mission is not producing, marketing or selling or distributing health care goods or services consumed by or used on patients.
- Liability insurance providers
- Health insurance providers
- Group medical practices
- Acute care hospitals (for profit and not for profit)
- Rehabilitation centers (for profit and not for profit)
- Nursing homes (for profit and not for profit)
- Blood banks
- Diagnostic laboratories

(*Reference: Accreditation Council for Continuing Medical Education (ACCME) Standards of Commercial Support, August 2007 (www.accme.org) - ANCC's definition is intended to ensure compliance with Food and Drug Administration Guidance on Industry-Supported Scientific and Educational Activities and consistency with the ACCME definition)

All individuals who have the ability to control or influence the content of an educational activity must disclose all **relevant relationships**** with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

****Relevant relationships**, as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

- Relationships with any commercial interest of the individual's spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.
- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

Yes No

If yes, please complete the table below for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
	Salary	
	Royalty	
	Stock	
	Speakers Bureau	
	Consultant	
	Other	

**All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

Section 5: Conflict Resolution (to be completed by Nurse Planner)

A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:

Not applicable since no conflict of interest.

Removed individual, with conflict of interest, from participating in all parts of the educational activity.

Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.

Not awarding contact hours for a portion or all of the educational activity.

Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.

Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.

Other - Describe: _____

Section 6: Statement of Understanding

An "X" in the box below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

Electronic Signature

Date: March 15, 2015

Completed By: (Name and Credentials): Jennifer Anderson, MBA, MSN, RN, CWCN, CFCN

Nurse Planner Signature (* If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).

An "X" in the box below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

Electronic Signature

Date: 04/10/2015

Completed By: Name and Credentials Trudy Huey, MSN, RN, CWOCN

**Southeast Region of the
Wound, Ostomy and Continence Nurses Society™
Biographical & Conflict of Interest Form - 2015**



Title of Educational Activity:

Experience the Magic: Blending the Art & Science of WOC Nursing

Education Activity Date: **September 10-12, 2015**

Role in Educational Activity: Check all that apply

Planning Committee Member Faculty/Presenter/Author Content Reviewer

X Other – Describe: SER Board of Director responsible for approval of SER 2015 Annual Conference

Section 1: Demographic Data

Name with Credentials/Degrees: A. Renee' Epting, MN, RN, CWOCN

If RN, Nursing Degree(s): BSN, MN

Address: 1719 Parr Road, Little Mountain, SC 29075

Phone Number: 803-296-3976

Cell Phone Number: 803-331-1273

Email Address: alma.epting@palmettohealth.org

Current Employer and Position/Title: Palmetto Health, Manager, WOC Nursing

Section 2: Expertise - Planning Committee

Select area of expertise specific to the educational activity listed above:

_____ Nurse Planner (responsible for ensuring adherence to ANCC Accreditation criteria)

_____ Content Expert

X _____ Other

Please describe expertise and years of training specific to the educational activity listed above. *(If the description of expertise does not provide adequate information, the Nurse Planner may request additional documentation.)*

RN for 27 years in acute care. CWOCN for 15 years in acute care as well as outpatient clinic care. Current manager of WOC Nursing for a large health care organization with 3 campuses in Columbia, South Carolina. My background prior to WOC Nursing was Medical Surgical nursing, Diabetes Education, and Outpatient Surgery.

Section 3: Expertise - Presenter/Faculty/Author/Content Reviewer

_____ An "X" on this line identifies the expertise information the same as listed above.

Please describe expertise and years of training specific to the educational activity listed above. *(If the description of expertise does not provide adequate information, the Nurse Planner may request additional documentation.)*

Section 4: Conflict of Interest

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,* the products or services of which are pertinent to the content of the educational activity (see Figure 6). The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of

interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

***Commercial interest**, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients.

Commercial Interest Organizations are **ineligible** for accreditation.

An organization is NOT a Commercial Interest Organization* if it is:

- A government entity;
- A non-profit (503(c)) organization;
- A provider of clinical services directly to patients, including but not limited to hospitals, health care agencies and independent health care practitioners;
- An entity the sole purpose of which is to improve or support the delivery of health care to patients, including but not limited to providers or developers of electronic health information systems, database systems, and quality improvement systems;
- A non-healthcare related entity whose primary mission is not producing, marketing or selling or distributing health care goods or services consumed by or used on patients.
- Liability insurance providers
- Health insurance providers
- Group medical practices
- Acute care hospitals (for profit and not for profit)
- Rehabilitation centers (for profit and not for profit)
- Nursing homes (for profit and not for profit)
- Blood banks
- Diagnostic laboratories

(*Reference: Accreditation Council for Continuing Medical Education (ACCME) Standards of Commercial Support, August 2007 (www.accme.org) - ANCC's definition is intended to ensure compliance with Food and Drug Administration Guidance on Industry-Supported Scientific and Educational Activities and consistency with the ACCME definition)

All individuals who have the ability to control or influence the content of an educational activity must disclose all **relevant relationships**** with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

****Relevant relationships**, as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

- Relationships with any commercial interest of the individual's spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.
- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

Yes No

If yes, please complete the table below for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
	Salary	
	Royalty	
	Stock	
	Speakers Bureau	
	Consultant	
	Other	

**All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

Section 5: Conflict Resolution (to be completed by Nurse Planner)

A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:

- Not applicable since no conflict of interest.
- Removed individual, with conflict of interest, from participating in all parts of the educational activity.
- Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
- Not awarding contact hours for a portion or all of the educational activity.
- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.
- Other - Describe: _____

Section 6: Statement of Understanding

An "X" in the box below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

Electronic Signature Date: March 14, 2015

Completed By: (Name and Credentials) A. Renee' Epting, MN, RN, CWOCN _____

Nurse Planner Signature (* If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).

An "X" in the box below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

Electronic Signature Date: 04/10/2015

Completed By: Name and Credentials Trudy Huey, MSN, RN, CWOCN

**Southeast Region of the
Wound, Ostomy and Continence Nurses Society™
Biographical & Conflict of Interest Form - 2015**



Title of Educational Activity:
Experience the Magic: Blending the Art & Science of WOC Nursing

Education Activity Date: **September 10-12, 2015**

Role in Educational Activity: Check all that apply

Planning Committee Member Faculty/Presenter/Author Content Reviewer

X Other – Describe: SER Board of Director responsible for approval of SER 2015 Annual Conference

Section 1: Demographic Data

Name with Credentials/Degrees: Dallas Katrena Beckham

If RN, Nursing Degree(s): RN,BSN,CWOCN_____

Address: 523 Patio Drive Columbia, SC 29212

Phone Number: 803-732-2567

Cell Phone Number: 803-917-6133

Email Address: Katrena.Beckham@PalmettoHealth.org_____

Current Employer and Position/Title: Palmetto health Richland, CWOCN, Full Time_____

Section 2: Expertise - Planning Committee

Select area of expertise specific to the educational activity listed above:

_____ Nurse Planner (responsible for ensuring adherence to ANCC Accreditation criteria)

_____ Content Expert

X_____ Other Board Member, SER WOCN. Hold Secretary position.

Please describe expertise and years of training specific to the educational activity listed above. *(If the description of expertise does not provide adequate information, the Nurse Planner may request additional documentation.)*

I have worked as an RN for 44 Years in Critical Care, Med-Surg., Administration, Nursing Management, and Nursing Education. For the last 19 years, I have worked in the role of a certified Wound, Ostomy, Continence Nurse in Acute care. I provide educational programs for nursing staff regarding issues in caring for wound, Ostomy, continence patients.

Section 3: Expertise - Presenter/Faculty/Author/Content Reviewer

_____ An "X" on this line identifies the expertise information the same as listed above.

Please describe expertise and years of training specific to the educational activity listed above. *(If the description of expertise does not provide adequate information, the Nurse Planner may request additional documentation.)*

Section 4: Conflict of Interest

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,* the products or services of which are pertinent to the content of the educational activity (see Figure 6). The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of

interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

***Commercial interest**, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients.

Commercial Interest Organizations are **ineligible** for accreditation.

An organization is NOT a Commercial Interest Organization* if it is:

- A government entity;
- A non-profit (503(c)) organization;
- A provider of clinical services directly to patients, including but not limited to hospitals, health care agencies and independent health care practitioners;
- An entity the sole purpose of which is to improve or support the delivery of health care to patients, including but not limited to providers or developers of electronic health information systems, database systems, and quality improvement systems;
- A non-healthcare related entity whose primary mission is not producing, marketing or selling or distributing health care goods or services consumed by or used on patients.
- Liability insurance providers
- Health insurance providers
- Group medical practices
- Acute care hospitals (for profit and not for profit)
- Rehabilitation centers (for profit and not for profit)
- Nursing homes (for profit and not for profit)
- Blood banks
- Diagnostic laboratories

(*Reference: Accreditation Council for Continuing Medical Education (ACCME) Standards of Commercial Support, August 2007 (www.accme.org) - ANCC's definition is intended to ensure compliance with Food and Drug Administration Guidance on Industry-Supported Scientific and Educational Activities and consistency with the ACCME definition)

All individuals who have the ability to control or influence the content of an educational activity must disclose all **relevant relationships**** with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

****Relevant relationships**, as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

- Relationships with any commercial interest of the individual's spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.
- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

Yes No

If yes, please complete the table below for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
	Salary	
	Royalty	
	Stock	
	Speakers Bureau	
	Consultant	
	Other	

**All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

Section 5: Conflict Resolution (to be completed by Nurse Planner)

A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:

- Not applicable since no conflict of interest.
- Removed individual, with conflict of interest, from participating in all parts of the educational activity.
- Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
- Not awarding contact hours for a portion or all of the educational activity.
- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.
- Other - Describe: _____

Section 6: Statement of Understanding

An "X" in the box below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

Electronic Signature

Date: 4/3/15

Completed By: (Name and Credentials) Dallas Katrena Beckham, RN,BSN, CWOCN

Nurse Planner Signature (* If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).

An "X" in the box below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

Electronic Signature

Date: 04/06/2015

Completed By: Name and Credentials Trudy Huey MSN, RN, CWOCN

**Southeast Region of the
Wound, Ostomy and Continence Nurses Society™
Biographical & Conflict of Interest Form - 2015**



Title of Educational Activity:

Experience the Magic: Blending the Art & Science of WOC Nursing

Education Activity Date: **September 10-12, 2015**

Role in Educational Activity: Check all that apply

Planning Committee Member Faculty/Presenter/Author Content Reviewer
X Other – Describe: SER Board of Director responsible for approval of SER 2015 Annual Conference

Section 1: Demographic Data

Name with Credentials/Degrees: Martha Wright Davidson, MN, CWOCN

If RN, Nursing Degree(s): BSN, MN

Address: 1608 Tyne Blvd, Nashville TN 37215

Phone Number: (615) 665-1058

Cell Phone Number: (615) 596-6505

Email Address: Martha.w.davidson@vanderbilt.edu

Current Employer and Position/Title: Vanderbilt Hospital CWOCN

Section 2: Expertise - Planning Committee

Select area of expertise specific to the educational activity listed above:

Nurse Planner (responsible for ensuring adherence to ANCC Accreditation criteria)
 Content Expert
 Other Board Member

Please describe expertise and years of training specific to the educational activity listed above. *(If the description of expertise does not provide adequate information, the Nurse Planner may request additional documentation.)*

I have been an active WOCN since 1986, and for the past 16 years I have worked in large University Medical Centers. In 2011, I served as Conference Chairperson for the SER WOCN Annual Conference. As Chairperson for the conference I was actively involved with every aspect of conference planning, budget formation, conference content review, and conference evaluation.

Section 3: Expertise - Presenter/Faculty/Author/Content Reviewer

An "X" on this line identifies the expertise information the same as listed above.

Please describe expertise and years of training specific to the educational activity listed above. *(If the description of expertise does not provide adequate information, the Nurse Planner may request additional documentation.)*

Section 4: Conflict of Interest

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,* the products or services of

which are pertinent to the content of the educational activity (see Figure 6). The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

***Commercial interest**, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients.

Commercial Interest Organizations are **ineligible** for accreditation.

An organization is NOT a Commercial Interest Organization* if it is:

- A government entity;
- A non-profit (503(c)) organization;
- A provider of clinical services directly to patients, including but not limited to hospitals, health care agencies and independent health care practitioners;
- An entity the sole purpose of which is to improve or support the delivery of health care to patients, including but not limited to providers or developers of electronic health information systems, database systems, and quality improvement systems;
- A non-healthcare related entity whose primary mission is not producing, marketing or selling or distributing health care goods or services consumed by or used on patients.
- Liability insurance providers
- Health insurance providers
- Group medical practices
- Acute care hospitals (for profit and not for profit)
- Rehabilitation centers (for profit and not for profit)
- Nursing homes (for profit and not for profit)
- Blood banks
- Diagnostic laboratories

(*Reference: Accreditation Council for Continuing Medical Education (ACCME) Standards of Commercial Support, August 2007 (www.accme.org) - ANCC's definition is intended to ensure compliance with Food and Drug Administration Guidance on Industry-Supported Scientific and Educational Activities and consistency with the ACCME definition)

All individuals who have the ability to control or influence the content of an educational activity must disclose all **relevant relationships**** with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

****Relevant relationships**, as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

- Relationships with any commercial interest of the individual's spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.
- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

Yes No

If yes, please complete the table below for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
	Salary	
	Royalty	
	Stock	
	Speakers Bureau	
	Consultant	
	Other	

**All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

Section 5: Conflict Resolution (to be completed by Nurse Planner)

A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:

- Not applicable since no conflict of interest.
- Removed individual, with conflict of interest, from participating in all parts of the educational activity.
- Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
- Not awarding contact hours for a portion or all of the educational activity.
- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.
- Other - Describe: _____

Section 6: Statement of Understanding

An “X” in the box below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

Electronic Signature **Date: 4-3-15** _____

Completed By: Martha Davidson MN, BSN, CWOCN _____

Nurse Planner Signature (* If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).

An “X” in the box below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

Electronic Signature **Date: 04/03/2015** _____

Completed By: Name and Credentials Trudy Huey MSN, RN, CWOCN

**Southeast Region of the
Wound, Ostomy and Continence Nurses Society™
Biographical & Conflict of Interest Form - 2015**



Title of Educational Activity:

Experience the Magic: Blending the Art & Science of WOC Nursing

Education Activity Date: **September 10-12, 2015**

Role in Educational Activity: Check all that apply

Planning Committee Member Faculty/Presenter/Author Content Reviewer

X Other – Describe: SER Board of Director responsible for approval of SER 2015 Annual Conference

Section 1: Demographic Data

Name with Credentials/Degrees: Nadine Mulligan, MN, CWON

If RN, Nursing Degree(s): BSN, MN

Address: 836 Connelly Road Pickens SC 29671

Phone Number: (864) 898-0460

Cell Phone Number: (864) 423-7641

Email Address: news@serwocn.org

Current Employer and Position/Title: Wound nurse

Section 2: Expertise - Planning Committee

Select area of expertise specific to the educational activity listed above:

Nurse Planner (responsible for ensuring adherence to ANCC Accreditation criteria)

Content Expert

Other Board Member

I have been an active wound nurse at an LTAC since 2009.]

Section 3: Expertise - Presenter/Faculty/Author/Content Reviewer

An "X" on this line identifies the expertise information the same as listed above.

Please describe expertise and years of training specific to the educational activity listed above. *(If the description of expertise does not provide adequate information, the Nurse Planner may request additional documentation.)*

Section 4: Conflict of Interest

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,* the products or services of which are pertinent to the content of the educational activity (see Figure 6). The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

***Commercial interest**, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients.

Commercial Interest Organizations are **ineligible** for accreditation.

An organization is NOT a Commercial Interest Organization* if it is:

- A government entity;
- A non-profit (503(c)) organization;
- A provider of clinical services directly to patients, including but not limited to hospitals, health care agencies and independent health care practitioners;
- An entity the sole purpose of which is to improve or support the delivery of health care to patients, including but not limited to providers or developers of electronic health information systems, database systems, and quality improvement systems;
- A non-healthcare related entity whose primary mission is not producing, marketing or selling or distributing health care goods or services consumed by or used on patients.
- Liability insurance providers
- Health insurance providers
- Group medical practices
- Acute care hospitals (for profit and not for profit)
- Rehabilitation centers (for profit and not for profit)
- Nursing homes (for profit and not for profit)
- Blood banks
- Diagnostic laboratories

(*Reference: Accreditation Council for Continuing Medical Education (ACCME) Standards of Commercial Support, August 2007 (www.accme.org) - ANCC's definition is intended to ensure compliance with Food and Drug Administration Guidance on Industry-Supported Scientific and Educational Activities and consistency with the ACCME definition)

All individuals who have the ability to control or influence the content of an educational activity must disclose all **relevant relationships**** with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

****Relevant relationships**, as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

- Relationships with any commercial interest of the individual's spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.
- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

Yes No

If yes, please complete the table below for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
----------------------	----------	-------------

**Southeast Region of the
Wound, Ostomy and Continence Nurses Society™
Biographical & Conflict of Interest Form - 2015**



Title of Educational Activity:

Experience the Magic: Blending the Art & Science of WOC Nursing

Education Activity Date: **September 10-12, 2015**

Role in Educational Activity: Check all that apply

X Planning Committee Member

Faculty/Presenter/Author

X Content Reviewer

Other – Describe: Nurse Planner

Section 1: Demographic Data

Name with Credentials/Degrees: Trudy Huey, MSN, RN, CWOCN

If RN, Nursing Degree(s): MSN

Address: 1743 10th St Blvd NW Hickory, NC 28601

Phone Number: 828-322-9120(H) 828-326-2392 (W)

Cell Phone Number: 828-446-9964

Email Address: thuey@catawbavalleymc.org

Current Employer and Position/Title: Catawba Valley Medical Center: Clinical Nurse Specialist WOC Nursing Director

Section 2: Expertise - Planning Committee

Select area of expertise specific to the educational activity listed above:

Nurse Planner (responsible for ensuring adherence to ANCC Accreditation criteria)

Content Expert

Other

Served on the CE Committee for National WOCN for five years. Presented and developed CE programs at my facility and throughout the state of NC. Served as the Conference Chairperson for the 2010 SER WOCN Annual Conference. Have been an ongoing certified WOC nurse since 1986 after graduating from the Emory University ETNEP. Prior CE experience since 1976 when worked as a Staff Development Instructor at a tertiary care center in St. Louis and also during my four years experience in a private neurosurgical group in St. Louis.

Section 3: Expertise - Presenter/Faculty/Author/Content Reviewer

An "X" on this line identifies the expertise information the same as listed above.

Please describe expertise and years of training specific to the educational activity listed above. (If the description of expertise does not provide adequate information, the Nurse Planner may request additional documentation.)

Section 4: Conflict of Interest

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,* the products or services of which are pertinent to the content of the educational activity (see Figure 6). The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of

interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

***Commercial interest**, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients.

Commercial Interest Organizations are **ineligible** for accreditation.

An organization is NOT a Commercial Interest Organization* if it is:

- A government entity;
- A non-profit (503(c)) organization;
- A provider of clinical services directly to patients, including but not limited to hospitals, health care agencies and independent health care practitioners;
- An entity the sole purpose of which is to improve or support the delivery of health care to patients, including but not limited to providers or developers of electronic health information systems, database systems, and quality improvement systems;
- A non-healthcare related entity whose primary mission is not producing, marketing or selling or distributing health care goods or services consumed by or used on patients.
- Liability insurance providers
- Health insurance providers
- Group medical practices
- Acute care hospitals (for profit and not for profit)
- Rehabilitation centers (for profit and not for profit)
- Nursing homes (for profit and not for profit)
- Blood banks
- Diagnostic laboratories

(*Reference: Accreditation Council for Continuing Medical Education (ACCME) Standards of Commercial Support, August 2007 (www.accme.org) - ANCC's definition is intended to ensure compliance with Food and Drug Administration Guidance on Industry-Supported Scientific and Educational Activities and consistency with the ACCME definition)

All individuals who have the ability to control or influence the content of an educational activity must disclose all **relevant relationships**** with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

****Relevant relationships**, as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

- Relationships with any commercial interest of the individual's spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.
- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

Yes No

If yes, please complete the table below for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
	Salary	
	Royalty	
	Stock	
	Speakers Bureau	
	Consultant	
	Other	

**All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

Section 5: Conflict Resolution (to be completed by Nurse Planner)

A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:

- Not applicable since no conflict of interest.
- Removed individual, with conflict of interest, from participating in all parts of the educational activity.
- Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
- Not awarding contact hours for a portion or all of the educational activity.
- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.
- Other - Describe: _____

Section 6: Statement of Understanding

An "X" in the box below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

Electronic Signature

Date: 04/10/15

Completed By: (Name and Credentials) Trudy Huey MSN, RN, CWOCN

Nurse Planner Signature (* If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).

An "X" in the box below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

Electronic Signature

Date: April 11, 2015

Completed By: Jennifer Anderson, MBA, MSN, RN, CWCN, CFCN President Elect SER WOCN

**Southeast Region of the
Wound, Ostomy and Continence Nurses Society™
Biographical & Conflict of Interest Form - 2015**



Title of Educational Activity:

Experience the Magic: Blending the Art & Science of WOC Nursing

Education Activity Date: **September 10-12, 2015**

Role in Educational Activity: Check all that apply

Planning Committee Member Faculty/Presenter/Author Content Reviewer

X Other – Describe: SER Board of Director responsible for approval of SER 2015 Annual Conference

Section 1: Demographic Data

Name with Credentials/Degrees: Nancy Scott

If RN, Nursing Degree(s): BSN

Address: 1809 Cattleman dr Brandon, FL 33511

Phone Number: 813 495-0075

Cell Phone Number: same

Email Address: nancy.scott@moffitt.org

Current Employer and Position/Title Moffitt Cancer Center CWOCN

Section 2: Expertise - Planning Committee

Select area of expertise specific to the educational activity listed above:

 Nurse Planner (responsible for ensuring adherence to ANCC Accreditation criteria)

 Content Expert

X Other

Please describe expertise and years of training specific to the educational activity listed above. *(If the description of expertise does not provide adequate information, the Nurse Planner may request additional documentation.)*

Prior experience in WOC related educational conference : annual Florida Association of Enterostomal Therapists (FAET) conference Chair 1 year and 2 years annual conference planning committee; 5 years biannual conference planning for Moffitt Cancer Center –Skin Integrity educational conferences /Chair of Skin Integrity Committee

Section 3: Expertise - Presenter/Faculty/Author/Content Reviewer

 An "X" on this line identifies the expertise information the same as listed above.

Please describe expertise and years of training specific to the educational activity listed above. *(If the description of expertise does not provide adequate information, the Nurse Planner may request additional documentation.)*

Section 4: Conflict of Interest

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,* the products or services of which are pertinent to the content of the educational activity (see Figure 6). The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of

interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

***Commercial interest**, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients.

Commercial Interest Organizations are **ineligible** for accreditation.

An organization is NOT a Commercial Interest Organization* if it is:

- A government entity;
- A non-profit (503(c)) organization;
- A provider of clinical services directly to patients, including but not limited to hospitals, health care agencies and independent health care practitioners;
- An entity the sole purpose of which is to improve or support the delivery of health care to patients, including but not limited to providers or developers of electronic health information systems, database systems, and quality improvement systems;
- A non-healthcare related entity whose primary mission is not producing, marketing or selling or distributing health care goods or services consumed by or used on patients.
- Liability insurance providers
- Health insurance providers
- Group medical practices
- Acute care hospitals (for profit and not for profit)
- Rehabilitation centers (for profit and not for profit)
- Nursing homes (for profit and not for profit)
- Blood banks
- Diagnostic laboratories

(*Reference: Accreditation Council for Continuing Medical Education (ACCME) Standards of Commercial Support, August 2007 (www.accme.org) - ANCC's definition is intended to ensure compliance with Food and Drug Administration Guidance on Industry-Supported Scientific and Educational Activities and consistency with the ACCME definition)

All individuals who have the ability to control or influence the content of an educational activity must disclose all **relevant relationships**** with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

****Relevant relationships**, as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

- Relationships with any commercial interest of the individual's spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.
- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

Yes No

If yes, please complete the table below for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
	Salary	
	Royalty	
	Stock	
	Speakers Bureau	
	Consultant	
	Other	

**All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

Section 5: Conflict Resolution (to be completed by Nurse Planner)

A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:

- Not applicable since no conflict of interest.
- Removed individual, with conflict of interest, from participating in all parts of the educational activity.
- Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
- Not awarding contact hours for a portion or all of the educational activity.
- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.
- Other - Describe: _____

Section 6: Statement of Understanding

An "X" in the box below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

Nancy Scott Electronic Signature

Date: 3-16-15

Completed By: (Name and Credentials) Nancy Scott BSN RN CWOCN

Nurse Planner Signature (* If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).

An "X" in the box below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

Electronic Signature

Date: 04/10/2015

Completed By: Name and Credentials Trudy Huey, MSN, RN, CWOCN

**Southeast Region of the
Wound, Ostomy and Continence Nurses Society™
Biographical & Conflict of Interest Form - 2015**



Title of Educational Activity:

Experience the Magic: Blending the Art & Science of WOC Nursing

Education Activity Date: **September 10-12, 2015**

Role in Educational Activity: Check all that apply

Planning Committee Member Faculty/Presenter/Author Content Reviewer
X Other – Describe: SER Board of Director responsible for approval of SER 2015 Annual Conference

Section 1: Demographic Data

Name with Credentials/Degrees: Pamela S. Whitley FNP-BC, CWOCN/BA/BSN/MSN

If RN, Nursing Degree(s): BSN

Address: 1285 North Main Street, Oakboro, NC 28129

Phone Number: 704-485-3549 Cell Phone Number: 704-244-1057

Email Address: tmarkpj@yahoo.com

Current Employer and Position/Title: Novant Health Wound Care & Hyperbaric Medicine /

Section 2: Expertise - Planning Committee

Select area of expertise specific to the educational activity listed above:

Nurse Planner (responsible for ensuring adherence to ANCC Accreditation criteria)
 Content Expert
 Other

Please describe expertise and years of training specific to the educational activity listed above. (If the description of expertise does not provide adequate information, the Nurse Planner may request additional documentation.)

I have been a family nurse practitioner and CWOCN since 2001. I have been on the SER WOCN Board of Directors for the past 1 ½ years as Treasurer.

Section 3: Expertise - Presenter/Faculty/Author/Content Reviewer

An "X" on this line identifies the expertise information the same as listed above.

Please describe expertise and years of training specific to the educational activity listed above. (If the description of expertise does not provide adequate information, the Nurse Planner may request additional documentation.)

Section 4: Conflict of Interest

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,* the products or services of which are pertinent to the content of the educational activity (see Figure 6). The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual

or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

***Commercial interest**, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients.

Commercial Interest Organizations are **ineligible** for accreditation.

An organization is NOT a Commercial Interest Organization* if it is:

- A government entity;
- A non-profit (503(c)) organization;
- A provider of clinical services directly to patients, including but not limited to hospitals, health care agencies and independent health care practitioners;
- An entity the sole purpose of which is to improve or support the delivery of health care to patients, including but not limited to providers or developers of electronic health information systems, database systems, and quality improvement systems;
- A non-healthcare related entity whose primary mission is not producing, marketing or selling or distributing health care goods or services consumed by or used on patients.
- Liability insurance providers
- Health insurance providers
- Group medical practices
- Acute care hospitals (for profit and not for profit)
- Rehabilitation centers (for profit and not for profit)
- Nursing homes (for profit and not for profit)
- Blood banks
- Diagnostic laboratories

(*Reference: Accreditation Council for Continuing Medical Education (ACCME) Standards of Commercial Support, August 2007 (www.accme.org) - ANCC's definition is intended to ensure compliance with Food and Drug Administration Guidance on Industry-Supported Scientific and Educational Activities and consistency with the ACCME definition)

All individuals who have the ability to control or influence the content of an educational activity must disclose all **relevant relationships**** with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

****Relevant relationships**, as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

- Relationships with any commercial interest of the individual's spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.
- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

_____ Yes No

If yes, please complete the table below for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
	Salary	
	Royalty	
	Stock	
	Speakers Bureau	
	Consultant	
	Other	

* *All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

Section 5: Conflict Resolution (to be completed by Nurse Planner)

A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:

- Not applicable since no conflict of interest.
- Removed individual, with conflict of interest, from participating in all parts of the educational activity.
- Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
- Not awarding contact hours for a portion or all of the educational activity.
- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.
- Other - Describe: _____

Section 6: Statement of Understanding

An "X" in the box below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

Electronic Signature

Date: 3-28-15

Completed By: (Name and Credentials) Pamela S. Whitley FNP-BC, CWO CN

Nurse Planner Signature (* If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).

An "X" in the box below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

Electronic Signature

Date: 04/10/2015

Completed By: Name and Credentials Trudy Huey MSN, RN, CWO CN

**Southeast Region of the
Wound, Ostomy and Continence Nurses Society™
Biographical & Conflict of Interest Form - 2015**



Title of Educational Activity:

Experience the Magic: Blending the Art & Science of WOC Nursing

Education Activity Date: **September 10-12, 2015**

Role in Educational Activity: Check all that apply

Planning Committee Member

Faculty/Presenter/Author

Content Reviewer

Other – Describe:

Section 1: Demographic Data

Name with Credentials/Degrees: Patricia Haberer, MA, BSN, RN, CWOCN

If RN, Nursing Degree(s): BSN

Address: 3162 Edgemoor Drive Palm Harbor, FL 34685

Phone Number: 727-789-3221

Cell Phone Number: 678-799-2056

Email Address: uspah@coloplast.cpm

Current Employer and Position/Title: Coloplast Corp. Clinical Consultant

Section 2: Expertise - Planning Committee

Select area of expertise specific to the educational activity listed above:

Nurse Planner (responsible for ensuring adherence to ANCC Accreditation criteria)

Content Expert

Other

Please describe expertise and years of training specific to the educational activity listed above. *(If the description of expertise does not provide adequate information, the Nurse Planner may request additional documentation.)*

After graduating from the University of South Carolina with a BSN, I started my nursing career as a Navy Nurse from there I transitioned into nursing administration while completing my master's degree in Health Service Management. In 1989, I attended Abbott Northwestern WOC nurse education program and have been a certified Wound, Ostomy, Continence Nurse for the past 25 years and worked in all clinical settings. During this time, I have lectured extensively throughout the nation including WOC nurse regional meetings and internationally on wound and skin management. I am a co-editor of the Clinicians' Pocket Guide to Chronic Wound Care and have created numerous patient and clinical educational tools related to wound and skin management.

Section 3: Expertise - Presenter/Faculty/Author/Content Reviewer

An "X" on this line identifies the expertise information the same as listed above.

Please describe expertise and years of training specific to the educational activity listed above. *(If the description of expertise does not provide adequate information, the Nurse Planner may request additional documentation.)*

Section 4: Conflict of Interest

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,* the products or services of which are pertinent to the content of the educational activity (see Figure 6). The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

***Commercial interest**, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients.

Commercial Interest Organizations are **ineligible** for accreditation.

An organization is NOT a Commercial Interest Organization* if it is:

- A government entity;
- A non-profit (503(c)) organization;
- A provider of clinical services directly to patients, including but not limited to hospitals, health care agencies and independent health care practitioners;
- An entity the sole purpose of which is to improve or support the delivery of health care to patients, including but not limited to providers or developers of electronic health information systems, database systems, and quality improvement systems;
- A non-healthcare related entity whose primary mission is not producing, marketing or selling or distributing health care goods or services consumed by or used on patients.
- Liability insurance providers
- Health insurance providers
- Group medical practices
- Acute care hospitals (for profit and not for profit)
- Rehabilitation centers (for profit and not for profit)
- Nursing homes (for profit and not for profit)
- Blood banks
- Diagnostic laboratories

(*Reference: Accreditation Council for Continuing Medical Education (ACCME) Standards of Commercial Support, August 2007 (www.accme.org) - ANCC's definition is intended to ensure compliance with Food and Drug Administration Guidance on Industry-Supported Scientific and Educational Activities and consistency with the ACCME definition)

All individuals who have the ability to control or influence the content of an educational activity must disclose all **relevant relationships**** with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

****Relevant relationships**, as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

- Relationships with any commercial interest of the individual's spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.
- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.

- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

Yes No

If yes, please complete the table below for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
X	Salary	Full time employee – Coloplast Corp
	Royalty	
	Stock	
	Speakers Bureau	
	Consultant	
	Other	

**All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

Section 5: Conflict Resolution (to be completed by Nurse Planner)

A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:

- Not applicable since no conflict of interest.
- Removed individual, with conflict of interest, from participating in all parts of the educational activity.
- Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
- Not awarding contact hours for a portion or all of the educational activity.
- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.
- Other - Describe: _____

Section 6: Statement of Understanding

An “X” in the box below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

Electronic Signature

Date: March 15, 2015

Completed By: (Name and Credentials) Patti Haberer, MA, BSN, RN, CWOCN

Nurse Planner Signature (* If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).

An “X” in the box below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

Electronic Signature

Date: 03/18/2015

Completed By: Name and Credentials Trudy Huey MSN, RN, CWOCN

**Southeast Region Wound, Ostomy and Continence
Nurses Society
Biographical & Conflict of Interest Form - 2015**



Title of Educational Activity: Experience the Magic: Blending the Art & Science of WOC Nursing
Education Activity Date: September 10-12, 2015

Role in Educational Activity: Check all that apply

Planning Committee Member Faculty/Presenter/Author Content Reviewer
 Other – Describe: Conference Chairperson, 2015 SER WOCN Annual Conference

Section 1: Demographic Data

Name with Credentials/Degrees: Charlene A. Demers, MS, GNP-BC, CWOCN

If RN, Nursing Degree(s): MS

Address: 660 So. Brevard Ave, #1522, Cocoa Beach, FL 32931

Phone Number: 321-613-3359 _____

Cell Phone Number: 407-766-4990 _____

Email Address: cdemersrn@cfl.rr.com

Current Employer and Position/Title: retired _____

Section 2: Expertise - Planning Committee

Select area of expertise specific to the educational activity listed above:

_____ Nurse Planner (responsible for ensuring adherence to ANCC Accreditation criteria)

Content Expert

Conference Chairperson

Please describe expertise and years of training specific to the educational activity listed above. (If the description of expertise does not provide adequate information, the Nurse Planner may request additional documentation.)

Sixteen years experience as a Board Certified Wound Ostomy Continence nurse, ten years experience as an Advanced Practice Nurse practicing in wound ostomy and continence, experience as Chairperson of state WOC conferences and nurse practitioner conferences.

Section 3: Expertise - Presenter/Faculty/Author/Content Reviewer

An "X" on this line identifies the expertise information the same as listed above.

Please describe expertise and years of training specific to the educational activity listed above. (If the description of expertise does not provide adequate information, the Nurse Planner may request additional documentation.)

Section 4: Conflict of Interest

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,* the products or services of which are pertinent to the content of the educational activity (see Figure 6). The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

****Commercial interest***, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients.

Commercial Interest Organizations are ***ineligible*** for accreditation.

An organization is NOT a Commercial Interest Organization* if it is:

- A government entity;
- A non-profit (503(c)) organization;
- A provider of clinical services directly to patients, including but not limited to hospitals, health care agencies and independent health care practitioners;
- An entity the sole purpose of which is to improve or support the delivery of health care to patients, including but not limited to providers or developers of electronic health information systems, database systems, and quality improvement systems;
- A non-healthcare related entity whose primary mission is not producing, marketing or selling or distributing health care goods or services consumed by or used on patients.
- Liability insurance providers
- Health insurance providers
- Group medical practices
- Acute care hospitals (for profit and not for profit)
- Rehabilitation centers (for profit and not for profit)
- Nursing homes (for profit and not for profit)
- Blood banks
- Diagnostic laboratories

(*Reference: Accreditation Council for Continuing Medical Education (ACCME) Standards of Commercial Support, August 2007 (www.accme.org) - ANCC's definition is intended to ensure compliance with Food and Drug Administration Guidance on Industry-Supported Scientific and Educational Activities and consistency with the ACCME definition)

All individuals who have the ability to control or influence the content of an educational activity must disclose all ***relevant relationships***** with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

*****Relevant relationships***, as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

- Relationships with any commercial interest of the individual's spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.
- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an

advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

Yes No

If yes, please complete the table below for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
	Salary	
	Royalty	
	Stock	
	Speakers Bureau	
	Consultant	
	Other	

**All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

Section 5: Conflict Resolution (to be completed by Nurse Planner)

A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:

- Not applicable since no conflict of interest.
- Removed individual, with conflict of interest, from participating in all parts of the educational activity.
- Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
- Not awarding contact hours for a portion or all of the educational activity.
- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.
- Other - Describe: _____

Section 6: Statement of Understanding

An "X" in the box below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

Electronic Signature

Date: March 29, 2015

Completed By: (Name and Credentials) Charlene A. Demers, MS, GNP-BC, CWOCN

Nurse Planner Signature (* If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).

An "X" in the box below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

Electronic Signature

Date: 04/01/2015

Completed By: Name and Credentials Trudy Huey MSN, RN, CWOCN

Southeast Region
Wound, Ostomy and Continence Nurses Society
Biographical & Conflict of Interest Form - 2015



Title of Educational Activity: **Experience the Magic: Blending the Art & Science of WOC Nursing**
Education Activity Date: **September 10-12, 2015**

Role in Educational Activity: Check all that apply

Planning Committee Member Faculty/Presenter/Author Content Reviewer
 Other – Describe: Education Committee Chairperson, 2015 SER WOCN Annual Conference

Section 1: Demographic Data

Name with Credentials/Degrees: Lea R. Crestodina ARNP CWOCN CDE

If RN, Nursing Degree(s): Master's Degree in Nursing

Address: 9085 Thunderbird Drive Coral Springs, Florida 33065

Phone Number: 954-265-1653 _____

Cell Phone Number: 954-881-2666 _____

Email Address: lrcrest@gmail.com_____

Current Employer and Position/Title: Memorial Regional Hospital Clinical Manager Wound Care_____

Section 2: Expertise - Planning Committee

Select area of expertise specific to the educational activity listed above:

- Nurse Planner (responsible for ensuring adherence to ANCC Accreditation criteria)
- Content Expert
- Education Committee Chairperson

Please describe expertise and years of training specific to the educational activity listed above. (If the description of expertise does not provide adequate information, the Nurse Planner may request additional documentation.)

Section 3: Expertise - Presenter/Faculty/Author/Content Reviewer

X An "X" on this line identifies the expertise information the same as listed above.

Please describe expertise and years of training specific to the educational activity listed above. (If the description of expertise does not provide adequate information, the Nurse Planner may request additional documentation.)

Worked 5 years as assistant director of the Emory University Wound, Ostomy, Continence Nursing Education Center. developed programs and applied for CEs. Also worked for a number of years on the Wound, Ostomy, Continence Nurse's Society National Conference Planning Committee. I worked with content, objectives and program development.

Section 4: Conflict of Interest

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,* the products or services of which are pertinent to the content of the educational activity (see Figure 6). The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

****Commercial interest***, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients.

Commercial Interest Organizations are ***ineligible*** for accreditation.

An organization is NOT a Commercial Interest Organization* if it is:

- A government entity;
- A non-profit (503(c)) organization;
- A provider of clinical services directly to patients, including but not limited to hospitals, health care agencies and independent health care practitioners;
- An entity the sole purpose of which is to improve or support the delivery of health care to patients, including but not limited to providers or developers of electronic health information systems, database systems, and quality improvement systems;
- A non-healthcare related entity whose primary mission is not producing, marketing or selling or distributing health care goods or services consumed by or used on patients.
- Liability insurance providers
- Health insurance providers
- Group medical practices
- Acute care hospitals (for profit and not for profit)
- Rehabilitation centers (for profit and not for profit)
- Nursing homes (for profit and not for profit)
- Blood banks
- Diagnostic laboratories

(*Reference: Accreditation Council for Continuing Medical Education (ACCME) Standards of Commercial Support, August 2007 (www.accme.org) - ANCC's definition is intended to ensure compliance with Food and Drug Administration Guidance on Industry-Supported Scientific and Educational Activities and consistency with the ACCME definition)

All individuals who have the ability to control or influence the content of an educational activity must disclose all ***relevant relationships***** with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

*****Relevant relationships***, as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

- Relationships with any commercial interest of the individual's spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.
- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an

advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

Yes No

If yes, please complete the table below for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	Other	

**All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

Section 5: Conflict Resolution (to be completed by Nurse Planner)

A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:

Not applicable since no conflict of interest.

Removed individual, with conflict of interest, from participating in all parts of the educational activity.

Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.

Not awarding contact hours for a portion or all of the educational activity.

Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.

Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.

Other - Describe: _____

Section 6: Statement of Understanding

An "X" in the box below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

Electronic Signature

Date: 4/30/15

Completed By: (Name and Credentials) Lea R. Crestodina ARNP CWOCN

Nurse Planner Signature (* If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).

An "X" in the box below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

Electronic Signature

Date: 4/30/2015

Completed By: Name and Credentials Trudy Huey MSN,RN, CWOCN

**Southeast Region of the
Wound, Ostomy and Continence Nurses Society™
Biographical & Conflict of Interest Form - 2015**



Title of Educational Activity:

Experience the Magic: Blending the Art & Science of WOC Nursing

Education Activity Date: **September 10-12, 2015**

Role in Educational Activity: Check all that apply

x Planning Committee Member

Faculty/Presenter/Author

Content Reviewer

x Other – Describe: Education Committee

Section 1: Demographic Data

Name with Credentials/Degrees: Kim Kehoe BSN, RN, CWOCN, DAPWCA

If RN, Nursing Degree(s): BSN

Address: 6385 Turtle mound Rd., New Smyrna Beach, FL 32169

Phone Number: N/A

Cell Phone Number: 1-386-314-9964

Email Address: kkehoe@medline.com

Current Employer and Position/Title: Clinical Education Specialist, Advanced Skin & Wound Care Division, Medline Industries

Section 2: Expertise - Planning Committee

Select area of expertise specific to the educational activity listed above:

Nurse Planner (responsible for ensuring adherence to ANCC Accreditation criteria)

Content Expert

Other

Please describe expertise and years of training specific to the educational activity listed above. (If the description of expertise does not provide adequate information, the Nurse Planner may request additional documentation.)

Coordinates and provides clinical expertise and educational support of wound and skin care topics to all healthcare settings to include: acute care, home health and hospice care, transitional care, long term care, and industry. A Board Certified Wound, Ostomy and Continence Nurse with expertise in Patient Care Services utilizing over 30 years of Nursing knowledge and clinical experience.

Section 3: Expertise - Presenter/Faculty/Author/Content Reviewer

An "X" on this line identifies the expertise information the same as listed above.

Please describe expertise and years of training specific to the educational activity listed above. (If the description of expertise does not provide adequate information, the Nurse Planner may request additional documentation.)

Section 4: Conflict of Interest

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,* the products or services of which are pertinent to the content of the educational activity (see Figure 6). The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

****Commercial interest***, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients.

Commercial Interest Organizations are ***ineligible*** for accreditation.

An organization is NOT a Commercial Interest Organization* if it is:

- A government entity;
- A non-profit (503(c)) organization;
- A provider of clinical services directly to patients, including but not limited to hospitals, health care agencies and independent health care practitioners;
- An entity the sole purpose of which is to improve or support the delivery of health care to patients, including but not limited to providers or developers of electronic health information systems, database systems, and quality improvement systems;
- A non-healthcare related entity whose primary mission is not producing, marketing or selling or distributing health care goods or services consumed by or used on patients.
- Liability insurance providers
- Health insurance providers
- Group medical practices
- Acute care hospitals (for profit and not for profit)
- Rehabilitation centers (for profit and not for profit)
- Nursing homes (for profit and not for profit)
- Blood banks
- Diagnostic laboratories

(*Reference: Accreditation Council for Continuing Medical Education (ACCME) Standards of Commercial Support, August 2007 (www.accme.org) - ANCC's definition is intended to ensure compliance with Food and Drug Administration Guidance on Industry-Supported Scientific and Educational Activities and consistency with the ACCME definition)

All individuals who have the ability to control or influence the content of an educational activity must disclose all ***relevant relationships***** with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

*****Relevant relationships***, as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

- Relationships with any commercial interest of the individual's spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.
- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an

advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

Yes No

If yes, please complete the table below for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
x	Salary	Full time employee of Medline Industries, Inc.
	Royalty	
	Stock	
	Speakers Bureau	
	Consultant	
	Other	

**All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

Section 5: Conflict Resolution (to be completed by Nurse Planner)

A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:

Not applicable since no conflict of interest.

Removed individual, with conflict of interest, from participating in all parts of the educational activity.

Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.

Not awarding contact hours for a portion or all of the educational activity.

Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.

Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.

Other - Describe: _____

Section 6: Statement of Understanding

An "X" in the box below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

Electronic Signature

Date: March 16, 2015

Completed By: Kim Kehoe BSN, RN, CWOCN, DAPWCA

Nurse Planner Signature (* If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).

An "X" in the box below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

Electronic Signature

Date: 03/17/2015

Completed By: Name and Credentials Trudy Huey MSN, RN, CWOCN

**Southeast Region of the
Wound, Ostomy and Continence Nurses Society™
Biographical & Conflict of Interest Form - 2015**



Title of Educational Activity:

Experience the Magic: Blending the Art & Science of WOC Nursing

Education Activity Date: **September 10-12, 2015**

Role in Educational Activity: Check all that apply

Planning Committee Member

Faculty/Presenter/Author

Content Reviewer

Other – Describe:

Section 1: Demographic Data

Name with Credentials/Degrees: Shirl Nix Rogers, MSN, ARNP, CWOCN

If RN, Nursing Degree(s): BSN, MSN

Address: 8981 SW 84th Street, Gainesville, FL 32608

Phone Number: (352)281-9283

Cell Phone Number: (352)281-9283

Email Address: shirlnix1@aim.com

Current Employer and Position/Title: Malcom Randall VA Hospital, Wound/Ostomy Team Coordinator

Section 2: Expertise - Planning Committee

Select area of expertise specific to the educational activity listed above:

Nurse Planner (responsible for ensuring adherence to ANCC Accreditation criteria)

Content Expert

Other

Please describe expertise and years of training specific to the educational activity listed above. (If the description of expertise does not provide adequate information, the Nurse Planner may request additional documentation.)

As a member of the Florida Association of Enterostomal Therapists (FAET), served as Conference Chairperson in 2009 and 2014. Coordinated meals, meeting rooms, and sleeping rooms with the hotel. Contacted speakers, secured educational components (CV, objectives) for the Education Director to submit for CE credits. Designed Conference registration brochure including the artwork, agenda, and registration page. Coordinated and directed subcommittees: Registration, Decorations, Education, Vendors.

Attended Emory WOCN program in 2004. Certified in full scope since 2005. Recertified by Professional Growth Portfolio in 2009 and 2014.

Full time employment as a CWOCN for the past 11 years. Full time employment as a Provider in Wound/Ostomy Clinic (with coverage in inpatient care as needed) 2004-2014. Wound/Ostomy Team Coordinator since April 2014.

2013: Develop the components of the Wound/Ostomy RN Scope of Practice, Ordering Protocol, and Functional Statement for the Malcom Randall VA Hospital.

2013: Developed the NF/SG VA Wound/Ostomy Competency Training Manual for RN Wound/Ostomy Team members. This manual included 10 separate modules which required reading several chapters of: Acute and Chronic Wounds and Fecal and Urinary Diversions. Each module included tests and competency checklists.

2014: Organized and developed the Wound Team's presentation in the Nursing Education/Skills Fair (September 15-19, 2014) that focused on skin/wound documentation for RNs. Designed a power point presentation for staff education and extrapolated the most pertinent teaching points to be presented at the Skin Assessment station. The station reviewed with the attendees: the importance of completing the skin assessment template accurately on admission for health factors to be pulled. The overarching focus of the presentation that she designed was correct assessment and documentation within the first 24 hours is the basis on which all subsequent skin documentation is based. The station also reviewed pressure ulcer staging and demonstrated how to enter a Wound and Medical Media Consult for evaluation and follow up. 185 RNs attended the skills fair during the 5 days held.

2014: Demonstrated leadership in teaching skin/wound assessment, risk assessment, and prevention of pressure ulcers at a facility-wide level. Developed objectives and coordinated, directed, and taught the didactic portion of the "Evidence Based Skin/Wound Care" course to RN staff from August 2014 to January 2015 (repeating classes held twice a month over this time span). This was a 2-hour class which included a 45 minute power point presentation on basic skin anatomy, wound healing, and wound assessment; followed by participants rotating through stations on Pressure Ulcer Prevention, Wound Assessment, Skin/Wound treatment.

Section 3: Expertise - Presenter/Faculty/Author/Content Reviewer

X An "X" on this line identifies the expertise information the same as listed above.

Please describe expertise and years of training specific to the educational activity listed above. (If the description of expertise does not provide adequate information, the Nurse Planner may request additional documentation.)

Section 4: Conflict of Interest

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,* the products or services of which are pertinent to the content of the educational activity (see Figure 6). The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

***Commercial interest**, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients.

Commercial Interest Organizations are **ineligible** for accreditation.

An organization is NOT a Commercial Interest Organization* if it is:

- A government entity;
- A non-profit (503(c)) organization;
- A provider of clinical services directly to patients, including but not limited to hospitals, health care agencies and independent health care practitioners;
- An entity the sole purpose of which is to improve or support the delivery of health care to patients, including but not limited to providers or developers of electronic health information systems, database systems, and quality improvement systems;
- A non-healthcare related entity whose primary mission is not producing, marketing or selling or distributing health care goods or services consumed by or used on patients.
- Liability insurance providers
- Health insurance providers
- Group medical practices
- Acute care hospitals (for profit and not for profit)
- Rehabilitation centers (for profit and not for profit)

- Nursing homes (for profit and not for profit)
- Blood banks
- Diagnostic laboratories

(*Reference: Accreditation Council for Continuing Medical Education (ACCME) Standards of Commercial Support, August 2007 (www.accme.org) - ANCC's definition is intended to ensure compliance with Food and Drug Administration Guidance on Industry-Supported Scientific and Educational Activities and consistency with the ACCME definition)

All individuals who have the ability to control or influence the content of an educational activity must disclose all **relevant relationships**** with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

****Relevant relationships**, as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

- Relationships with any commercial interest of the individual's spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.
- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

Yes No

If yes, please complete the table below for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	Other	

* *All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

Section 5: Conflict Resolution (to be completed by Nurse Planner)

A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:

Not applicable since no conflict of interest.

Removed individual, with conflict of interest, from participating in all parts of the educational activity.

Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.

Not awarding contact hours for a portion or all of the educational activity.

**Southeast Region of the
Wound, Ostomy and Continence Nurses Society™
Biographical & Conflict of Interest Form - 2015**



Title of Educational Activity:

Experience the Magic: Blending the Art & Science of WOC Nursing

Education Activity Date: **September 10-12, 2015**

Role in Educational Activity: Check all that apply

Planning Committee Member

Faculty/Presenter/Author

Content Reviewer

Other – Describe:

Section 1: Demographic Data

Name with Credentials/Degrees: Rhonda Sullivan, PhD, RN, CWON, LNCC

If RN, Nursing Degree(s): ADN

Address: 5330 Oak Forest Drive, Jacksonville, FL 32211

Phone Number: (904) 551-4905

Cell Phone Number: (904) 402-5203

Email Address: iwocnurse@aol.com

Current Employer and Position/Title: Mayo Clinic - Enterstomal Therapy/WOCN

Section 2: Expertise - Planning Committee

Select area of expertise specific to the educational activity listed above:

Nurse Planner (responsible for ensuring adherence to ANCC Accreditation criteria)

Content Expert

Other

Please describe expertise and years of training specific to the educational activity listed above. (If the description of expertise does not provide adequate information, the Nurse Planner may request additional documentation.)

RN for 22 years, clinically-active 15 years in the wound & ostomy care, research, and education; Certified Wound-Ostomy Nurse, Certified Legal Nurse

Section 3: Expertise - Presenter/Faculty/Author/Content Reviewer

An "X" on this line identifies the expertise information the same as listed above.

Please describe expertise and years of training specific to the educational activity listed above. (If the description of expertise does not provide adequate information, the Nurse Planner may request additional documentation.)

Section 4: Conflict of Interest

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,* the products or services of which are pertinent to the content of the educational activity (see Figure 6). The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual

or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

***Commercial interest**, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients.

Commercial Interest Organizations are **ineligible** for accreditation.

An organization is NOT a Commercial Interest Organization* if it is:

- A government entity;
- A non-profit (503(c)) organization;
- A provider of clinical services directly to patients, including but not limited to hospitals, health care agencies and independent health care practitioners;
- An entity the sole purpose of which is to improve or support the delivery of health care to patients, including but not limited to providers or developers of electronic health information systems, database systems, and quality improvement systems;
- A non-healthcare related entity whose primary mission is not producing, marketing or selling or distributing health care goods or services consumed by or used on patients.
- Liability insurance providers
- Health insurance providers
- Group medical practices
- Acute care hospitals (for profit and not for profit)
- Rehabilitation centers (for profit and not for profit)
- Nursing homes (for profit and not for profit)
- Blood banks
- Diagnostic laboratories

(*Reference: Accreditation Council for Continuing Medical Education (ACCME) Standards of Commercial Support, August 2007 (www.accme.org) - ANCC's definition is intended to ensure compliance with Food and Drug Administration Guidance on Industry-Supported Scientific and Educational Activities and consistency with the ACCME definition)

All individuals who have the ability to control or influence the content of an educational activity must disclose all **relevant relationships**** with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

****Relevant relationships**, as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

- Relationships with any commercial interest of the individual's spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.
- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

Yes No

If yes, please complete the table below for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
	Salary	
	Royalty	
	Stock	
X	Speakers Bureau	Mölnlycke Healthcare
	Consultant	
	Other	

**All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

Section 5: Conflict Resolution (to be completed by Nurse Planner)

A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:

- Not applicable since no conflict of interest. **Speaking on legal issues and nothing related to the company she speaks for periodically**
- Removed individual, with conflict of interest, from participating in all parts of the educational activity.
- Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
- Not awarding contact hours for a portion or all of the educational activity.
- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.
- Other - Describe: _____

Section 6: Statement of Understanding

An "X" in the box below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

Rhonda Sullivan Electronic Signature

Date: 3/17/2015

Completed By: (Name and Credentials) Rhonda Sullivan PhD, RN, CWON, LNCC

Nurse Planner Signature (* If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).

An "X" in the box below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

Electronic Signature

Date: 04/06/2015

Completed By: Name and Credentials Trudy Huey MSN RN CWOCN

group	Role	Name	Credentials
Board	Nurse Planner	Trudy Huey	MSN, RN, CWOCN
Board	Other	Terry Barton	BSN, RN, CWOCN
Board	PlanComm; Other	Jennifer Anderson	MBA, MSN, RN, CWCN, CFCN
Board	Other	A. Renee' Epting	MN, RN, CWOCN
Board	Other	Dallas Katrena Beckham	RN, BSN, CWOCN
Board	Other	Martha Wright Davidson	MN, CWOCN
Board	Other	Nadine Mulligan	MN, CWOCN
Board	Other	Nancy Scott	BSN
Board	Other	Pamela S. Whitley	FNP-BC, CWOCN/BA/BSN/MSN
EdComm	PlanComm; ConfChair	Charlene A. Demers	MS, GNP-BC, CWOCN
EdComm	Education Committee Chairperson	Lea R. Crestodina	ARNP CWOCN CDE
EdComm	PlanComm	Patricia Haberer	MA, BSN, RN, CWOCN
EdComm	PlanComm; EdComm	Kim Kehoe	BSN, RN, CWOCN, DAPWCA
EdComm	PlanComm	Rhonda Sullivan	PhD, RN, CWON, LNCC
EdComm	PlanComm	Shirl Nix Rogers	MSN, ARNP, CWOCN

Name	Credentials	sess Title
Karen Edwards	MSS, BSN, RN, CWOCN	The Aftermath of GI Surgery: The Magic and Science of Pouching
Rhonda Sullivan	PhD, RN, CWON, LNCC	Prudence as a Defense: Legal Aspects of WOC Nursing Practice

Edwards presentation: 3 CE
Sullivan presentation: 1 CE

Additional Speakers information available upon request

Southeast Region Wound, Ostomy & Continence Nurses Society™

2015 COMMERCIAL SUPPORT AGREEMENT

A commercial interest, as defined by the American Nurse's Credentialing Center (ANCC), is any entity producing, marketing, reselling, or distributing health care goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes health care goods or services consumed by or used on patients. Nonprofit or government organizations, non-health care-related companies, and health care facilities are not considered commercial interests.

Commercial interest is financial or in-kind contributions from an organization that does not fit the category of a commercial interest and that are used to pay for all or part of the costs of a CNE activity.

Note: Organizations providing commercial support may not provide or co-provide an educational activity.

Title of Educational Activity: Experience the Magic: Blending the Art & Science of WOC Nursing	
Venue: Rosen Centre Hotel, Orlando FL	Activity Date (if live): Sept. 10-12, 2015
Name of Commercial Interest Organization:	
Name of Provider: SOUTHEAST REGION WOUND, OSTOMY & CONTINENCE NURSES SOCIETY	
Total amount of commercial support: \$	
Area(s) of activity Commercial Interest organization would like to support: Unrestricted Restricted* <ul style="list-style-type: none"> ○ Speaker honoraria ○ Speaker expenses ○ Meal ○ Other (please list): 	

**Commercial interest may request that funds be used to support a specific part of an educational activity. The Provider may choose to accept the restriction or not accept the sponsorship. The Provider maintains responsibility for all decisions related to the activity as described below.*

Terms and Conditions	
1.	All organizations must comply with the <i>ANCC Content Integrity Standards for Industry Support in Continuing Educational Activities</i> which is available on the ANCC Accreditation web page.
2.	This activity is for educational purposes only and will not promote any proprietary interest of an organization providing sponsorship.
3.	The Approved Provider is responsible for all decisions related to the educational activity. The organization providing sponsorship may not participate in any component of the planning process of an educational activity, including: <ul style="list-style-type: none"> ▪ Assessment of learning needs ▪ Determination of objectives ▪ Selection or development of content ▪ Selection of planners, presenters, faculty, authors and/or content reviewers ▪ Selection of teaching/learning strategies ▪ Evaluation methods
4.	The Approved Provider will make all decisions regarding the disposition and disbursement of sponsorship in accordance with ANCC criteria.
5.	All sponsorship associated with this activity will be given with the full knowledge and consent of the Approved Provider. No other payments shall be given to any individuals involved with the supported educational activity.
6.	Sponsorship will be disclosed to the participants of the educational activity.
7.	The organization providing sponsorship may not exhibit, promote or sell products or services during the introduction of an educational activity, while the educational activity takes place or at the conclusion of an educational activity, regardless of the format of the educational activity.

Statement of Understanding

An "X" in the boxes below serves as the electronic signatures of the representatives duly authorized to enter into agreements on behalf of the organizations listed and indicates agreement of the terms and conditions listed in the Sponsorship Agreement above.

Provider Name:	Southeast Region Wound, Ostomy & Continence Nurses Society	
Address:	36181 East Lake Road, Ste. 376; Palm Harbor, FL; 34685	
Name of Representative:	Bernie Haberer, Association Manager	
Email Address:	bhe@serwocn.org	
Phone Number:	727-238-5140	
Fax Number:	727-269-5760	
		
Electronic Signature (Required)		Date: 05/31/2015
Completed By: (Name and Credentials)	Bernhard Haberer, Association Manager	

Commercial Interest Name:		
Address:		
Name of Representative:		
Email Address:		
Phone Number:		
Fax Number:		
_____ Electronic Signature (Required)		Date:
Completed By: (Name and Credentials)		

**Experience the Magic: Blending the Art & Science of WOC Nursing
SER of the WOCN® 2015 Conference
Educational Planning Table - Live (2015 Criteria)**



Title of Activity: The Aftermath of GI Surgery: The Magic and Science of Pouching

Identified Gap(s): Annual conference attendee evaluations identified a need for a class related to complex aftermaths of GI surgery that resulted in fistulae, ostomies, drains & wounds. Members requested a skills workshop on complex pouching of ostomies, drains, fistula and wounds

Description of current state: Management of complex GI surgeries is a rapidly changing art and science as new products and devices become available to WOC nurses. All WOC nurses working in these areas need updating for the WOC nurse to remain current.

Description of desired/achievable state: WOC nurses will be aware of new products, devices and other expert tips on the management of these complex patient situations and how to implement the knowledge into their daily practice. A skills component will add to the competency of the novice as well as expert WOC nurse

Gap to be addressed by this activity:

Knowledge Skills Practice Other: Describe: _____

Purpose: The purpose of this activity is to enable the learner to recognize and demonstrate how to utilize accessory products and devices to assist with the management of complex patients with ostomies, fistulae, drains & wounds.

OBJECTIVES	CONTENT (Topics)	TIME FRAME	PRESENTER	TEACHING METHODS
List learner's objectives in behavioral terms.	Provide an outline of the content for each objective. It must be more than a restatement of the objective.	State the time frame for each objective.	List the faculty for each objective.	Describe the teaching methods, strategies, materials & resources for each objective.
1. Describe options for management of complex pouching	Types of pouches and accessories available to decrease leaks and increase seal around difficult ostomies and fistulas.	90 mins	Karen Edwards, MSS, BSN, RN, CWOCN	Lecture PowerPoint
2. Discuss stomal "emergencies" and when to call physician	Large prolapses, blockages, stomal changes	10 min	Karen Edwards, MSS, BSN, RN, CWOCN	Lecture PowerPoint
3. Demonstrate pouching techniques utilized in the management of complex patient situations.	Hands on pouching using custom created "evil" stoma and fistula models Questions/discussions	60 20	Karen Edwards, MSS, BSN, RN, CWOCN	

List the evidence-based references used for developing this educational activity:

- Butler, D. (2009) Early Postoperative Complications Following Ostomy Surgery: A Review . Journal of Wound, Ostomy & Continence Nursing, 36, 513-519.
- Stein, D., Menon, R., & Ahmad, A. (2012, March). Intestinal Fistulas. David Stein, MD March 2012 <http://emedicine.medscape.com/article/179444-overview>. medscape.com. Retrieved April 2014, from <http://emedicine.medscape.com/article/179444-overview>
- Brindle, T., & Blankenship, J. (2009 July/August) Management of Complex Abdominal Wounds With Small Bowel Fistulae: Isolation Techniques and Exudate Control to Improve

Outcomes. Journal of Wound, Ostomy & Continence Nursing, 36, 396-403.

Note: Time spent evaluating the learning activity may be included in the total time when calculating contact hours. **Total Minutes**60**divided by 60 =** 1 **contact hour(s)**

**Southeast Region of the
Wound, Ostomy and Continence Nurses Society™
Biographical & Conflict of Interest Form - 2015**



Title of Educational Activity:

Experience the Magic: Blending the Art & Science of WOC Nursing

Education Activity Date: **September 10-12, 2015**

Role in Educational Activity: Check all that apply

- Planning Committee Member Faculty/Presenter/Author Content Reviewer
 Other – Describe: _____

Section 1: Demographic Data

Name with Credentials/Degrees: Karen Edwards, MSS,RN, BSN,CWOCN

If RN, Nursing Degree(s): BSN

Address: 4424 6th Ave South Birmingham, AL 35222

Phone Number: 205-934-6903

Cell Phone Number: 205-999-2230

Email Address: kedwards@uabmc.edu

Current Employer and Position/Title: UAB Hospital/ CWOCN

Section 2: Expertise - Planning Committee

Select area of expertise specific to the educational activity listed above:

- _____ Nurse Planner (responsible for ensuring adherence to ANCC Accreditation criteria)
_____ Content Expert
_____ Other

Please describe expertise and years of training specific to the educational activity listed above. *(If the description of expertise does not provide adequate information, the Nurse Planner may request additional documentation.)*

Section 3: Expertise - Presenter/Faculty/Author/Content Reviewer

An "X" on this line identifies the expertise information the same as listed above.

Please describe expertise and years of training specific to the educational activity listed above. *(If the description of expertise does not provide adequate information, the Nurse Planner may request additional documentation.)*

I have been an RN for 22 years and a CWOCN for 17 years. I am an active panel member of ISTAP (International Skin Tear Advisory Panel). I currently work in acute care at UAB Hospital, a large teaching facility in Birmingham, AL. Many complex patients come to our facility for care/assistance, which makes for interesting case studies in all aspects of the WOCN role.

Section 4: Conflict of Interest

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,* the products or services of

which are pertinent to the content of the educational activity (see Figure 6). The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

***Commercial interest**, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients.

Commercial Interest Organizations are **ineligible** for accreditation.

An organization is NOT a Commercial Interest Organization* if it is:

- A government entity;
- A non-profit (503(c)) organization;
- A provider of clinical services directly to patients, including but not limited to hospitals, health care agencies and independent health care practitioners;
- An entity the sole purpose of which is to improve or support the delivery of health care to patients, including but not limited to providers or developers of electronic health information systems, database systems, and quality improvement systems;
- A non-healthcare related entity whose primary mission is not producing, marketing or selling or distributing health care goods or services consumed by or used on patients.
- Liability insurance providers
- Health insurance providers
- Group medical practices
- Acute care hospitals (for profit and not for profit)
- Rehabilitation centers (for profit and not for profit)
- Nursing homes (for profit and not for profit)
- Blood banks
- Diagnostic laboratories

(*Reference: Accreditation Council for Continuing Medical Education (ACCME) Standards of Commercial Support, August 2007 (www.accme.org) - ANCC's definition is intended to ensure compliance with Food and Drug Administration Guidance on Industry-Supported Scientific and Educational Activities and consistency with the ACCME definition)

All individuals who have the ability to control or influence the content of an educational activity must disclose all **relevant relationships**** with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

****Relevant relationships**, as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

- Relationships with any commercial interest of the individual's spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.
- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

Yes No

If yes, please complete the table below for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
	Salary	
	Royalty	
	Stock	
	Speakers Bureau	
	Consultant	
	Other	

**All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

Section 5: Conflict Resolution (to be completed by Nurse Planner)

A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:

- Not applicable since no conflict of interest.
- Removed individual, with conflict of interest, from participating in all parts of the educational activity.
- Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
- Not awarding contact hours for a portion or all of the educational activity.
- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.
- Other - Describe: _____

Section 6: Statement of Understanding

An “X” in the box below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

Electronic Signature Date: 4/21/15

Completed By: (Name and Credentials) Karen Edwards, MSS, RN, BSN, CWO CN

Nurse Planner Signature (* If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).

An “X” in the box below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

Electronic Signature Date: 04/22/2015

Completed By: Name and Credentials Trudy Huey MSN, RN, CWO CN

The Aftermath of GI Surgery: The Magic and Science of Pouching

Karen Edwards, MSS, RN, BSN, CWOCN
University of Alabama at Birmingham

Objectives

- ▶ Describe options for management of complex pouching
- ▶ Discuss stomal “emergencies” and when to call physician
- ▶ Demonstrate pouching techniques utilized in the management of complex patient situations

“Finger” in the Dam 101

- ▶ Fill in creases, dips with paste, rings, strips, etc. to make a flat pouching surface.
- ▶ Flexible wafers
- ▶ Warm up wafer before or after application.
- ▶ Sit still for 5-10 minutes after application!

- ▶ Use rings, strips, paste, barrier sheets, etc. to fill in folds, creases.
- ▶ Flat surface for pouching.





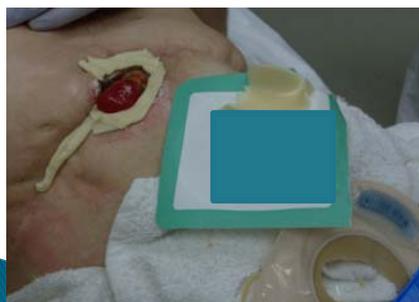
Photos from Amy Armstrong, CWOCN, Birmingham, AL

40+year old male with omphalocele

- ▶ Surgically corrected at birth, had mesh placed. Intestines and mesh grew together, now with fistula.
- ▶ Pt drives 1 ½ hrs. twice a week for pouching.



- ▶ Wife was finally instructed on how to apply the pouch.
- ▶ Cut to fit the fistula opening, treat skin irritations, make a flat pouching surface, secure the edges.





Once again, nice
and clean and can
go to work!!

29 year old with a nicked bowel during a C-section

- ▶ History of multiple fistulas, stoma sites. Small bowel, liver and pancreas transplant within 3-4 months of photos.
- ▶ Now with new fistula in lower portion of incision. Still has active ileostomy “hole” in upper incision scar

- ▶ Stoma (hole) in the crease. Skin stays irritated, but patient has her own system of pouching.
- ▶ To the right of the stoma site is an open wound.



- ▶ Cleans out wound, then fills it with paste
- ▶ Then covers that with hydrocolloid





Fistula to lower portion of abdomen



2 pouches for now

21 year old male with
GSW's to abdomen now
with 3 EC fistulas

- ▶ Stoma powder around
pouching site to shave
abdomen.
- ▶ Stoma powder to crust
superficial skin
breakdown.



Photos by Sharon White, CWOCN Birmingham, AL

- ▶ Cut pouch to
incorporate 3
fistula sites.
- ▶ Medical adhesive
spray to back of
pouch, let dry



Photos by Sharon White, CWOCN Birmingham, AL

Paste rings, tube paste, powder, no sting
barrier wipes to protect skin



Photos by Sharon White, CWOCN Birmingham, AL

- ▶ Sealed....
- ▶ HOT PACKS!!
- ▶ Pouch changes two times per week. Patient now able to pouch self with only small amount of assistance from staff nurse



Photos by Sharon White, CWOCN Birmingham, AL

Abdominal fistulas with basic pouching method

- ▶ High output fistula,
pouched with a wound
manager



2 fistula openings, basic pouching



Obese patient with high output abdominal fistula pouched and to wall suction in ICU

- ▶ paste rings, tube paste and skin prep were used under pouch
- ▶ Gauze was to absorb output while pouching



- ▶ The suction tubing and stabilizer came in the box of the extra large fistula pouch.



- ▶ Damp gauze was wrapped around tubing and placed in the “well” under fistula



Obese female with abdominal fistula

- ▶ Pt with excoriation from just wearing ABD pads
- ▶ Crusted skin with stoma powder and no-sting skin prep
- ▶ Used strip paste to fill in lower abdominal creases
- ▶ Then tube paste around opening



- ▶ Placed large wound manager
- ▶ More tube paste around opening to “mesh” both paste applications -“double dipping”
- ▶ Connected pouch to bedside drainage
- ▶ Hot packs galore!!



72 year old male, with EC fistula

- ▶ Pt has had abdominal fistula over 2 years.
- ▶ Had gastric banding operation, then had an MVA a few months later.
- ▶ Had a laporotomy, splenectomy and developed an EC fistula with high output.
- ▶ Mesh is coming from opening and is trimmed off.



- ▶ Crusted skin irritations with stoma powder and no sting skin prep
- ▶ Applied silver nitrate to 3 small hyper granulated areas - not draining, but do bleed, which can undermine pouch)



- ▶ Used paste rings/strips to level up uneven abdomen
- ▶ Then paste in tube to fill in between gaps
- ▶ Patient helped with yankauer suction to keep area dry.



- ▶ Applied a large, rectangular wound manager,
- ▶ Used paste inside manager to prevent undermining
- ▶ Applied hot packs to help get better adherence (at home patient uses heating pad)
- ▶ Usually gets 3-4 days wear time.
- ▶ Had corrective surgery in May 2014!!! (yay!)



50 year old male S/P MVC

- ▶ Pouch had leaked over weekend, pink taped, and left in place
- ▶ Skin is denuded down hip into groin.
- ▶ (Does that happen at YOUR facility??)



- ▶ Thick dark stool coming from top fistula
- ▶ Large amount of thin effluent from lower one
- ▶ If you cut your pouch opening too large, use what you have...pieces of the pouch, paste rings, etc. to protect skin.



- ▶ Added tube paste to inner edge help protect pouch edge from undermining.
- ▶ Applied cover and hot packs!
- ▶ Getting a weeks wear time!



Midline incision with Fistula

- ▶ Pseudostoma with active peristalsis and moderate amount of effluent
- ▶ Very active patient, still traveling/working
- ▶ Due to abdominal creases and “well” around “stoma”, having leakage issues



Photos by Amy Armstrong, CWOCN Birmingham, AL

- ▶ Used paste rings, and usual techniques to level of skin surfaces
- ▶ Used a “wicking dressing” to apply around pseudostoma to draw the effluent into the pouch instead of undermining the pouch edge
- ▶ Got 2–3 day wear time



Photos by Amy Armstrong, CWOCN Birmingham, AL

GSW to Abdomen, now with open abdominal wound and fistulas

- ▶ Mesh in wound bed
- ▶ 4 cm tunnel at lower portion of wound
- ▶ MD requested to try to separate the fistula drainage from the wound bed



- ▶ Packed tunnel with PVA MBGV rope (same foam as “white” foam)
- ▶ Black foam over superficial lower area of wound
- ▶ “Waterproof” inner circle of black foam with thin film



- ▶ Add paste rings to both sides of foam, and pinch together inside opening
- ▶ Apply drape, wafer-
KEEP SUCTION
HANDY!!



- ▶ Turn on NPWT and make sure you have a seal
- ▶ Apply ostomy pouch to wafer
- ▶ Now have separation of drainage from wound bed!!



How creative are WOC Nurses??

- ▶ Patient from Pensacola, FL area with large, I mean LARGE, abdominal fistula
- ▶ WOC Nurse Joanie Morris gets kudos for creative way to handle thick drainage!!



- ▶ Ventilator tubing secured in a 24 urine jug, in a biohazard plastic container.



- ▶ Patient could stay dry and eat real food.
- ▶ She had it for over a year and it was repaired!!



Oh, my...they threw away the only irrigation sleeve!!

- ▶ Hummm, think, think
- ▶ Didn't want the patient to be padded up with towels and covered in fecal matter while trying to irrigate an impaction....
- ▶ Use what you **have** to make the patient comfortable.

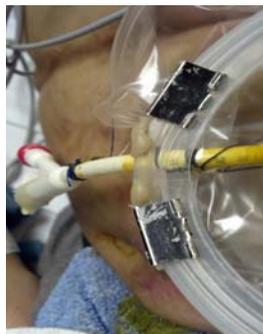


- ▶ Taped end of saline bag to basin
- ▶ Cone into stoma, instill warm tap water...
- ▶ Successfully cleared impaction, patient stayed clean!



How creative are your patients?

- ▶ Male, mid 20's.
- ▶ Liver Transplant as a baby
- ▶ Mesh issues, now with reoccurrence of fistula, after surgical "repair"
- ▶ Dad is a NASA engineer
- ▶ Office supply clips/paste/pink tape to secure window of pouch!!



How is THAT for a home made pouch cover??



Memory Lane..... troughing



urostomy



NGT and thin film, to low wall suction.....NPT before NPT!!!

What would YOU do??

- ▶ Patient with abdominal fistula, plus a stoma in a crease, flush, excoriated skin???



Too many drains, so little time....

- ▶ 2 Penrose drains and a pancreatic drain with copious drainage
- ▶ MD wanted each to suction
- ▶ Drew off pattern of each to be able to put all in one pouch and connect to suction



- ▶ Applied wound manager with removable faceplate for easier application
- ▶ Used paste around all the tubes, applied suction to spout at base of pouch.
- ▶ 5 day wear time



Copious drainage around PEG

- ▶ Drainage around PEG causing multiple skin issues.
- ▶ Used wound manager to contain the drainage, and a universal access port to put PEG through window to continue tube feedings.



Evil stomas!

“Dead” stoma

- ▶ Pt with large abdomen
- ▶ Dusky after surgery
- ▶ Became boggy and started separating from skin
- ▶ Surgeon took him back to O.R. to debride
- ▶ Now has no stoma, just a skin level opening.



Flush stoma, in crease, plus wound

- ▶ Young female with severely excoriated skin around stoma. Changing pouch 3-4 times daily
- ▶ Crusted excoriation with stoma powder, strip paste in deep creases



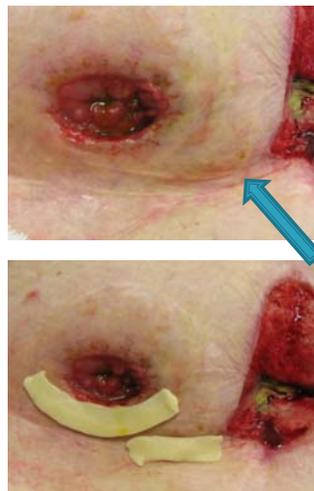
- ▶ Silicon backed foam dressing applied over crusted powder due to large amounts of “weeping”
- ▶ Paste ring on top of foam
- ▶ Thin, flexible, one piece pouch- got 2-3 days wear!



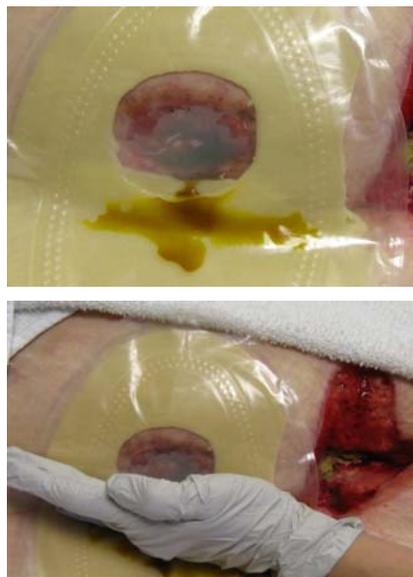
Slightly retracted stoma with crease at bottom, near a wound

- ▶ Unable to use convex type pouch due to crease at base.
- ▶ Paste ring to bottom portion only
- ▶ Also make a “dam” in crease to prevent leakage into abdominal wound

▶ photos by Laura King, CWOCN, Birmingham, AL



- ▶ Applied fistula pouch with spout at bottom due to liquid stool. It would be flexible enough and the “wafer” was more substantial
- ▶ Pressure with application to mold pouch into place



Photos by Laura King, CWOCN
Birmingham, AL

Recessed stoma with yeast and denuded skin with a crease

- ▶ Raw, irritated skin from yeast. Weeping...
- ▶ Crusted with antifungal powder, used damp cloth and no-sting barrier



- ▶ Paste strips to each side in the crease, then tube paste around opening
- ▶ Flat flexible pouch applied.



Severely denuded skin around stoma

- ▶ Recessed stoma, in an abdominal crease...location, location, location..
- ▶ Unable to use regular ostomy pouch due to skin damage.



Crust with powder and no sting barrier wipes



Paste strips/rings



Used part of pouch that was cut out

Photos by Sharon White, CWOCN
Birmingham, AL



Applied fistula pouch and pink tape to edges

Photos by Sharon White, CWOCN
Birmingham, AL

Mucocutaneous separation

- ▶ Basic “fix”
- ▶ Fill in around stoma with stoma powder
- ▶ Steri-strips over powder for flat surface and for adherence



- ▶ Paste ring to fill in “valley”, then tube paste
- ▶ Then apply wafer
- ▶ Another layer of tube paste to seal inside with outside.



- ▶ Loop stoma with rod
- ▶ 2 week follow up in clinic for staple and rod removal
- ▶ Small mucocutaneous separation
- ▶ Powder, steri-strips, paste, flat pouch.



Male patient with palliative colostomy, red robin “rod”

- ▶ Incision in abdomen, loop colostomy made and incision closed
- ▶ Crusted irritations with powder, filled in over staples with powder, then steri-strips



- ▶ Flexible convex ring applied to back of wafer and then applied



Severely denuded skin around recessed stoma

- ▶ Severe skin irritation around recessed stoma, MBGV* stoma ring too small, used MBGV incision dressing



*(MBGV: Methylene Blue Gentian Violet foam dressing)

- ▶ Added a paste ring on top of dressing
- ▶ Convex pouch and belt

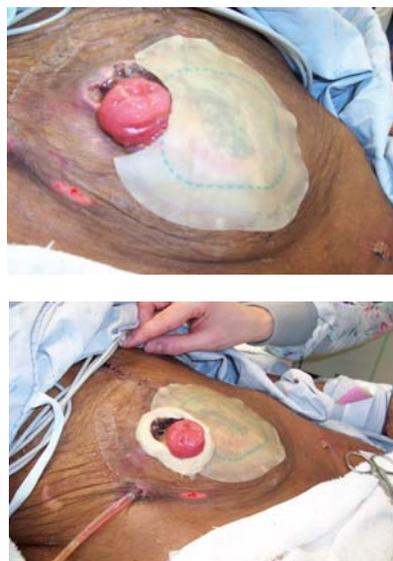


Elderly female patient with 2 stomas and wound

- ▶ High output ileostomy with mucous fistula just above the healthy stoma
- ▶ wound with eschar adjacent to both stomas.



- ▶ Hydrocolloid dressing applied over eschar to soften/autolytic debridement
- ▶ Paste over edge of hydrocolloid and incorporation of mucous fistula



- ▶ Fecal incontinence collector was applied due to smaller face place, flexible, clear and had a spout.
- ▶ Pt had 1300cc output daily.



Second pouch change

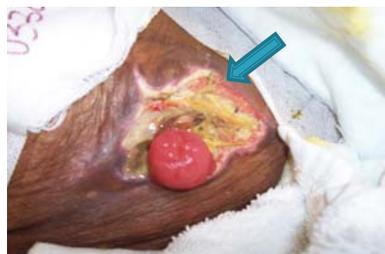
- ▶ The eschar is now softened and has more drainage, so changed to absorptive dressing that also will help facilitate autolytic debridement



- ▶ Due to increased wound drainage, also placed foam dressing for longer wear time of pouch.
- ▶ Decreased output allow to change to regular ostomy pouch



Third pouch application.
Wound continued to improve and eventually healed



Stoma in crease, next to an open wound

- ▶ MD complained of stool leaking under VAC dressing...
- ▶ Reaaally??? Ya think?
- ▶ Who PLACED the stoma????
- ▶ Crusted denuded skin with powder...



- ▶ Placed hydrocolloid over the powder
- ▶ Then paste rings used in the deep creases
- ▶ One piece, flexible pouches used.
- ▶ The abdominal incision had healed enough to just use petroleum impregnated gauze.
- ▶ Family was taught to apply the pouches.



Severely denuded skin around stoma

- ▶ Crusting with powder, still too wet for pouch to adhere
- ▶ Added silicone “mesh” dressing and paste ring



- ▶ “Double dipped” with tube paste
- ▶ Convex wafer and belt, due to recessed stoma.



- ▶ Patients need to work on descriptions of issues under their pouches
 - Patient calls in with burning and itching under pouch and problems with leakage...
 - What would YOU think??
 - Patient comes in to clinic, take off pouch and....

BAM!!!

- ▶ *Pyoderma gangrenosum*
- ▶ Escorted her to dermatology



Happy patient!

- ▶ 3 weeks later
- ▶ Steroid dose pack
- ▶ MBGV round stoma dressing
- ▶ Used shallow convex wafer with belt due to a crease issue on abdomen



Prolapsed stoma with hernia

- ▶ Small, manageable prolapse with skin irritation from pouch erosion
- ▶ Multiple abdominal issues-creases, large hernia...
- ▶ Applied a flexible 4" 2 piece pouching system
- ▶ Fitted for hernia belt with a prolapse "flap" for support.



“Preemie” stoma with prolapse and mucous fistula



- ▶ AGAIN...
- ▶ Patients need to work on descriptions of issues under their pouches
- ▶ Patients wife calls and says the stoma is “coming out into pouch a little”
- ▶ Sent her to E.D. of hospital closest to her...they sent them back to us...
OMG...

LARGE stomal prolapse

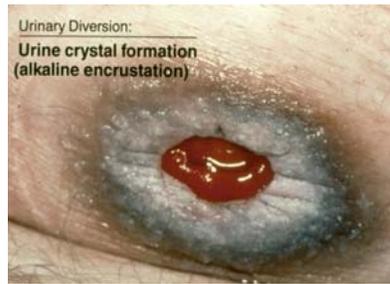
- ▶ 50-ish year old male with ileostomy, prolapsed while at home.
- ▶ Used 4" wafer and pouch to accommodate size/length had to empty more often, until scheduled for surgery.



- ▶ At least we could contain the output!!
- ▶ Ouch!!



- ▶ What would you do with urine crystal formation? (caused by alkaline urine)
- ▶ clean with diluted vinegar water, increase fluids, take Vitamin C to increase acidity
- ▶ Warts?



Photos by Jackie Doubleman, CWOCN, Birmingham, AL

- ▶ What would you do??
- ▶ Necrotic tissue and shallow depth around stoma
- ▶ Merging into open abdominal wound.....
- ▶ Can you name the disease process??



- ▶ Conservative sharp debridement of loose slough in wound bed
- ▶ Apply MBGV foam into wound bed, with opening cut for stoma
- ▶ Cover with Hydrocolloid
- ▶ Paste ring and pouched.
- ▶ Only 2 days wear time, but have to work with what you have!!



Photos by Amy Armstrong, CWOCN Birmingham, AL

Summary

- ▶ Taking care of fistulas and ostomies are sometimes like an arts and crafts class.
- ▶ It is trial and error. No two patients are the same.
- ▶ Take basic knowledge of pouching and go forth and CONQUER!!

Just call me the “bag lady”!



References

- ▶ Perry, J. (2011, February). The difficult stoma. Retrieved from www.mc.uky.edu/surgery/grandrounds/ppt
- ▶ Reed, T., Economon, D., & Wiersma-Bryant, L. (2006, April). Colocutaneous Fistula Management in a Dehisced Wound: A Case Study. *Ostomy Wound Management*, 5(4).
- ▶ Wessel, L. (2002, September). Application of a Wound Pouch over an Enterocutaneous Fistula: A Step-by- Step Approach. *Ostomy Wound Management*, 48 (9).

Thanks!!!
Questions????

Experience the Magic: Blending the Art & Science of WOC Nursing
SER of the WOCN® 2015 Conference
Educational Planning Table - Live (2015 Criteria)



Title of Activity: Prudence as a Defense: Legal Aspects of WOCN Practice

Identified Gap(s): Wound, ostomy, and continence nurses (WOC nurses) provide a multi-disciplinary approach to treatment across a continuum of care and in a number of settings. With this increased responsibility comes and increased risk for legal exposure. A litigious society now challenges WOC nurses to bolster their advanced training and skill with an understanding of legal and regulatory guidelines. Unfortunately, a variety of paths for entering the WOC nursing specialty and varying competency requirements have left a large proportion of WOC nurses ill-equipped to handle these legal challenges.

Description of current state: WOC nurses generally possess much of the knowledge and skill needed to adequately fulfill the clinical demands of the specialty. Unfortunately, WOC nurses often lack an understanding of the legal and regulatory guidelines and the risks of legal exposure that can accompany this lack of knowledge.

Description of desired/achievable state: Participants will gain an understanding of legal and regulatory guidelines and how to decrease their risk of legal exposure through prudent practice.

Gap to be addressed by this activity:

Knowledge Skills Practice Other: Describe: _____

Purpose:

The purpose of this activity is to enable the learner to

OBJECTIVES	CONTENT (Topics)	TIME FRAME	PRESENTER	TEACHING METHODS
List learner's objectives in behavioral terms.	Provide an outline of the content for each objective. It must be more than a restatement of the objective.	State the time frame for each objective.	List the faculty for each objective.	Describe the teaching methods, strategies, materials & resources for each objective.
1. Define the legal principles of malpractice.	I. Malpractice Basics a. State the four components medical malpractice. b. Describe the impact of medical malpractice. c. Define the standard of care. II. Practice Basics a. Clarify the concept of prudent practice.	10 minutes	Rhonda Sullivan PhD, RN, CWON, LNCC	PowerPoint Lecture
2. Explain common causes of malpractice claims against nurses.	III. Legal Risks a. Explain the top six claims against nurses	15 minutes	Rhonda Sullivan PhD, RN, CWON, LNCC	PowerPoint Lecture
3. Describe care components that decrease the risk of legal exposure.	IV. Assessment a. Define risk, skin, and assessment components b. Explain the benefits and risks of wound photography V. Intervention a. State components of pressure ulcer prevention b. Define wound treatment basics, including management of	15 minutes	Rhonda Sullivan PhD, RN, CWON, LNCC	PowerPoint Lecture

Southeast Region Wound, Ostomy & Continence Nurses Society™
36181 East Lake Road, Suite 376 • Palm Harbor, FL. 34685
phone: (727) 238-5140 • *fax:* (727) 269-5760 • bhe@serwocn.org

**Southeast Region of the
Wound, Ostomy and Continence Nurses Society™
Biographical & Conflict of Interest Form - 2015**



Title of Educational Activity:
Experience the Magic: Blending the Art & Science of WOC Nursing

Education Activity Date: **September 10-12, 2015**

Role in Educational Activity: Check all that apply

x Planning Committee Member Faculty/Presenter/Author Content Reviewer

Other – Describe:

Section 1: Demographic Data

Name with Credentials/Degrees: Rhonda Sullivan, PhD, RN, CWON, LNCC

If RN, Nursing Degree(s): ADN

Address: 5330 Oak Forest Drive, Jacksonville, FL 32211

Phone Number: (904) 551-4905

Cell Phone Number: (904) 402-5203

Email Address: iwocnurse@aol.com

Current Employer and Position/Title: Mayo Clinic - Enterstomal Therapy/WOCN

Section 2: Expertise - Planning Committee

Select area of expertise specific to the educational activity listed above:

_____ Nurse Planner (responsible for ensuring adherence to ANCC Accreditation criteria)

Content Expert

_____ Other

Please describe expertise and years of training specific to the educational activity listed above. *(If the description of expertise does not provide adequate information, the Nurse Planner may request additional documentation.)*

RN for 22 years, clinically-active 15 years in the wound & ostomy care, research, and education; Certified Wound-Ostomy Nurse, Certified Legal Nurse

Section 3: Expertise - Presenter/Faculty/Author/Content Reviewer

An "X" on this line identifies the expertise information the same as listed above.

Please describe expertise and years of training specific to the educational activity listed above. *(If the description of expertise does not provide adequate information, the Nurse Planner may request additional documentation.)*

Section 4: Conflict of Interest

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,* the products or services of which are pertinent to the content of the educational activity (see Figure 6). The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual

or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

***Commercial interest**, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients.

Commercial Interest Organizations are **ineligible** for accreditation.

An organization is NOT a Commercial Interest Organization* if it is:

- A government entity;
- A non-profit (503(c)) organization;
- A provider of clinical services directly to patients, including but not limited to hospitals, health care agencies and independent health care practitioners;
- An entity the sole purpose of which is to improve or support the delivery of health care to patients, including but not limited to providers or developers of electronic health information systems, database systems, and quality improvement systems;
- A non-healthcare related entity whose primary mission is not producing, marketing or selling or distributing health care goods or services consumed by or used on patients.
- Liability insurance providers
- Health insurance providers
- Group medical practices
- Acute care hospitals (for profit and not for profit)
- Rehabilitation centers (for profit and not for profit)
- Nursing homes (for profit and not for profit)
- Blood banks
- Diagnostic laboratories

(*Reference: Accreditation Council for Continuing Medical Education (ACCME) Standards of Commercial Support, August 2007 (www.acme.org) - ANCC's definition is intended to ensure compliance with Food and Drug Administration Guidance on Industry-Supported Scientific and Educational Activities and consistency with the ACCME definition)

All individuals who have the ability to control or influence the content of an educational activity must disclose all **relevant relationships**** with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

****Relevant relationships**, as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

- Relationships with any commercial interest of the individual's spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.
- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

Yes No

If yes, please complete the table below for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
	Salary	
	Royalty	
	Stock	
X	Speakers Bureau	Mölnlycke Healthcare
	Consultant	
	Other	

* **All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

Section 5: Conflict Resolution (to be completed by Nurse Planner)

A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:

- Not applicable since no conflict of interest. **Speaking on legal issues and nothing related to the company she speaks for periodically**
- Removed individual, with conflict of interest, from participating in all parts of the educational activity.
- Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
- Not awarding contact hours for a portion or all of the educational activity.
- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.
- Other - Describe: _____

Section 6: Statement of Understanding

An "X" in the box below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

Rhonda Sullivan **Electronic Signature**

Date: 3/17/2015

Completed By: (Name and Credentials) Rhonda Sullivan PhD, RN, CWON, LNCC

Nurse Planner Signature (* If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).

An "X" in the box below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

Electronic Signature

Date: 04/06/2015

Completed By: Name and Credentials Trudy Huey MSN RN CWOCN

Prudence As A Defense



Legal Aspects of WOC Nursing Practice

Disclosure

Dr. Sullivan has listed no financial interest or arrangement that would be considered a conflict of interest for this conference.

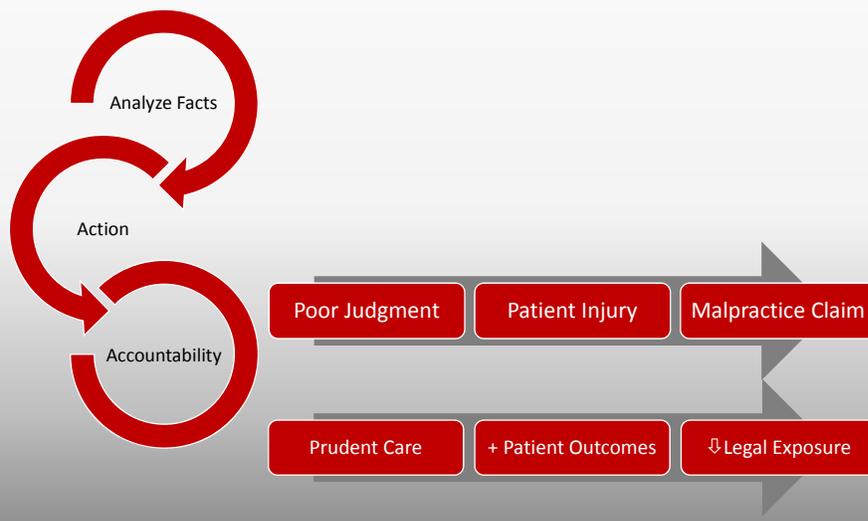
The presentation does not include discussion of brand names, off-label, or investigational use of products.

Disclaimer: This PowerPoint presentation is not a substitute for medical or legal advice. The content contained within is intended for general information and educational purposes only. Do not rely on information in this presentation in the place of medical or legal advice.

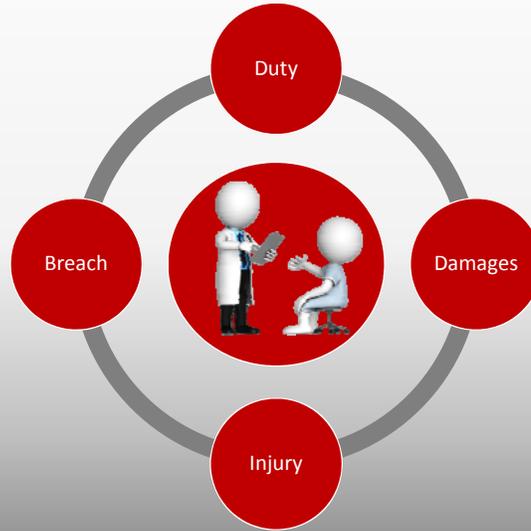
Objectives

- Define the legal principles of malpractice.
- Explain common causes of malpractice claims against nurses.
- Describe care components that decrease the risk of legal exposure.
- Identify the key components of a diligent documentation.

Background



Medical Malpractice



Impact

Medical Malpractice Payouts¹

- Payouts (\$) grew to \$3,733,678,100, 4.7 percent more than in 2012.
- 38 states had more money paid out than they did in 2012.
- Diagnosis: 33% Surgery: 28% Treatment: 18%

Plaintiff Prevails²:

- Settlement-based resolutions: 61% (\$425,000)
- Trial-based (jury) resolutions: 21% (\$1,000,000)

Compensation²:

- 45% Inpatient: \$363,000
- 38% Outpatient: \$290,000



1. Diederich Healthcare. (2014). 2014 Medical malpractice payout analysis. Accessed from <http://www.diederichhealthcare.com/the-standard/2014-medical-malpractice-payout-analysis/>
2. Goguen, D. (2014). What's the average medical malpractice settlement? Nolo. Accessed from <http://www.medicalmalpractice.com/legal-advice/medical-malpractice/medical-malpractice-introduction/average-settlement.htm>

What's It Worth?

- **\$3,000,000** Wrongful death of 38-year-old husband and father from failure to diagnose and treat infection.
- **\$850,000** Nursing home case in which the resident suffered numerous severe pressure ulcers. The facility fraudulently changed a chart to make it appear that the pressure ulcers were present upon admission.
- **\$800,000** Elderly woman developed over 30 pressure sores throughout several years of residency.
- **\$510,000** Failure to diagnose and treat blocked artery.

Standard of Care

Negligence is "conduct which falls below the professional standard of care".

Standard of Care = Reasonable, Careful, and Prudent

- Regulatory bodies
- State nurse practice acts
- Clinical practice guidelines
- Institutional policies/procedures
- Job descriptions
- Professional literature
- Expert opinions

ULTIMATELY, THE PATIENT SETS THE STANDARD!

Agency Policies & Procedures

- Guidelines not rules or regulations
- Represent best practice
- Align with national guidelines

Considerations:

- Lend your expertise
- Know your policies
- Avoid absolutes
- Use flexible language
- Ensure congruency among all tools
- Review and update regularly

Prudent Practice Basics

- Perform within your practice scope.
- Stay current in your field or specialty area.
- Know your strengths and weaknesses.
- Understand products and equipment.
- Document all patient care activities and communications.
- Don't make a statement represent an admission of guilt or fault.
- Invoke the chain of command.
- Maintain open, honest, respectful communication with patients and their families.

Top 6 Claims Against Nurses

1. Assess and monitor
2. Follow standards of care
3. Use equipment responsibly
4. Communicate
5. Document
6. Act a patient advocate



Reising, D.L., Allen, P.A. (2007) Protecting yourself from medical malpractice claims. American Nurse Today. Accessed from <http://www.americannursetoday.com/assets/0/434/436/440/4172/4174/4184/4186/54023d9c-d01d-4ddf-81ca-564e279249f8.pdf>

Failure to Assess and Monitor



Risk Assessment

- Structured (e.g. Braden¹, Norton, Waterlow)
- Timely
- Accurate

Moisture degree to which skin is exposed to moisture			
1. Constantly Moist: Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.	2. Very Moist: Skin is often, but not always moist. Linen must be changed at least once a shift.	3. Occasionally Moist: Skin is occasionally moist, requiring an extra linen change approximately once a day.	4. Rarely Moist: Skin is usually dry, linen only requires changing at routine intervals.
<input type="radio"/> 1 = Constantly Moist <input type="radio"/> 2 = Very Moist <input checked="" type="radio"/> 3 = Occasionally Moist <input type="radio"/> 4 = Rarely Moist			

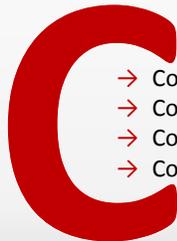
Moisture (Consider all forms of moisture)			
1. Constantly Moist	2. Very Moist.	3. Occasionally Moist	4. Rarely moist
• Moist every assessment	• Linen Change QShift	• Extra linen change QD	• Routine linen change

- Continual
- Effective

1. Braden, B., Bergstrom, N. (1988). The Braden Scale for Predicting Pressure Sore Risk. Accessed from <http://www.bradenscale.com/bradenscale.htm>.
 2. Braden Quick Reference Tool. Adapted (Braden & Bergstrom ©1988) for internal educational purposes. Mayo Clinic 2011.

Skin Assessment

Gives insight into actual and the potential for skin compromise.



- Comprehensive
- Complete
- Continual
- Congruent with diagnosis and treatment

- Know facility expectations
- Remove devices, garments, dressings
- Identify and address vulnerabilities

Wound Assessment

- Etiology
- Site
- Stage versus Level of Tissue Damage
- Wound Bed
- Measurements
- Wound Edges
- Drainage
- Peri-wound Skin



Pressure Ulcer Staging

Allegation: Nurse erred in staging

- Staging is still very useful when done correctly
- NPUAP pressure ulcer guidelines (foundation) but must be bolstered with clinical expertise and experience
- Inaccurate staging may be more detrimental than a good description
- Photos helpful

Essential components of a description:

- Open or Closed
- Red (blanching), Yellow, Black, Purple
- Shallow or Deep

Suspected Deep Tissue Injury

- Time delay in visible presentation
 - Important for determining “present on admission”
- Confinement event commonly 48 hours prior
 - “Found down”
 - Medical instability
 - Prolonged Surgery (>4 hours)
- Evolution pattern widely varied
- Widely varied presentations in patients with darkly pigmented skin¹

Sullivan R. (2013). A two-year retrospective review of suspected deep tissue injury evolution in adult, acute care patients. Ostomy Wound Management. 59(9);30-9.

Wound Measurements

Standardize format and frequency

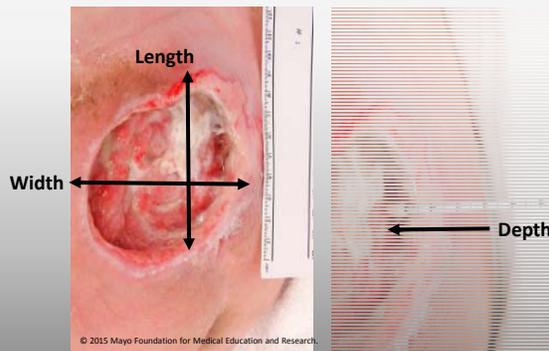
- Baseline and serial
- Centimeters
- Neutral position
- Include all components



Undermining



Tunneling



© 2015 Mayo Foundation for Medical Education and Research

Wound Photography

- Photos helpful but quality and consistency essential
- Standardize format and frequency
- Baseline and serial
- Secure storage (PHI)
- Adjunct to documentation
- Informed consent required
- Generally admissible in court



Basic Guidelines:

- Date and time stamp
- Train designated staff
- Provide privacy (drape)
- Measure of relative size
- Use approved devices

Wound, Ostomy and Continence Nurses Society. (2012) Photography in Wound Documentation: Fact Sheet. Accessed from http://c.ycdn.com/sites/www.wocn.org/resource/resmgr/Publications/Photography_in_Wound_Documen.pdf

Failure to Follow Standard of Care



Pressure Ulcer Prevention

Risk assessment scores + Clinical judgment

- Subscale components:
 - Activity
 - Mobility
 - Sensory perception
 - Moisture
 - Nutrition
 - Shear/Friction
- Contributing factors
- Address all deficiencies in a timely fashion
- Use best practice

Braden 18 or less
 Subscale of 2 or less

Treatment

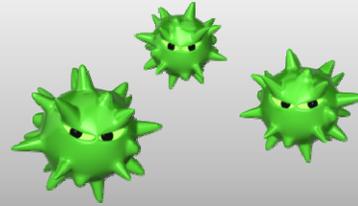
Congruency between treatment and patient condition, values, and goals

- Appropriate
- Evidence-based
- Safe
- Facilitate a moist wound environment
- Rendered as ordered
- Effective

Wound Condition	Treatment
Too Wet	Dry It
Too Dry	Wet It
Moist	Maintain It
Infected	Treat It
Dead	Remove It

Infection

- Can be masked or diminished by a compromised immune system
- Culture
 - Judiciously: Signs of critical colonization (NERDS)
 - Correctly
 - Clean and prepare the wound bed
 - Before topical or systemic antibiotics are initiated
 - Obtain a swab culture from a viable wound bed
 - Do not culture avascular tissue



Spear, M. (2014). When and how to culture. Wound Care Advisor. Accessed from http://woundcareadvisor.com/wp-content/uploads/2014/01/Culture_J-F14.pdf

Debridement

- Right wound
- Right provider
- Right patient
- Right method
- Right technique
- Right outcome

Conservative Sharp Debridement:

- Know your scope (NPA & facility policy)
- Informed consent required
- Provider order recommended

1. State by State Summary of Nurses Allowed to Perform CSD. (2014). Accessed from http://www.sharpdebridement.com/files/State_by_State_Summary.pdf
2. Rodd-Nielsen, E, Brown, J, Brooke, J, Fatum, H., Hill, M, Morin, J., St-Cyr, L., in Association with the Canadian Association for Enterostomal Therapy (CAET) (2011). Evidence-Based Recommendations for Conservative Sharp Wound Debridement. Accessed from http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=3&ved=0CCsQFjAC&url=http%3A%2F%2Fdownload.lww.com%2Fwolterskluwer_vitalstream_com%2FPermalink%2FJWOCN%2FA%2FJWOCN_40_3_2013_03_01_KOZOL_476_SDC1.doc&ei=g_4iVZmYoobAsAWuoDQAg&usq=AFQjCNH5c6vD2PFfd_FzOQQ0YhWS4Sgqig&bvm=bv.89947451,d.b2w

IAD/MASD

Individualize the continence management plan

- Offer patient opportunities to toilet
- Incontinence management
 - Consider fecal and/or urinary management devices
 - Provide prompt skin care
 - Apply a moisture barrier
 - Wicking underpads (no plastic backing)
- Reassess the plan frequently
- Elevate plan for deterioration

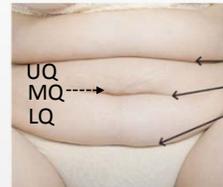


Stoma Site Marking

Ostomy education and stoma site selection should be performed preoperatively.

Considerations:

- Lying, Sitting, Bending, Standing
- Rectus abdominis muscle
- Level pouching surface
- Away from beltline, radiation, incisions, etc.
- Communicate deviations to patient and MD
- Document measurements



Wound, Ostomy and Continence Nurses Society. (2014). WOCN society and ASCRS position statement on preoperative stoma site marking for patients undergoing colostomy or ileostomy surgery. Mt. Laurel, NJ. Author. Accessed from http://c.ycdn.com/sites/www.wocn.org/resource/resmgr/Publications/ASCRS_Stoma_Site_Marking_PS.pdf

Ostomy Care

Establish a procedure for the continuity of care.

New ostomies:

- Education plan
- Regular care and support

Pre-existing ostomies:

- Rule out stoma dysfunction, wear time issues, peristomal complications
- Frequency of change
- Responsible party

Pouching systems for drain management:

- Frequency of change
- Responsible party

Failure to Use Equipment Responsibly



“Support” Surfaces

Know the features of your standard and support surfaces

- High specification reactive foam

Appropriate support surface ordered when indicated.

- Upgrade to an active support surface for higher risk patients
- In use for duration of need
- Follow hospital policy
- Specialty bed availability may vary by facility
- Consider weight limits

Device-Related Injuries

Inspect the skin under and around medical devices at least twice daily

High Risk Devices:

- Lower extremity devices
- Respiratory devices

Responsibilities:

- Inspect under device
- Early identification and intervention
- Report adverse outcomes



Failure to Communicate



Referrals

- Involve the Provider
- Make appropriate referrals in a timely fashion
 - Dietitian
 - Physical Therapy
 - Occupational Therapy
 - Respiratory Therapy
- Follow-up requests to ensure fulfillment

Delegation

Any task you delegate to unlicensed assistive personnel (UAP) or another healthcare provider must be “right” in the six ways described below.

- Right task
- Right person
- Right time
- Right information
- Right supervision
- Right follow-up



Staff Education & Training



- Structured
- Address gaps
- Regular
- Evidence-based
- Include all levels of care
- Evaluate learning outcomes

Compliance is just as important as adequate and timely training (controls).

Failure to Document



General Documentation

- Legal document: Most important evidence in a malpractice case!
- Identifies all patient care, including treatment decisions.
- Timely, accurate, legible, chronological, and complete
- Reflect appropriate plan of care
- Congruent with facility policy
- Physician notification
 - Pressure ulcer (on admission, upon discovery, with deterioration)
 - Treatment plan

National Nurse Consultant, Inc. The attorney's quick guide: "The 6 essential elements of pressure ulcers you must find in the medical record." Accessed from <http://www.hgexperts.com/article.asp?id=5020>

Do's & Don'ts

- Document all patient care activities and communications.
- Be specific. (Paint a picture of the care provided).
- Document treatment, goals, and outcomes.
- Use brand names to describe devices/products
- Document care plan changes and be specific of the intent of change.
- Be clear about follow-up vs sign off.
- Avoid errors, especially those that change the context of the message.
- Avoid duplication and cut and paste errors.

National Nurse Consultant, Inc. The attorney's quick guide: "The 6 essential elements of pressure ulcers you must find in the medical record." Accessed from <http://www.hgexperts.com/article.asp?id=5020>

Present on Admission

Present on admission is defined as the conditions "present at the time the order for inpatient admission occurs".

- No specified timeframe (CMS)
- Provider documentation optimal (physician notification)
- Documentation from other clinicians is allowed

Considerations:

- Skin assessed in a timely fashion
- Qualified healthcare provider legally accountable for diagnosis
- Inconsistent, missing, conflicting, or altered documentation



Garrett, G. (2009). "Present on admission: Where we are now". Journal of American Health Information Management Association. 80(7); 22-26 Accessed from http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_043994.fcsp?dDocName=bok1_043994

Unavoidability

“Unavoidable”

- Clinical condition and pressure ulcer risk factors evaluated
- Interventions implemented (needs, goals, and standards of practice)
- Monitored and evaluated the impact of the interventions
- Revised the approaches as appropriate (483.25c/Tag F314)

Considerations:

- After the fact, considering all know facts
- Not assumed just because the patient was critical, unstable, or dying
- POC will still be examined to see if SOC was met

National Pressure Ulcer Advisory Panel. (2014). Avoidable versus Unavoidable Pressure Ulcers. Accessed from http://c.ycdn.com/sites/www.wocn.org/resource/collection/E3050C1A-FBF0-44ED-B28B-C41E24551CCC/Position_Statement_-_Avoidable_vs_Unavoidable_Pressure_Ulcers_%282009%29.pdf

Non-Adherence

Patient must be capable of understanding the decision he/she is making and the potential impact of that decision.

- Demented
- Confused
- Delirious

Considerations:

- Educate and reinforce rationale and consequences
- Include family or caregiver
- Document education, comprehension, and response
- Notify MD
- Repetitive message and documentation helpful

The Best Defense...



Sound nursing care will make you a good defendant!

Deposition

- Keep your cool.
- Listen carefully to the question.
- Allow the attorney to object.
- Ask for clarification.
- Think through your response
- Answer only the question that has been posed.
- Don't speculate.
- If you don't remember, say so.
- Don't lie.



Experts Review

Experts rely on the medical record to determine the level of care provided.

- We don't know you!
- We only know what the medical record tells us.
- We can't assume that you did it if you didn't chart it.
- We can't assume that you had a bad day, short staffing, or really sick patients.

Why It Matters:

- "Jacksonville Jury finds HCA-Memorial Negligent, Fraudulent- Awards Family \$178 MILLION".
- 10 Million in punitive damages. This amount is in addition to the \$168 million in liability this jury awarded last Friday.
- This verdict is one of the largest seen in Northeast Florida and the charge of fraud is a rare occurrence in a civil case.

I WAS DEPOSED ON THIS CASE...

Hernandez, H. (2012). Jury finds HCA-memorial hospital negligent, fraudulent. Accessed from www.edwardsragatz.com/chandlerverdict/

There Are Patients Attached To Our Care...



Hernandez, H. (2012). Jury finds HCA-memorial hospital negligent, fraudulent. Accessed from www.edwardsragatz.com/chandlerverdict/

THANK YOU!

Rhonda Sullivan PhD, RN, CWON, LNCC
iWOC Nursing Foundation
P.O. Box 8812
Jacksonville, FL 32224
iwocnurse@aol.com

QUESTIONS?

References

- Braden, B., Bergstrom, N. (1988). The Braden Scale for Predicting Pressure Sore Risk. Accessed from <http://www.bradenscale.com/bradenscale.htm>
- Braden Quick Reference Tool. Adapted (Braden & Bergstrom ©1988) for internal educational purposes. Mayo Clinic 2011.
- Diederich Healthcare. (2014). 2014 Medical malpractice payout analysis. Accessed from <http://www.diederichhealthcare.com/the-standard/2014-medical-malpractice-payout-analysis/>
- Garrett, G. (2009). "Present on admission: Where we are now". Journal of American Health Information Management Association. 80(7); 22-26 Accessed from http://library.ahima.org/jgedio/groups/public/documents/ahima/bok1_043994.hcsp?dDocName=bok1_043994
- Goguen, D. (2014). What's the average medical malpractice settlement? Nolo. Accessed from <http://www.medicalmalpractice.com/legal-advice/medical-malpractice/medical-malpractice-introduction/average-settlement.htm>
- Hernandez, H. (2012). Jury finds HCA-memorial hospital negligent, fraudulent. Accessed from www.edwardsragatz.com/chandlerverdict/
- Kritzer, H.M., Guangya, L., Vidmar, N. (2014). An exploration of "non-economic damages" in civil jury awards. Accessed from http://scholarship.law.duke.edu/cgi/viewcontent.cgi?article=5815&context=faculty_scholarship
- National Nurse Consultant, Inc. The attorney's quick guide: "The 6 essential elements of pressure ulcers you must find in the medical record." Accessed from <http://www.hgexperts.com/article.asp?id=5020>
- National Pressure Ulcer Advisory Panel. (2014). Avoidable versus Unavoidable Pressure Ulcers. Accessed from http://c.ymcdn.com/sites/www.wocn.org/resource/collection/E3050C1A-FBF0-44ED-B28B-C41E24551CCC/Position_Statement_-_Avoidable_vs_Unavoidable_Pressure_Ulcers_%282009%29.pdf
- Reising, D.L., Allen, P.A. (2007) Protecting yourself from medical malpractice claims. American Nurse Today. Accessed from <http://www.americannursetoday.com/assets/0/434/436/440/4172/4174/4184/4186/54023d9c-d01d-4ddf-81ca-564e279249f8.pdf>
- Rodd-Nielsen, E, Brown, J, Brooke, J, Fatum, H., Hill, M, Morin, J., St-Cyr, L., in Association with the Canadian Association for Enterostomal Therapy (CAET) (2011). Evidence-Based Recommendations for Conservative Sharp Wound Debridement. Accessed from http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=3&ved=0CCsQFJAC&url=http%3A%2F%2Fdownload.lww.com%2Fwolterskluwer_vitalstream.com%2FPermaLink%2FJWOCN%2FA%2FJWOCN_40_3_2013_03_01_KOZOL_476_SDC1.doc&ei=g_4lV2mYOobAsAWuwoDQAg&usq=AFQjCNH5c6V0ZPFfd_FzOQQ0YhWS4Sgqig&bvm=bv.89947451,d.b2w
- Spear, M. (2014). When and how to culture. Wound Care Advisor. Accessed from http://woundcareadvisor.com/wp-content/uploads/2014/01/Culture_J-F14.pdf
- State by State Summary of Nurses Allowed to Perform CSD. (2014). Accessed from http://www.sharpdebridement.com/files/State_by_State_Summary.pdf
- Sullivan R. (2013). A two-year retrospective review of suspected deep tissue injury evolution in adult, acute care patients. Ostomy Wound Management. 59(9):30-9.
- Wound, Ostomy and Continence Nurses Society. (2012) Photography in Wound Documentation: Fact Sheet. Accessed from http://c.ymcdn.com/sites/www.wocn.org/resource/resmgr/Publications/Photography_in_Wound_Documen.pdf
- Wound, Ostomy and Continence Nurses Society. (2014). WOCN society and ASCRS position statement on preoperative stoma site marking for patients undergoing colostomy or ileostomy surgery. Mt. Laurel: NJ. Author. Accessed from http://c.ymcdn.com/sites/www.wocn.org/resource/resmgr/Publications/ASCRS_Stoma_Site_Marking_PS_.pdf