ALABAMA STATE NURSES ASSOCIATION
ACTIVITY TEMPLATE

General Information

Alabama State Nurses Association (ASNA) is an accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation (ANCC).

ASNA adheres to the standards and guidelines set forth by ANCC. Sponsors who choose to participate in the ASNA Continuing Education Approval Process will be expected to comply with all ASNA/ANCC Operational Requirements as outlined in this document.

Approval time period is two (2) years.

Processing Fee: Applications received 25 days or more prior to the activity will be $50 (up to 4 contact hours), $100 (5-8 contact hours), $150 (9-12 contact hours), and $200 (13 and over contact hours). An expedited review is available for applications received 12-24 days before activity for an additional $75 fee (prior authorization is required). No applications will be accepted less than 12 days prior to the activity. Applications will not be reviewed until payment is received. Click here to pay online

Application must contain all information before review and approval may be granted. Should you need assistance contact the ASNA Continuing Education Department at (334) 262-8321, (334) 262-8578 (F), or charlenerasna@alabamanurses.org.

PROVIDER Information:

SPONSOR (AGENCY) OF ACTIVITY: Southeast Region of the WOCN® Society™		
CONTACT PERSON: Bernhard Haberer		
ADDRESS: 36181 East Lake Road Suite 376		
CITY: Palm Harbor	*STATE:* FL	*ZIP CODE:* 34685
DAY PHONE: 727-238-5140		
EMAIL: bhe@serwocn.org		
Sponsor Authorization for release of information. As the representative of this activity, I do hereby give ASNA permission to release information contained in this activity to interested parties. ☒ Yes ☐No *SIGNED:* 		
Upon request ASNA will publish information on the Continuing Nursing Education tab of the ASNA Website: http://alabamanurses.org. Publish online? ☒ Yes ☐No SIGNED:		

*Title of Activity: Choose to Shine … Change the World! WOC Nurses – Leading the Way!

Date Form Completed: 6/13/2017

Activity Type:

☒Provider-directed, provider-paced: Live (in person or webinar)
- Date of live activity: **9/28/2017 – 9/30/2017**

☐Provider-directed, learner-paced: Enduring material
- Start date of enduring material:Click here to enter a date.
- Expiration/end date of enduring material: Click here to enter a date.

☐Blended activity
- Date(s) of enduring materials (e.g. prework):Click here to enter a date.
- Date of live portion of activity: Click here to enter a date.

Nurse Planner contact information for this activity.

Name and credentials: Elaine Rush, BS, RN, CWOCN
Email Address: conf.plan@serwocn.org
State of Licensure: South Carolina

The **Nurse Planner** must be a registered nurse who holds a current, unencumbered nursing license (or international equivalent) **AND** hold a baccalaureate degree or higher in nursing (or international equivalent) **AND** be actively involved in planning, implementing and evaluating this continuing education activity.

Continuing Education:

Is this continuing education? Is this learning activity intended to build upon the educational and experiential bases of the professional RN for the enhancement of practice, education, administration, research, or theory development, to improve the health of the public and RNs' pursuit of their professional career goals?
☒Yes ☐No (If **no**, the activity is **not** eligible for approval.)

Commercial Interest:

A commercial interest, as defined by the American Nurse's Credentialing Center (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. Nonprofit or government organizations, non-healthcare-related companies, and healthcare facilities are not considered commercial interests.

☐Yes ☒No (If **yes**, activity is **not** eligible for approval.)

A. Description of the professional practice gap (e.g. change in practice, problem in practice, opportunity for improvement)

Describe the current state:

Many WOC nurses have much of the knowledge needed to intervene effectively for patients with wound, ostomy and continent issues. However, our practice is changing daily and requires WOC nurses, expert as well as novice, needing update on changes in wound, ostomy, continence and professional practice to stay current.

Describe the desired/achievable state:

Participants will have the knowledge and skills to provide effective primary care for their patients. Conference topics will increase the awareness, knowledge and skill to empower the WOC nurse to develop, implement and expand the WOC nurse role and practice.

Identified gap: (knowledge/skills/practice/other: describe)

There is an ongoing need for additional education for WOC nurses in all healthcare settings related to wounds, ostomy and continence practice.

B. Evidence to validate the professional practice gap (check all methods/types of data that apply)

X Survey data from stakeholders, target audience members, subject matter experts or similar
X Input from stakeholders such as learners, managers, or subject matter experts
☐Evidence from quality studies and/or performance improvement activities to identify opportunities for improvement
X Evaluation data from previous education activities
X Trends in literature, law and health care
x Direct observation
☐ Other—Describe: _____

Please provide a brief summary of data gathered that validates the need for this activity:

The online evaluation completed by all attendees at the anual conference serves as a core of our needs assessment for annual conference planning. Review of our conference evaluations from the 2016 and prior SER Conference notes, new trends as well as new or revised practice guidelines identified by the Education Committee guided the overall development for the 2017 SER Conference. Content experts on the Education Committee as well as the SER Board of Directors contributed to the development of the program.

C. Educational need that underlies the professional practice gap (e.g. knowledge, skill and/or practices)
Other--Describe: Knowledge and Skill

D. Description of the target audience. (You may select more than one target audience).

1. All RNs
2. RNs in Specialty Areas (Identify specialty): Wound , Ostomy and Continence; Food & Nail Care
3. Advanced Practice RNs

E. Desired learning outcome(s) *(What will the learner will be able to do as a result of participation in this activity?)* Learning outcome must be observable and measureable.

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 and evidence-based practice as it pertains to WOC nursing specalties.

Area of impact (check all that apply):

X Nursing Professional Development ☐Patient Outcome

☐ Other- Describe: _____

F. Outcome Measure(s) *(A quantitative statement as to how the outcome will be measured):*

Through questions and answers during presentations, the learners will be encouraged to engage in diaglog with speakers and other attendees, there will be return demonstrations in some of the presentations, the attendees will complete a post conference survey (before receiving Certificate with CEs) asking about the content and the speakers.

G. Content of activity: A description of the content with supporting references or resources
Educational Planning Table Attachment 1: Please see attached presentations for content and references. Additional speaker content and references will be provided upon request.

Content for this educational activity was chosen from:

X Information available from the following organization/web site organization/web site must use current available evidence within past 5 - 7 years as resource for readers; may be published or unpublished content; examples – Agency for Healthcare Research and Quality, Centers for Disease Control, National Institutes of Health: _____

X Information available through peer-reviewed journal/resource (reference should be within past 5 – 7 years):_____
X Clinical guidelines (example - www.guidelines.gov): _____
X Expert resource (individual, organization, educational institution) (book, article, web site): _____
X Textbook reference:_____
xOther: See references on Ed Tables

H. Learner engagement strategies

See Educational Planning Table (Incorporate the following strategies on the Educational Planning Table)

X Integrating opportunities for dialogue or question/answer
☐Including time for self-check or reflection
☐Analyzing case studies
X Providing opportunities for problem-based learning
☐ Other: _____

I. Criteria for Awarding Contact Hours

Criteria for awarding contact hours for live and enduring material activities include:
(Check all that apply)

☐ Attendance for a specified period of time (e.g., 100% of activity, or miss no more than 10 minutes of activity)–Be specific: _____
☐ Credit awarded commensurate with participation
☐ Attendance at 1 or more sessions
☒ Completion/submission of evaluation form
☐ Successful completion of a post-test (e.g., attendee must score _____% or higher)
☐ Successful completion of a return demonstration
X Other - Describe: Attendees will only evaluate the presentations attended. Contact hours only awarded for completed online evaluations.

J. Description of evaluation method: Evidence that change in knowledge, skills and/or practices of target audience was assessed

Attendees complete an evaluation for each session attended

Short-term evaluation options:

X Intent to change practice
X Active participation in learning activity
☐ Post-test
X Return demonstration
☐ Case study analysis
☐ Role-play

☐ Other – Describe: _____

Long-term evaluation options:(If used)
☐ Self-reported change in practice
☐ Change in quality outcome measure
☐ Return on Investment (ROI)
☐ Observation of performance
☐ Other – Describe: _____

Attachment 2
Individuals in a Position to Control Content

Complete the table below for each person in a position to control content of the educational activity and include name, credentials, educational degree(s), role on the planning committee, and expertise that substantiates their role. There must be at least one Nurse Planner and one other planner to plan each educational activity. The Nurse Planner is knowledgeable of the CNE process and is responsible for adherence to the ANCC criteria. One planner needs to have appropriate subject matter expertise for the educational activity being offered (Content Expert). **The individuals who fill the roles of Nurse Planner and Content Expert must be identified.** Nurse Planner must sign all BIO/COI forms. (If form is for the Nurse Planner, and individual other than the Nurse Planner must review and sign form).

Names and credentials of all individuals in a position to control content (must identify the individuals who fill the roles of Nurse Planner and content expert(s)).

Name of individual and credentials	Individual's role in activity	Planning committee member? (Yes/No)	Name of commercial interest	Nature of relationship
Elaine Rush, BS, RN, CWOCN	Nurse Planner	Yes	None	---
Jennifer Evangelist, ACNS-BC, CWOCN	Ed. Committee Chair	Yes	None	---
Martha Davidson, MN, BSN, RN, CWOCN	Content Expert / Presenter	Yes	None	
Pam Maples, BSN, RN, COS-C	Content Expert	Yes	None	
Sarita Stovall,	Content Expert	Yes	None	
Beryl Evans,	Content Expert	Yes	None	
Tracy Widby, RN, CWCN, MDS-CT, CLNC	Content Expert	Yes	None	
Scott Barnett, RN, BSN, CWON	Content Expert	Yes	None	

Barbara Dale, RN, CHHN, CWOCN, COS-C	Content Expert	Yes	None	
Lindsey Cooley, RN, BSN, CWON	Content Expert	Yes	None	
Yi Yang, RN, WCCP	Content Expert	Yes	None	
Sharon McCarthy, BSN, RN, CWON	Presenter	NO	None	
Ryan Chatelain, DPM	Presenter	Yes	Imbed Biosciences	Clinical Trial Research on Microlyte Ag
Virginia Kanner, BSN, RN, CWOCN	Presenter	NO	None	
Tina Hein, BSN, RN, CWON	Presenter	NO	None	
Deanna Nelson, MD	Presenter	NO	None	
Roberta Muldoon, MD	Presenter	NO	None	
Christine Reuscher, BSN, RN, CWOCN	Presenter	NO	None	
Dorothy Doughty, MSN, RN, CWOCN, CFCN, FAAN	Presenter	NO	None	
Susan Scott, MSN, RN, WOC Nurse	Presenter	NO	Stryker/Sage	Speakers Bureau / Consultant
Mona Baharestani, PhD, ANP, CWOCN, CWS	Presenter	NO	None	
Amber Wetherington, CPNP-PC	Presenter	NO	None	
Laura Edsberg, PhD	Presenter	NO	None	
Mary Arnold Long, DNP, APRN, CRRN, CWOCN-AP, ACNS-BC	Presenter	NO	Molnlycke; 3M; ConvaTec	Speakers Bureau / Consultant
Marcia Spear, DNP, RN, ACNP-BC, CWS, CPSN, CANS	Presenter	NO	None	
Traci Brackin, DNP, APRN, FNP-BC, CWOCN, CFCN	Presenter	NO	Hollister and L&R	Speakers Bureau

Lynette Franklin, MSN, APRN, ACNS-BC, CWOCN-AP, CFCN	Presenter	NO	None	
Rhonda Sullivan, PhD, MSN, MBA, CWON, LNCC	Presenter	NO	Molnlycke	Speaker
Dianne Mackey, MSN, RN, CWOCN	Presenter	NO	Kaiser Permanente	Staff Educator

ATTACHMENTS

Please provide evidence of the following: BH comments in red

Attachment 1	Educational Planning Table (if activity more than three (3) hours, may include only three (3) hours, but provide agenda for entire activity). Complete
Attachment 2 (Preceding Pages)	Names and credentials of all individuals in a position to control content (must identify the individuals who fill the roles of Nurse Planner and content expert(s)). (See example on previous page.) Complete-previous page
Attachment 3	Conflict of interest documentation from all individuals in a position to control content (e.g. planners, presenters, faculty, authors, and/or content reviewers) and resolution if applicable Complete
Attachment 4	Biographical Information for Nurse Planner(s) and Content Expert(s) Complete
Attachment 5	Number of contact hours awarded for activity, including method of calculation (Provider must keep a record of the number of contact hours earned by each participant.) If the activity is longer than 3 hours, attach the agenda for the entire activity. Complete
Attachment 6	Documentation of completion and/or certificate. Sample attached – need approval statement
Attachment 7	Commercial Support Agreement with signature and date (if applicable) Blank sample being provided along with first few completed / signed form received
Attachment 8	Evidence of required information provided to learners prior to start of educational activity: **See copy of 2016 conference book for examples** 1. Accreditation (approval) statement of provider awarding contact hours: Statement pending … see 2016 statement attached 2. Criteria for awarding contact hours see attachment 5 above 3. Presence or absence of conflicts of interest for all individuals in a position to control content (e.g. the Planning Committee, presenters, faculty, authors, and content reviewers) Complete – attachment 3 4. Commercial support (if applicable) Attachment 7 – sample and two complete 5. Expiration date (enduring materials only) 6. Joint Providership (if applicable) not applicable (Materials associated with the activity (marketing materials, advertising, agendas, and certificates of completion) must clearly indicate the Provider awarding contact hours and responsible for adherence to ANCC criteria)
Attachment 9	Summative evaluation- Explain: Complete attached
Attachment10	Copy of Marketing Materials Copy of Web Page Copy of Attendee Brochure Copy of Attendee handouts with instructions

Completed by: Bernhard Haberer, Manager
Date: June 14, 2017

NOTE: Applications accepted electronically only. Scan and save as one pdf document. Send to ASNA via dropbox invitation (send to memberasna@alabamanurses.org). Visit Dropbox.com to begin your free subscription; or use your own file sharing program.

Southeast Region of the WOCN® Society

Educational Planning Table – Live/Enduring Material – Attachment 1

Title of Activity: A Strategic Plan for Perioperative Pressure Injury Prevention (PPIP)

Learning Outcome (s)

1. **Identify the factors that increase the risk of pressure injuries in the surgical patient.**
2. **Describe the role of the WOC nurse in creating strategies to reduce the incidence of hospital-acquired pressure injuries in the surgical population.**

Select all that apply: ☒ **Nursing Professional Development** ☒ **Patient Outcome** ☐ **Other: Describe** Click or tap here to enter text.

CONTENT (Topics)	**TIME FRAME (if live)**	**PRESENTER/ AUTHOR**	**TEACHING METHODS/LEARNER ENGAGEMENT STRATEGIES**
Provide an outline of the content	Approximate time required for content	List the Author	List the learner engagement strategies to be used by Faculty, Presenters, Authors
Definition, incidence and relevance of pressure injury in surgical patients.	15	Susan M. Scott	Lecture
Risk factors, evidence based interventions, and competencies for prevention.	20	Susan M. Scott	Lecture, handout
Perioperative Pressure Injury Prevention Program (PPIPP) How to conduct a gap analysis and action plan. Resources for awareness, analysis, and education.	25	Susan M. Scott	Lecture, handout Q&A

List the evidence-based references used for developing this educational activity:

1. American Geriatric Society (2015) Optimal Perioperative Management of the Geriatric Patient: Best Practice Guideline from ACS NSQIP ®/ American Geriatric Society Retrieved 02-12-16 from https://www.facs.org/~/media/files/quality%20programs/geriatric/acs%20nsqip%20geriatric%202016%20guidelines.ashx
2. NCHS Data Brief Hospitalization for Total Hip Replacement among Inpatients Age 45 and Over: United States, 2000-2010 Retrieved 12-07-2016 from http://www.cdc.gov/nchs/data/databriefs/db186.pdf
3. Dall TM, Gallo PD, Chakrabarti R, West T, Semilla AP, Storm MV. An aging population and growing disease burden will require a large and specialized health care workforce by 2025. *Health Aff. (Millwood).* Nov 2013;32(11):2013-2020.
4. Russo C, Steiner C, Spector W. Hospitalization related to pressure ulcers among adults 18 Years and Older, 2006. AHRQ Statistical Brief #64 Available at https://www.hcup-us.ahrq.gov/reports/statbriefs/sb64.pdf
5. Chen H, Chen X, Wu J. The incidence of Pressure Ulcers in Surgical Patients of the Last 5 years. *Wounds* 2012;24(9):234-241.
6. Brem H, Maggi J, Nierman D et al. High cost of stage IV pressure ulcers. *Am J Surg.* 2010;200(4):473-7

7. Chan B, Ieraci L, Mitsakakis N, Pham B, and Krahm M. Net cost of hospital-acquired and pre-admission PUs among older people hospitalized in Ontario. *J Wound Care*. 2013:22(7):341-6
8. Bennett R, O'Sullivan J, DeVito E, Remsburg R. The increasing medical malpractice risk related to pressure ulcers in the United States. *J Am Geriatr Soc*. 2000 48(1):73-81
9. The Financial Impact of Pressure Ulcers. Available at http://www.leafhealthcare.com/pdfs/LH_WP_FinancialOverview_1563AA_PDF_100514.pdf
10. NCHS 2010 National Hospital Discharge Survey http://www.cdc.gov/nchs/data/nhds/4procedures/2010p+ro4_numberprocedureage.pdf
11. Ham W, Schoonhoven L, Schuurman M, and Leenen L. Pressure ulcers from spinal immobilization in trauma patients: A systematic review. *Journal of Trauma and Acute Care Surgery*. 76(4):1131-1141, April 2014.
12. Scott S, Mayhew P, Harris E. Pressure ulcer development in the operating room. Nursing implications. *AORN J.* 1992;56(2):242-250.
13. Armstrong D, Bortz, P and Halter, M. An integrative review of press relief in surgical patients. *AORN J.* 2001; 73 (3):645-674.
14. AORN *Guidelines for Perioperative Practice.* Denver, CO. 2015: 563-580.
15. Scott S. Progress and Challenges in Perioperative Pressure Ulcer Prevention. *J Wound Ostomy Continence Nurs. 2015;*42 (5);480-485.
16. Primiano M. Friend M, McClure C, Scott N, Fix L, Schafer M, Savochka K, and McNett M. Pressure ulcer prevalence and risk factors during prolonged surgical procedures. *AORN Journal* 2011;(94)6:555-566.
17. Reddy, M., Gill, S., & Rochon, P. (2006). Preventing pressure ulcers: a systematic review. *Journal of the American Medical Association,* 2006;(296)8:974-982
18. Wound Ostomy and Continence Nurses Society. (2016) Bottom-Up (Pressure Shear) Injuries. In D. Doughty, and L. McNichol (Ed). *Core Curriculum Wound Management*. (pp. 313-332). Philadelphia, Wolters Kluwer.
19. Association of PeriOperative Registered Nurses. (2017) Guideline for Positioning the Patient. In AORN(Ed). *2017 AORN Guidelines for Perioperative Practice*. Philadelphia, Wolters Kluwer.
20. Agency for Healthcare Research and Quality. Triggers and Targeted Injury Detection Systems (TIDS) Expert Panel Meeting: Conference Summary. Rockville, MD. AHRQ Pub. No. 090003. Feb. 2009
21. Dunlap L, Baker D. Correlation of Scott Triggers and Perioperative Homeostasis Indicators (PHI): Arthroplasty (total hip and total knee) and Spinal Fusion Surgery. Poster presented at the 2012 Tennessee Hospital Association Annual meeting.
22. Martinez S, Braxton C, Helmick R, Awad S, Lara-Smalling, A, Baylor College of Medicine. Sustainability of a hospital acquired pressure ulcer prevention bundle in surgical patients. Paper presented at Surgical Infection Society 34th Annual Meeting 2014 Baltimore, MD May 1-3, 2-14.
23. Meehan A, Beinlich N, and Hammonds, T. A nurse initiated perioperative pressure injury risk assessment and prevention protocol. *AORN Journal,* 2016;104(6), 554-565
24. Postlewaite C. Exploration of the Accuracy and Precision of the Scott Triggers TM Instrument in Predicting Postoperative Pressure Ulcer Development. Poster presented at the 2017 Southern Nursing Research Society, February 22-25, 2017.
25. Bergstrom N, Braden B, Kemp M, Champagne M, Ruby E. Predicting pressure ulcer risk: a multisite study of the predictive validity of the Braden Scale. *Nurs Res*. 1998;47:261-269.
26. He W, Liu P, Chen H. The Braden Scale cannot be used alone for assessing pressure ulcer risk in surgical patients: A meta-analysis. *Ostomy Wound Manage.* 2012;58(2):34-40
27. Prevention of Perioperative Pressure Ulcers /Tool Kit. AORN. http://www.aorn.org/guidelines/clinical-resources/tool-kits/prevention-of-perioperative-pressure-ulcers-tool-kit. Published December 31, 2015. Accessed April 29, 2016.
28. Scott, S (2016) Perioperative Pressure Injuries: Protocols and Evidence-Based Programs for Reducing Risk. *PSQH,* 13(4), 20-28.
29. Black J, Fawcett D, Scott S. Ten top tips: Preventing pressure ulcers in the surgical patient. Wounds International 2014:5(4). http://www.woundsinternational.com/pdf/content_11478.pdf. Accessed February 10, 2015.
30. Pham B, Teague L, Mahoney J, Goodman L, Paulden M, Poss, J. "et al." Support surfaces for intraoperative prevention of pressure ulcers in patients undergoing surgery: A cost-effectiveness analysis. Surgery. 2011;150(1):122-32

31. Kirkland-Walsh H, Teleten O, Wilson M, Raingruber B. Pressure Mapping Comparison of Four OR Surfaces. *AORN J.* 2015:102(1):61.e1-61.e9. Available at http://dx.doi.org/10.1016/j.aorn.2015.05.012
32. Minnich L, Bennett J, Mercer, J. (2014) Partnering for Perioperative Skin Assessment: A time to change a Practice Culture. Journal of PeriAnesthesia Nursing, 29(5):361-366
33. Engels, D., Austin, M., McNichol, L., Fencl, J., Gupta, S., & Kazi, H. (2016). Pressure ulcers: Factors contributing to their development in the OR. *Association of Operating Room Nurses. AORN Journal, 103*(3), 271-281. doi:http://dx.doi.org/10.1016/j.aorn.2016.01.008
34. Rothrock, J (2014) Alexander's Care of the patient in surgery 15th edition. St. Louis Mo. Mosby
35. Fawcett D. (2011). Prevention of positioning injuries. *Perioperative Safety*. St. Louis, Missouri. 167-178.
36. Primiano M. Friend M, McClure C, Scott N, Fix L, Schafer M, Savochka K, and McNett M. Pressure ulcer prevalence and risk factors during prolonged surgical procedures. *AORN Journal* 2011;(94)6:555-566.
37. Reddy, M., Gill, S., & Rochon, P. (2006). Preventing pressure ulcers: a systematic review. *Journal of the American Medical Association,* 2006;(296)8:974-982
38. Walton-Greer P. Prevention of pressure ulcers in the surgical patient. *AORN Journal*. 2009;89(3):538-548.
39. National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers: Clinical Practice Guidelines. Emily Haesler (Ed.). Cambridge Media: Perth, Australia; 2014.
40. Association of PeriOperative Registered Nurses. (2017) Guideline for Positioning the Patient. In AORN(Ed). *2017 AORN Guidelines for Perioperative Practice*. Philadelphia, Wolters Kluwer.
41. Safe Patient Handling/Tool Kit. AORN. https://www.aorn.org/guidelines/clinical-resources/tool-kits/safe-patient-handling-tool-kit Published December 1, 2014. Accessed April 17, 2017
42. Association of PeriOperative Registered Nurses. (2016) Safe Patient Handling. In AORN(Ed). *2016 AORN Guidelines for Perioperative Practice.* Philadelphia, Wolters Kluwer.
43. Allen, D Positioning and the Surgical Robot. *Surgical Products* (2013) Available at http://www.surgicalproductsmag.com/article/2013/02/positioning-and-surgical-robot
44. Fred, C., Ford, S., Wagner, D., & VanBrackle, L. (2012). Intraoperatively acquired pressure ulcers and perioperative normothermia: A look at relationships. *Association of Operating Room Nurses. AORN Journal, 96*(3), 251-60. doi:http://dx.doi.org/10.1016/j.aorn.2012.06.014
45. McNichol L, Lund C, Rosen T, Gray M. Medical adhesives and patient safety: state of the science: consensus statements for the assessment, prevention, and treatment of adhesive-related skin injuries. *J Wound Ostomy Continence Nurs.* 2013;40(4):365-380.
46. Farris, M, Petty M, Hamilton, J, Walters S, Flynn M. Medical adhesive-related skin injury prevalence among adult acute care patients: A single-center observational Study. *J Wound Ostomy Continence Nurs.* 2015;42(6):589-598. Photo Used with Permission L. McNichol and D. Doughty
47. American Academy of Nurses. Raise the Voice 2014. http://www.aannet.org/edge-runners--perioperative-pressure-ulcer-prevention-program
48. Lyder CH, Ayello EA October 2009 annual Checkup. The CMS pressure ulcer present on admission indicator. Advances in skin and wound care 22 (10):476-84
49. Swensen S, Pugh M, McMullan C, and Kabcenell A. *High-Impact Leadership: Improve Care, Improve the Health of Populations, and Reduce Costs*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2013. (Available at ihi.org)
50. Putnam K, (2016). Minimizing pressure ulcer risk for surgical patients. *AORN Journal.* 2016;103(4):7-9.
51. Scott S. Creating a Strategic Plan for Perioperative Pressure Ulcer Prevention. *AORN Journal* 2016;103(4):P13-14.
52. Spruce, L. Continuing Education: Back to Basics: Preventing Perioperative Pressure Injury. *AORN Journal* 2017;105(1):92-99.

Southeast Region of the WOCN® Society

Educational Planning Table – Live/Enduring Material – Attachment 1

If Live:

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)

Estimated Number of Contact Hours to be awarded: ___1____

Susan M. Scott, MSN, RN, WOC Nurse **03/30/17**

Completed By: Name and Credentials **Date**

Southeast Region of the WOCN® Society

Educational Planning Table – Live/Enduring Material – Attachment 1

Title of Activity: Legal Aspects of WOC Nursing Practice

Learning Outcome (s)

1. **Describe the legal environment**
2. **Identify WOC Nursing practice pitfalls**
3. **Explain prudent WOC Nursing practice**

Select all that apply: ☒ Nursing Professional Development ☐ Patient Outcome ☐ Other: Describe Click or tap here to enter text.

CONTENT (Topics)	TIME FRAME (if live)	PRESENTER/ AUTHOR	TEACHING METHODS/LEARNER ENGAGEMENT STRATEGIES
Provide an outline of the content	Approximate time required for content	List the Author	List the learner engagement strategies to be used by Faculty, Presenters, Authors
Describe the legal environment	15 minutes	Rhonda Sullivan	PowerPoint/Oral Presentation
Identify WOC Nursing practice pitfalls	15 minutes	Rhonda Sullivan	PPT, Oral Presentation, Discussion
State characteristics of prudent WOC Nursing practice	30 minutes	Rhonda Sullivan	PPT, Oral Presentation, Discussion

List the evidence-based references used for developing this educational activity:

1. Ayello, E.A. (2012). Predicting pressure ulcer risks. Hartford Institute for Geriatric Nursing, New York University, College of Nursing. Retrieved from http://consultgerirn.org/uploads/File/trythis/try_this_5.pdf
2. Engels, D., Austin, M., McNichol, L., Fencl, J., Gupta, S., Hazi, H. (2016). Pressure Ulcers: Factors Contributing to Their Development in the OR. AORN Journal, 103, 271-281. http://dx.doi.org/10.1016/j.aorn.2016.01.008
3. Ginett, L.J., & Steward, A.J. (2016). Legal realities: Avoid black holes. Retrieved from http://www.niawocn.org/downloadables/2016/Legal%20Realities%20Avoid%20Black%20holes%20Presentation%20%20outline.pdf
4. Jefferson, C.W. (2017). Nursing and the law: Documentation & nursing malpractice, are you protected? Retrieved from bhamareawoc.org/.../Nursing_and_the_Law_Documentation_PowerPoint_Presentation
5. Knowlton S, & Brown G. Legal aspects of wound care. (2013). Wound Care Essentials, Practice Principles. 3rd edition. Philadelphia, PA: Lippincott Williams and Wilkins
6. National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel and Pan Pacific Pressure Injury Alliance. (2014). Prevention and treatment of pressure ulcers: Quick reference guide. Emily Haesler (Ed.) Perth, Australia: Cambridge Media
7. Wound, Ostomy, Continence Nurse Society. (2009). Position statement: Avoidable versus unavoidable pressure ulcers. Retrieved from http://c.ymcdn.com/sites/www.wocn.org/resource/resmgr/Publications/PS_Avoidable_vs_Unavoidable_.pdf.
8. Wound, Ostomy, Continence Nurses Society. (2013). Professional practice manual. Fourth Edition. Mt. Laurel, NJ: Wolters Kluwer. ISBN 978-1-4698-4717-7

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Educational Planning Table – Live/Enduring Material – Attachment 1

9. Wound, Ostomy, Continence Nurses Society. (2013). Scope and standards for wound, ostomy and continence specialty practice nursing: A white paper from the WOCN® Society. Mt. Laurel, NJ: Scope & Standards Task Force

If Live:

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)

Estimated Number of Contact Hours to be awarded: ___1____

Rhonda Sullivan **03/31/17**

Completed By: Name and Credentials **Date**

Title of Activity: The WOCN® Society's Support Surface Algorithm: Bridging Expert Opinion and Science for Clinical Decision Making in Support Surfaces

Learning Outcome (s)
1.

Demonstrate increased awareness and knowledge of and be able to use the WOCN Society's Evidence and Consensus Based Support Surface Algorithm

Select all that apply: X **Nursing Professional Development** X **Patient Outcome** ☐ **Other: Describe**

CONTENT (Topics)	TIME FRAME (if live)	PRESENTER/ AUTHOR	TEACHING METHODS/LEARNER ENGAGEMENT STRATEGIES
Provide an outline of the content	Approximate time required for content	List the Author	List the learner engagement strategies to be used by Faculty, Presenters, Authors
Development of Algorithm	25 minutes	Dianne Mackey MSN, RN, CWOCN	Powerpoint, live demonstration using algorithm, video and Q&A
Live Demonstration using the SSA	10 minutes	Dianne Mackey MSN, RN, CWOCN	
Implementation of SSA-Video Q&A	10 minutes 15 minutes	Dianne Mackey MSN, RN, CWOCN	

List the evidence-based references used for developing this educational activity:

1. McNichol, L., Watts, C., Mackey, D., Beitz, J. M., & Gray, M. (2015). Identifying the Right Surface for the Right Patient at the Right

Time: Generation and Content Validation of an Algorithm for Support Surface Selection. Journal of Wound, Ostomy and Continence Nursing, 42(1), 19–37.

2. Mackey, D., Watts, C. (2016). Therapeutic surfaces for bed and chair. In Wound, Ostomy and Continence Nurses Society®, Doughty, D., McNichol, L. (Eds.), *Wound, Ostomy and Continence Nursing Society core curriculum: Wound management* (pp. 362-383). Philadelphia: Wolters Kluwer.

If Live:

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)

Estimated Number of Contact Hours to be awarded: ___1____

Completed By: Name and Credentials **Date 04-22-17**

Dianne Mackey MSN, RN, CWOCN

2017 SER Conference Agenda

THURSDAY 9/28/17		CE hours
8:00 AM - 11:00 AM **Concurrent**	Pre-Conf #1: (3 hours) Managing Containment and Skin Issues of a Patient with a Fistula or Complex Ostomy (O, W)	3
8:00 AM - 11:00 AM **Concurrent**	Pre-Conf #2: (3 hours) Efficacy of Total Contact Casting in the Treatment of Diabetic Foot Ulcers (W, FC)	3
12:45 PM - 1:45 PM	Vascular Wounds and Limb Salvage (W, FC)	1
1:45 PM - 2:45 PM	What to Do When the Flood Gates Open: High Output Ileostomies (O)	1
3:00 PM - 4:00 PM	Fecal Incontinence Outpatient Management (C)	1
FRIDAY 9/29/17		
8:15 AM - 9:15 AM	A Strategic Plan for Perioperative Pressure Injury Prevention (W)	1
9:15 AM - 10:15 AM	TeleWound Care: Expanding Your Practice and Increasing Patient Access (W)	1
2:00 PM - 3:00 PM	CARE (Continence and Retraining Elimination) Clinic (C)	1
3:00 PM - 4:00 PM	What is New in Staging Pressure Injuries? (W)	1
4:15 PM - 5:15 PM	Changing the World for the Patient with a Colostomy: An Evidence-Based Update on Colostomy Irrigation (O)	1
SATURDAY 9/30/17		
8:15 AM - 9:15 AM	Atypical Wounds (W)	1
9:15 AM - 10:15 AM	Peristomal Complications (O)	1
10:30 AM - 11:30 AM	Treatment Modalities for Urinary Incontinence (C)	1
11:30 AM - 12:30 PM	Legal Aspects of WOC Nursing? (PP)	1
1:00 PM - 2:00 PM	Lunch Speaker *(with box lunch provided)* : The WOCN® Society's Support Surface Algorithm: Bridging Expert Opinion and Science for Clinical Decision Making in Support Surfaces (W)	1
2:00 PM - 3:00 PM	Nightmares on Ostomy Street (O)	1
Throughout	Posters (Thurs - Sat; and online)	1
	Max total any one attendee can achieve (One pre-con, 14 session plus posters)	**18**

Southeast Region of the WOCN® Society
Conflict of Interest Form

Title of Educational Activity: CHOOSE TO SHINE…CHANGE THE WORLD! WOC NURSES LEADING THE WAY

EducationalActivity Date: September 28 – 30, 2017

Role in Educational Activity: (Check all that apply)
☐Nurse Planner☐ Content Expert☐ Faculty/Presenter/Author ☐ Content Reviewer
☒ Other – Describe: Board Director responsible for approval of SER Annual Conference

Section 1: Demographic Data

Name with Credentials/Degrees: JENNIFER ANDERSON MBA, MSN, RN, CWCN, CFCN

If RN, Nursing Degree(s):☐AD ☐Diploma ☐BSN ☒Masters ☐Doctorate Describe: NURSE EXECUTIVE – MSN / MBA

Address: 1299 COUNTY ROAD 69City/St/Zip:PRATTVILLE, AL 36067

Phone Number: 334-224-9846

Email Address: BAMA1296@GMAIL.COM

Current Employer:AMERCIAN MEDICAL TECHNOLOGIES

Position/Title: REGIONAL MANAGER FOR BUSINESS DEVELOPMENT

Section 2: 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. 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.

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- 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 on the next pagefor all actual, potential or perceived conflicts of interest**:

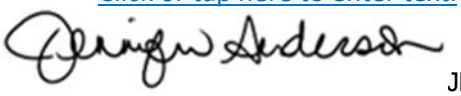
Check all that apply	Category	Description
☐	Salary	Click or tap here to enter text.
☐	Royalty	Click or tap here to enter text.
☐	Stock	Click or tap here to enter text.
☐	Speakers Bureau	Click or tap here to enter text.
☐	Consultant	Click or tap here to enter text.
☐	Other	Click or tap here to enter text.

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

Section 3: Statement of Understanding

Completion of the line 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.

Click or tap here to enter text.



JENNIFER ANDERSON, MBA, MSN, RN, CWCN, CFCN

04/10/17
Date

Section 4: Conflict Resolution (to be completed by Nurse Planner)

Or document separately

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

- ☐x Not applicable since no conflict of interest.
- ☐ Removed individual with conflict of interest from participating in all parts of the educational activity.
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Nurse PlannerSignature (*If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).

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Elaine Rush RN BS CWOCN

Typed or Electronic Signature: Name and Credentials (Required)

04/10/17

Date

Southeast Region of the WOCN® Society
Conflict of Interest Form

Title of Educational Activity: CHOOSE TO SHINE…CHANGE THE WORLD! WOC NURSES LEADING THE WAY

EducationalActivity Date: September 28 – 30, 2017

Role in Educational Activity: (Check all that apply)

☐Nurse Planner☐ Content Expert☐ Faculty/Presenter/Author ☐ Content Reviewer

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

Section 1: Demographic Data

Name with Credentials/Degrees: Glenda Brunette, MSN, RN, CWON

If RN, Nursing Degree(s):☐AD ☐Diploma ☒BSN ☒Masters ☐Doctorate Describe: Masters degree in nursing with an emphasis on education

Address: 709 Clearview DriveCity/St/Zip:Charleston, SC 29412

Phone Number: 843-509-7862

Email Address: brunette@musc.edu

Current Employer:Medical University of South Carolina

Position/Title: Wound Ostomy Nurse

Section 2: Conflict of Interest

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

☐ Yes☒ No**If yes,** please complete the table on the next pagefor all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
☐	Salary	Click or tap here to enter text.
☐	Royalty	Click or tap here to enter text.
☐	Stock	Click or tap here to enter text.
☐	Speakers Bureau	Click or tap here to enter text.
☐	Consultant	Click or tap here to enter text.
☐	Other	Click or tap here to enter text.

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

Section 3: Statement of Understanding

Completion of the line 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.

Glenda Brunette, MSN, RN, CWON
Typed or Electronic Signature: Name and Credentials (Required)

03/30/17
Date

Section 4: Conflict Resolution (to be completed by Nurse Planner)

Or document separately

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

- ☐x Not applicable since no conflict of interest.
- ☐ Removed individual with conflict of interest from participating in all parts of the educational activity.
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Elaine Rush RN BS CWOCN

Typed or Electronic Signature: Name and Credentials (Required)

04/04/17

Date

Southeast Region of the WOCN® Society
Conflict of Interest Form

Title of Educational Activity: CHOOSE TO SHINE…CHANGE THE WORLD! WOC NURSES LEADING THE WAY

EducationalActivity Date: September 28 – 30, 2017

Role in Educational Activity: (Check all that apply)
☐Nurse Planner☐ Content Expert☐ Faculty/Presenter/Author ☐ Content Reviewer
☒ Other – Describe:Board Director responsible for approval of SER Annual Conference

Section 1: Demographic Data

Name with Credentials/Degrees: MN, RN, CWOCN

If RN, Nursing Degree(s):☐AD ☐Diploma ☐BSN ☒Masters ☐Doctorate Describe: Click or tap here to enter text.

Address: 1719 Parr Road City/St/Zip:Little Mountain, SC 29075

Phone Number: 803-331-1273

Email Address: Rep3024648@aol.com

Current Employer:Palmetto Health

Position/Title: Manager and CPS for WOC Nursing

Section 2: Conflict of Interest

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☐	Consultant	Click or tap here to enter text.
☐	Other	Click or tap here to enter text.

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Section 3: Statement of Understanding

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Renee' Epting, MN, RN, CWOCN
Typed or Electronic Signature: Name and Credentials (Required)

04/03/17
Date

Section 4: Conflict Resolution (to be completed by Nurse Planner)

Or document separately

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

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Elaine Rush RN BS CWOCN

Typed or Electronic Signature: Name and Credentials (Required)

04/04/17

Date

Southeast Region of the WOCN® Society
Conflict of Interest Form

Title of Educational Activity: CHOOSE TO SHINE…CHANGE THE WORLD! WOC NURSES LEADING THE WAY

EducationalActivity Date: September 28 – 30, 2017

Role in Educational Activity: (Check all that apply)
☐Nurse Planner☐ Content Expert☐ Faculty/Presenter/Author ☐ Content Reviewer
☒ Other – Describe: Board Director responsible for approval of SER Annual Conference

Section 1: Demographic Data

Name with Credentials/Degrees: Angela Graham, BSN RN CWOCN

If RN, Nursing Degree(s):☐AD ☐Diploma ☒BSN ☐Masters ☐Doctorate Describe: Click or tap here to enter text.

Address: 310 West Main Street City/St/Zip:Stevenson, Alabama 35772

Phone Number: 256-218-0217

Email Address: agraham@alacare.com

Current Employer:Alacare Home Health and Hospice

Position/Title: Manager of Educational Support Services

Section 2: Conflict of Interest

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☐ Yes☒ No**If yes,** please complete the table on the next pagefor all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
☐	Salary	Click or tap here to enter text.
☐	Royalty	Click or tap here to enter text.
☐	Stock	Click or tap here to enter text.
☐	Speakers Bureau	Click or tap here to enter text.
☐	Consultant	Click or tap here to enter text.
☐	Other	Click or tap here to enter text.

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

Section 3: Statement of Understanding

Completion of the line 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.

Angela Graham BSN RN CWOCN
Typed or Electronic Signature: Name and Credentials (Required)

03/30/17
Date

Section 4: Conflict Resolution (to be completed by Nurse Planner)

Or document separately

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

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- ☐ Other - Describe: Click or tap here to enter text.

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

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

Elaine Rush RN BS CWOCN

Typed or Electronic Signature: Name and Credentials (Required)

04/04/17

Date

Southeast Region of the WOCN® Society
Biographical and Conflict of Interest Form

Title of Educational Activity: CHOOSE TO SHINE...CHANGE THE WORLD! WOC NURSES LEADING THE WAY
EducationActivity Date: September 28 – 30, 2017

Role in Educational Activity: (Check all that apply)

☒Nurse Planner ☒ Content Expert
☐Faculty/Presenter/Author
☐Content Reviewer
☐Other – Describe:Click here to enter text.

Section 1: Demographic Data

Name with Credentials/Degrees: Elaine Rush RN BS CWOCN

Address: 246 Sheffield Rd, Greer South Carolina 29651

Phone Number: 864-630-3165Email Address: elainewr@bellsouth.net

Current Employer and Position/Title: Bon Secours St Francis Health System Quality and Research Coordinator

Section 2: Expertise - Planning Committee

If a planning committee member, 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 Accredited Approver may request additional documentation.)
Click here to enter text.

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 Accredited Approver may request additional documentation.)
CWOCN for over 25 years, Director of Conference Planning for the SER WOCN Society, Director and developed two new wound centers in South Carolina, Speaker at meetings and developed power point learning modules for the SER of the WOCN, spoken at state meetings, served on the WOCNCB Professional Practice Committee for four years. Published research project and written articles for publication.

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. 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.

- Evidenceofa 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.

Southeast Region of the WOCN® Society
Biographical and Conflict of Interest Form

Southeast Region of the Wound, Ostomy and Continence Nurses Society®

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

Check all that apply	Category	Description
☐	Salary	Click or tap here to enter text.
☐	Royalty	Click or tap here to enter text.
☐	Stock	Click or tap here to enter text.
☐	Speakers Bureau	Click or tap here to enter text.
☐	Consultant	Click or tap here to enter text.
☐	Other	Click or tap here to enter text.

** 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: Statement of Understanding

Completion of the line 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.

Elaine Rush RN BS CWOCN **3/30/2017**
Typed or Electronic Signature: Name and Credentials (Required) Date

Southeast Region of the WOCN® Society
Biographical and Conflict of Interest Form

Southeast Region of the Wound, Ostomy and Continence Nurses Society®

A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:
(to be completed by Nurse Planner)(Check all that apply)

X 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: Click here to enter text.

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

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form

Jennifer Evangelist, ACNS-BC, CWOCN	**04/05/17**
Typed or Electronic Signature: Name and Credentials (Required)	Date

Southeast Region of the WOCN® Society
Conflict of Interest Form

Title of Educational Activity: CHOOSE TO SHINE…CHANGE THE WORLD! WOC NURSES LEADING THE WAY

EducationalActivity Date: September 28 – 30, 2017

Role in Educational Activity: (Check all that apply)
☐Nurse Planner☐ Content Expert☐ Faculty/Presenter/Author ☐ Content Reviewer
☒ Other – Describe: Board Director responsible for approval of SER Annual Conference

Section 1: Demographic Data

Name with Credentials/Degrees: N. Nancy Scott **BSN RN CWOCN**

If RN, Nursing Degree(s):☐AD ☐Diploma ☒BSN ☐Masters ☐Doctorate Describe: Click or tap here to enter text.

Address: 1837 Winn Arthur drive City/St/Zip:Valrico, FL 33594

Phone Number: 813-495-0075

Email Address: nancy.scott@moffitt.org

Current Employer:Moffitt Cancer Center

Position/Title: CWOCN RN

Section 2: 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. 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.

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***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.

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

☐ Yes☒ No**If yes,** please complete the table on the next pagefor all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
☐	Salary	Click or tap here to enter text.
☐	Royalty	Click or tap here to enter text.
☐	Stock	Click or tap here to enter text.
☐	Speakers Bureau	Click or tap here to enter text.
☐	Consultant	Click or tap here to enter text.
☐	Other	Click or tap here to enter text.

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

Section 3: Statement of Understanding

Completion of the line 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.

N. Nancy Scott BSN RN CWOCN
Typed or Electronic Signature: Name and Credentials (Required)

03/30/17
Date

Section 4: Conflict Resolution (to be completed by Nurse Planner)

Or document separately

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

- ☐x Not applicable since no conflict of interest.
- ☐ Removed individual with conflict of interest from participating in all parts of the educational activity.
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- ☐ Other - Describe: Click or tap here to enter text.

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

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

Elaine Rush RN BS CWOCN

Typed or Electronic Signature: Name and Credentials (Required)

04/04/17

Date

Southeast Region of the WOCN® Society
Conflict of Interest Form

Title of Educational Activity: CHOOSE TO SHINE…CHANGE THE WORLD! WOC NURSES LEADING THE WAY

Education activity Date: September 28 – 30, 2017

Role in Educational Activity: (Check all that apply)
☐Nurse Planner☐ Content Expert☐ Faculty/Presenter/Author ☐ Content Reviewer
☒ Other – Describe: Board Director responsible for approval of SER Annual Conference

Section 1: Demographic Data

Name with Credentials/Degrees: Laura Shafer RNC,CWON

If RN, Nursing Degree(s):☐AD ☐Diploma ☒BSN ☐Masters ☐Doctorate Describe: Click or tap here to enter text.

Address: 4550 Thicket TrailCity/St/Zip:Snellville,GA 30039

Phone Number: 404-694-4870

Email Address: lshafer833@gmail.com

Current Employer:Molnlycke Health

Position/Title: Senior Clinical Specialist

Section 2: 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. 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.

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

☐ Yes☒ No**If yes,** please complete the table on the next pagefor all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
☐	Salary	Click or tap here to enter text.
☐	Royalty	Click or tap here to enter text.
☐	Stock	Click or tap here to enter text.
☐	Speakers Bureau	Click or tap here to enter text.
☐	Consultant	Click or tap here to enter text.
☐	Other	Click or tap here to enter text.

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

Section 3: Statement of Understanding

Completion of the line 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.

Laura Shafer RNC,BSN,CWON
Typed or Electronic Signature: Name and Credentials (Required)

04/11/17
Date

Section 4: Conflict Resolution (to be completed by Nurse Planner)

Or document separately

A. Procedures used to resolve conflict of interest 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 the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
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- ☐ Other - Describe: Click or tap here to enter text.

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

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

Elaine Rush RN BS CWOCN

Typed or Electronic Signature: Name and Credentials (Required)

04/11/17

Date

Southeast Region of the WOCN® Society
Conflict of Interest Form

Title of Educational Activity: CHOOSE TO SHINE…CHANGE THE WORLD! WOC NURSES LEADING THE WAY

EducationalActivity Date: September 28 – 30, 2017

Role in Educational Activity: (Check all that apply)
☐Nurse Planner☐ Content Expert☐ Faculty/Presenter/Author ☐ Content Reviewer
☒ Other – Describe: Board Director responsible for approval of SER Annual Conference

Section 1: Demographic Data

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

If RN, Nursing Degree(s):☐AD ☐Diploma ☒BSN ☒Masters ☐Doctorate Describe:

Address: 1285 North Main StreetCity/St/Zip:Oakboro, NC 28129

Phone Number: 704-485-3549

Email Address: tmarkpj@yahoo.com

Current Employer: Novant Health

Position/Title: Family Nurse Practitioner/Certified Wound Ostomy Continence Nurse

Section 2: 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. 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.

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

☐ Yes ☒ No If yes, please complete the table on the next page for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
☐	Salary	Click or tap here to enter text.
☐	Royalty	Click or tap here to enter text.
☐	Stock	Click or tap here to enter text.
☐	Speakers Bureau	Click or tap here to enter text.
☐	Consultant	Click or tap here to enter text.
☐	Other	Click or tap here to enter text.

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

Section 3: Statement of Understanding

Completion of the line 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.

Pamela S. Whitley, FNP-BC, CWOCN
Typed or Electronic Signature: Name and Credentials (Required)

04/11/17
Date

Section 4: Conflict Resolution (to be completed by Nurse Planner)

Or document separately

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

- ☐x 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.
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- ☐ Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
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- ☐ Other - Describe: Click or tap here to enter text.

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

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

Elaine Rush RN BS CWOCN

Typed or Electronic Signature: Name and Credentials (Required)

04/11/17

Date

xSoutheast Region of the WOCN® Society
Conflict of Interest Form

Title of Educational Activity: CHOOSE TO SHINE…CHANGE THE WORLD! WOC NURSES LEADING THE WAY

Educational Activity Date: September 28 – 30, 2017

Role in Educational Activity: (Check all that apply)
☐ Nurse Planner ☐ Content Expert☒ Faculty/Presenter/Author ☐ Content Reviewer
☐ Other – Describe: Click or tap here to enter text.

Section 1: Demographic Data

Name with Credentials/Degrees: Deanna Nelson, MD

If RN, Nursing Degree(s):☐ AD ☐ Diploma ☐BSN ☐Masters ☐Doctorate Describe: Click or tap here to enter text.

Address: 6408 Papermill Drive,Knoxville, TN 37919

Phone Number: 865-588-8229 (Work)

Email Address: dnelson@premiersurgical.com

Current Employer: Premier Surgical Associates

Position/Title: Vascular Surgeon

Section 2: 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. 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.

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

☐ Yes ☒ No If yes, please complete the table on the next page for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
☐	Salary	Click or tap here to enter text.
☐	Royalty	Click or tap here to enter text.
☐	Stock	Click or tap here to enter text.
☐	Speakers Bureau	Click or tap here to enter text.
☐	Consultant	Click or tap here to enter text.
☐	Other	Click or tap here to enter text.

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Section 3: Statement of Understanding

Completion of the line 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.

Deanna L. Nelson, MD
Typed or Electronic Signature: Name and Credentials (Required)

06/08/17
Date

Section 4: Conflict Resolution (to be completed by Nurse Planner)

Or document separately

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

- ☐x Not applicable since no conflict of interest.
- ☐ Removed individual with conflict of interest from participating in all parts of the educational activity.
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Nurse Planner Signature (*If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

Elaine Rush RN BS CWOCN

Typed or Electronic Signature: Name and Credentials (Required)

06/09/17

Date

Southeast Region of the WOCN® Society
Conflict of Interest Form

Title of Educational Activity: CHOOSE TO SHINE…CHANGE THE WORLD! WOC NURSES LEADING THE WAY

Educational Activity Date: September 28 – 30, 2017

Role in Educational Activity: (Check all that apply)
☐ Nurse Planner ☐ Content Expert☒ Faculty/Presenter/Author ☐ Content Reviewer
☐ Other – Describe: Click or tap here to enter text.

Section 1: Demographic Data

Name with Credentials/Degrees: Roberta Muldoon, MD

If RN, Nursing Degree(s):☐ AD ☐ Diploma ☐BSN ☐Masters ☐Doctorate Describe: Click or tap here to enter text.

Address: Room D5248 MCN,Nashville, TN 37232-2543

Phone Number: 615-343-4612 (Work)

Email Address: Roberta.muldoon@vanderbilt.edu

Current Employer: Vanderbilt University

Position/Title: Assistant Professor of Surgery/ Colorectal Surgeon

Section 2: 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. 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.

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- 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 on the next page for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
☐	Salary	Click or tap here to enter text.
☐	Royalty	Click or tap here to enter text.
☐	Stock	Click or tap here to enter text.
☐	Speakers Bureau	Click or tap here to enter text.
☐	Consultant	Click or tap here to enter text.
☐	Other	Click or tap here to enter text.

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

Section 3: Statement of Understanding

Completion of the line 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.

Roberta Muldoon ,MD
Typed or Electronic Signature: Name and Credentials (Required)

04/30/17
Date

Section 4: Conflict Resolution (to be completed by Nurse Planner)

Or document separately

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

- x 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 the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
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- ☐ Other - Describe: Click or tap here to enter text.

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

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

Elaine Rush RN BS CWOCN

Typed or Electronic Signature: Name and Credentials (Required)

05/02/17

Date

Southeast Region of the WOCN® Society
Conflict of Interest Form

Title of Educational Activity: CHOOSE TO SHINE…CHANGE THE WORLD! WOC NURSES LEADING THE WAY

Educational Activity Date: September 28 – 30, 2017

Role in Educational Activity: (Check all that apply)
☐ Nurse Planner ☐ Content Expert ☒ Faculty/Presenter/Author ☐ Content Reviewer
☐ Other – Describe: Click or tap here to enter text.

Section 1: Demographic Data

Name with Credentials/Degrees: Christine Reuscher, BSN, RN, CWOCN

If RN, Nursing Degree(s): ☐AD ☐ Diploma ☒BSN ☐Masters ☐Doctorate Describe:

Address: 227 Riding Club Ct,Gallatin, TN 37066

Phone Number: (615) 343-0666 (Office); (615) 364-5275 (Cell)

Email Address: Christine.reuscher@vanderbilt.edu (work)Christine.reuscher@gmail.com (personal)

Current Employer: Vanderbilt University Medical Center

Position/Title: Wound, Ostomy, & Continence Nurse

Section 2: 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. 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.

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

☐ Yes☒ No**If yes,** please complete the table on the next page for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
☐	Salary	Click or tap here to enter text.
☐	Royalty	Click or tap here to enter text.
☐	Stock	Click or tap here to enter text.
☐	Speakers Bureau	Click or tap here to enter text.
☐	Consultant	Click or tap here to enter text.
☐	Other	Click or tap here to enter text.

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Section 3: Statement of Understanding

Completion of the line 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.

Christine M. Reuscher BSN, RN, CWOCN
Typed or Electronic Signature: Name and Credentials (Required)

04/06/17
Date

Section 4: Conflict Resolution (to be completed by Nurse Planner)

Or document separately

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

- X Not applicable since no conflict of interest.
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Elaine Rush RN BS CWOCN

Typed or Electronic Signature: Name and Credentials (Required)

04/06/17

Date

Southeast Region of the WOCN® Society
Conflict of Interest Form

Title of Educational Activity: CHOOSE TO SHINE…CHANGE THE WORLD! WOC NURSES LEADING THE WAY

Educational Activity Date: September 28 – 30, 2017

Role in Educational Activity: (Check all that apply)
☐ Nurse Planner ☐ Content Expert☒ Faculty/Presenter/Author ☐ Content Reviewer
☐ Other – Describe: Click or tap here to enter text.

Section 1: Demographic Data

Name with Credentials/Degrees: Dorothy Doughty, MSN, RN, CWOCN, CFCN, FAAN

If RN, Nursing Degree(s):☐ AD ☐ Diploma ☒BSN ☐xMasters ☐Doctorate Describe: Click or tap here to enter text.

Address: 5160 Patriot Drive,Stone Mountain, GA 30087

Phone Number: 770-723-1649 (Home)

Email Address: ddought@emory.edu

Current Employer: Emory University Hospital

Position/Title: WOC Nurse Clinician/Instructor

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. 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.

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

☐ Yes☒ No**If yes,** please complete the table on the next page for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
☐	Salary	Click or tap here to enter text.
☐	Royalty	Click or tap here to enter text.
☐	Stock	Click or tap here to enter text.
☐	Speakers Bureau	Click or tap here to enter text.
☐	Consultant	Click or tap here to enter text.
☐	Other	Click or tap here to enter text.

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Section 3: Statement of Understanding

Completion of the line 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.

Dorothy Doughty MN R CWOCN CFCN FAAN
Typed or Electronic Signature: Name and Credentials (Required)

04/21/17
Date

Section 4: Conflict Resolution (to be completed by Nurse Planner)

Or document separately

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

- ☐x Not applicable since no conflict of interest.
- ☐ Removed individual with conflict of interest from participating in all parts of the educational activity.
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- ☐ Other - Describe: Click or tap here to enter text.

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

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

Elaine Rush RN BS CWOCN

Typed or Electronic Signature: Name and Credentials (Required)

04/23/17

Date

Southeast Region of the WOCN® Society
Conflict of Interest Form

Title of Educational Activity: CHOOSE TO SHINE…CHANGE THE WORLD! WOC NURSES LEADING THE WAY

Educational Activity Date: September 28 – 30, 2017

Role in Educational Activity: (Check all that apply)
☐ Nurse Planner ☐ Content Expert☒ Faculty/Presenter/Author ☐ Content Reviewer
☐ Other – Describe: Click or tap here to enter text.

Section 1: Demographic Data

Name with Credentials/Degrees: Susan Scott, MSN, RN, WOCNurse

If RN, Nursing Degree(s):☐ AD ☐ Diploma ☒BSN ☒Masters ☐Doctorate Describe: Click or tap here to enter text.

Address: 920 Madison Ave, Suite 447Memphis, TN 38163

Phone Number: 901-378-4250 (Cell)

Email Address: sscott38@uthsc.edusoozeq77@mac.com

Current Employer: UTHSC, Office of Graduate Medical Education

Position/Title: PS/QI Educator

Section 2: 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. 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.

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

☒ Yes☐ No**If yes,** please complete the table on the next page for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
☐	Salary	Click or tap here to enter text.
☐	Royalty	Click or tap here to enter text.
☐	Stock	Click or tap here to enter text.
☒	Speakers Bureau	Stryker/Sage Products
☒	Consultant	Stryker/Sage Products
☐	Other	Click or tap here to enter text.

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

Section 3: Statement of Understanding

Completion of the line 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.

Susan M. Scott
Typed or Electronic Signature: Name and Credentials (Required)

03/30/17
Date

Section 4: Conflict Resolution (to be completed by Nurse Planner)

Or document separately

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

- x☐ Not applicable since no conflict of interest.
- ☐ Removed individual with conflict of interest from participating in all parts of the educational activity.
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Nurse Planner Signature (*If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

Elaine Rush RN BSCWOCN

Typed or Electronic Signature: Name and Credentials (Required)

03/30/17

Date

Southeast Region of the WOCN® Society
Conflict of Interest Form

Title of Educational Activity: CHOOSE TO SHINE…CHANGE THE WORLD! WOC NURSES LEADING THE WAY

Educational Activity Date: September 28 – 30, 2017

Role in Educational Activity: (Check all that apply)
☐ Nurse Planner ☐ Content Expert☒ Faculty/Presenter/Author ☐ Content Reviewer
☐ Other – Describe: Click or tap here to enter text.

Section 1: Demographic Data

Name with Credentials/Degrees: Mona Baharestani, PhD, ANP, CWON, FACCWS

If RN, Nursing Degree(s):☐AD ☐ Diploma ☐BSN ☐Masters ☒Doctorate Describe: PhD

Address: Building 200, Suite C-102A,Mountain Home (Johnson City), TN 37684

Phone Number: 423 926-1171 x7018 (Work)

Email Address: mona.baharestani@va.gov

Current Employer: Mountain Home VA Healthcare System

Position/Title: Associate Chief, Wound Care & Research Program& Clinical Associate Professor

Section 2: 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. 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.

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

☐ Yes☒ No**If yes,** please complete the table on the next page for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
☐	Salary	Click or tap here to enter text.
☐	Royalty	Click or tap here to enter text.
☐	Stock	Click or tap here to enter text.
☐	Speakers Bureau	Click or tap here to enter text.
☐	Consultant	Click or tap here to enter text.
☐	Other	Click or tap here to enter text.

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Section 3: Statement of Understanding

Completion of the line 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.

Dr. Mona Mylene Baharestani
Typed or Electronic Signature: Name and Credentials (Required)

06/05/17
Date

Section 4: Conflict Resolution (to be completed by Nurse Planner)

Or document separately

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

- ☐ Not applicable since no conflict of interest.
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Elaine Rush RN BS CWOCN

Typed or Electronic Signature: Name and Credentials (Required)

06/05/17

Date

Southeast Region of the WOCN® Society
Conflict of Interest Form

Title of Educational Activity: CHOOSE TO SHINE…CHANGE THE WORLD! WOC NURSES LEADING THE WAY

Educational Activity Date: September 28 – 30, 2017

Role in Educational Activity: (Check all that apply)
☐ Nurse Planner ☐ Content Expert☒ Faculty/Presenter/Author ☐ Content Reviewer
☐ Other – Describe: Click or tap here to enter text.

Section 1: Demographic Data

Name with Credentials/Degrees: Amber Wetherington, CPNP-PC

If RN, Nursing Degree(s):☐ AD ☐ Diploma ☐BSN XMasters ☐Doctorate Describe: Click or tap here to enter text.

Address: 2100 Clinch Ave. Ste 120,Knoxville, TN 37934

Phone Number: 864-216-6279 (Cell)

Email Address: awetheri@gmail.com

Current Employer: University Pediatric Urology

Position/Title: Nurse Practitioner

Section 2: 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. 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.

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

☐ YesX NoIf yes, please complete the table on the next page for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
☐	Salary	Click or tap here to enter text.
☐	Royalty	Click or tap here to enter text.
☐	Stock	Click or tap here to enter text.
☐	Speakers Bureau	Click or tap here to enter text.
☐	Consultant	Click or tap here to enter text.
☐	Other	Click or tap here to enter text.

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Amber Wetherington, CPNP
Typed or Electronic Signature: Name and Credentials (Required)

04/04/17
Date

Section 4: Conflict Resolution (to be completed by Nurse Planner)

Or document separately

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

- X 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 the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator 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 the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.
- ☐ Undertaking review of the educational activity by a content reviewer to evaluate for 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.
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- ☐ Other - Describe: Click or tap here to enter text.

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

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

Elaine Rush RN BS CWOCN

Typed or Electronic Signature: Name and Credentials (Required)

04/09/17

Date

Southeast Region of the WOCN® Society
Conflict of Interest Form

Title of Educational Activity: CHOOSE TO SHINE…CHANGE THE WORLD! WOC NURSES LEADING THE WAY

Educational Activity Date: September 28 – 30, 2017

Role in Educational Activity: (Check all that apply)
☐ Nurse Planner ☐ Content Expert☒ Faculty/Presenter/Author ☐ Content Reviewer
☐ Other – Describe: Click or tap here to enter text.

Section 1: Demographic Data

Name with Credentials/Degrees: Laura Edsberg, PhD

If RN, Nursing Degree(s):☐ AD ☐ Diploma ☐BSN ☐Masters ☐Doctorate Describe: Click or tap here to enter text.

Address: 4380 Main Street,Amherst, NY 14226

Phone Number: 716-553-6064 (Cell)

Email Address: Leedsberg@aol.com

Current Employer: Daemen College

Position/Title: Director Center for Wound Healing Research, Professor Natural Sciences

Section 2: 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. 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. (Please reference content integrity document for further clarity http://www.nursecredentialing.org/Accreditation-CEContentIntegrity.pdf)

All individuals having 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 on the next page for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
☐	Salary	Click or tap here to enter text.
☐	Royalty	Click or tap here to enter text.
☐	Stock	Click or tap here to enter text.
☐	Speakers Bureau	Click or tap here to enter text.
☐	Consultant	Click or tap here to enter text.
☐	Other	Click or tap here to enter text.

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

Section 3: Statement of Understanding

Completion of the line 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.

Laura E Edsberg, PhD
Typed or Electronic Signature: Name and Credentials (Required)

04/04/17
Date

Section 4: Conflict Resolution (to be completed by Nurse Planner)

Or document separately

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

- ☐x 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.
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- ☐ Other - Describe: Click or tap here to enter text.

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

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

Elaine Rush RN BS CWOCN

Typed or Electronic Signature: Name and Credentials (Required)

04/09/17

Date

Southeast Region of the WOCN® Society
Conflict of Interest Form

Title of Educational Activity: CHOOSE TO SHINE…CHANGE THE WORLD! WOC NURSES LEADING THE WAY

Educational Activity Date: September 28 – 30, 2017

Role in Educational Activity: (Check all that apply)
☐ Nurse Planner ☐ Content Expert☒ Faculty/Presenter/Author ☐ Content Reviewer
☐ Other – Describe: Click or tap here to enter text.

Section 1: Demographic Data

Name with Credentials/Degrees: Mary Arnold Long, DNP, APRN, CRRN, CWOCN-AP, ACNS-BC

If RN, Nursing Degree(s):☐ AD ☐ Diploma ☐BSN ☐Masters ☒Doctorate Describe: DNP

Address: 316 Calhoun Street,Charleston, SC

Phone Number: 937-304-5642 (Cell)

Email Address: skinhorse2011@hotmail.commary.arnoldlong@rsfh.com

Current Employer: Roper Hospital

Position/Title: Clinical Specialist

Section 2: 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. 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.

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- 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☐x No**If yes,** please complete the table on the next page for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
☒	Salary	Husband an employee of GE Healthcare
☐	Royalty	Click or tap here to enter text.
☐	Stock	Click or tap here to enter text.
☒	Speakers Bureau	Molnlycke; 3M; ConvaTec
☒	Consultant	Molnlycke,
☒	Other	PI for 3M

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

Section 3: Statement of Understanding

Completion of the line 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.

Click or tap here to enter text.
Typed or Electronic Signature: Mary Arnold Long, DNP, APRN, CRRN, CWOCN-AP, ACNS-BC

Click or tap to enter a date.
4/13/2017

Section 4: Conflict Resolution (to be completed by Nurse Planner)

Or document separately

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

- x☐ 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.
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- ☐ Other - Describe: Click or tap here to enter text.

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

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

Elaine Rush RN BS CWOCN

Typed or Electronic Signature: Name and Credentials (Required)

04/17/17

Date

Southeast Region of the WOCN® Society
Conflict of Interest Form

Title of Educational Activity: CHOOSE TO SHINE…CHANGE THE WORLD! WOC NURSES LEADING THE WAY

Educational Activity Date: September 28 – 30, 2017

Role in Educational Activity: (Check all that apply)
☐ Nurse Planner ☐ Content Expert☒ Faculty/Presenter/Author ☐ Content Reviewer
☐ Other – Describe: Click or tap here to enter text.

Section 1: Demographic Data

Name with Credentials/Degrees: Marcia Spear, DNP, RN, ACNP-BC, CWS, CPSN, CANS

If RN, Nursing Degree(s):☐ AD ☐ Diploma ☐BSN ☐Masters ☒Doctorate Describe: Click or tap here to enter text.

Address: S-2221 Medical Center North,Nashville, TN 37232

Phone Number: 615-479-6142 (Cell)

Email Address: marcia.spear@vanderbilt.edumspeardnp@gmail.com

Current Employer: Vanderbilt University Medical Center

Position/Title: Nurse Practitioner

Section 2: 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. 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.

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- 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 on the next page for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
☐	Salary	Click or tap here to enter text.
☐	Royalty	Click or tap here to enter text.
☐	Stock	Click or tap here to enter text.
☐	Speakers Bureau	Click or tap here to enter text.
☐	Consultant	Click or tap here to enter text.
☐	Other	Click or tap here to enter text.

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

Section 3: Statement of Understanding

Completion of the line 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.

Marcia Spear, DNP, ACNP-BC, CWS, CPSN,CANS
Typed or Electronic Signature: Name and Credentials (Required)

03/31/17
Date

Section 4: Conflict Resolution (to be completed by Nurse Planner)

Or document separately

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

- ☐x Not applicable since no conflict of interest.
- ☐ Removed individual with conflict of interest from participating in all parts of the educational activity.
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- ☐ Other - Describe: Click or tap here to enter text.

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

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

Elaine Rush RN BS CWOCN

Typed or Electronic Signature: Name and Credentials (Required)

04/08/17

Date

Southeast Region of the WOCN® Society
Conflict of Interest Form

Title of Educational Activity: CHOOSE TO SHINE…CHANGE THE WORLD! WOC NURSES LEADING THE WAY

Educational Activity Date: September 28 – 30, 2017

Role in Educational Activity: (Check all that apply)
☐ Nurse Planner ☐ Content Expert☒ Faculty/Presenter/Author ☐ Content Reviewer
☐ Other – Describe: Click or tap here to enter text.

Section 1: Demographic Data

Name with Credentials/Degrees: Traci Brackin, DNP, APRN, FNP-BC, CWOCN, CFCN

If RN, Nursing Degree(s):☐ AD ☐ Diploma ☐BSN ☐Masters ☒Doctorate Describe: Click or tap here to enter text.

Address: 1201 LakeHeritage Way Unit 303,Knoxville, TN 37922

Phone Number: 865-387-1180 (Cell)

Email Address: tracilambertbrackin@gmail.comtraci.brackin@lmunet.edu

Current Employer: Blount Senior Care Partners, Blount Hospitalists

Position/Title: Nurse Practitioner

Section 2: 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. 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.

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

☒ Yes☐ No**If yes,** please complete the table on the next page for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
☐	Salary	Click or tap here to enter text.
☐	Royalty	Click or tap here to enter text.
☐	Stock	Click or tap here to enter text.
☒	Speakers Bureau	Hollister and L&R
☐	Consultant	Click or tap here to enter text.
☐	Other	Click or tap here to enter text.

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

Section 3: Statement of Understanding

Completion of the line 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.

Traci Brackin DNP APRN FNP-BC CWOCN CFCN
Typed or Electronic Signature: Name and Credentials (Required)

05/25/17
Date

Section 4: Conflict Resolution (to be completed by Nurse Planner)

Or document separately

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

- ☐x Not applicable since no conflict of interest.
- ☐ Removed individual with conflict of interest from participating in all parts of the educational activity.
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- ☐ Other - Describe: Click or tap here to enter text.

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

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

Elaine Rush RN BS CWOCN

Typed or Electronic Signature: Name and Credentials (Required)

05/31/17

Date

Southeast Region of the WOCN® Society
Conflict of Interest Form

Title of Educational Activity: CHOOSE TO SHINE…CHANGE THE WORLD! WOC NURSES LEADING THE WAY

Educational Activity Date: September 28 – 30, 2017

Role in Educational Activity: (Check all that apply)
☐ Nurse Planner ☐ Content Expert☒ Faculty/Presenter/Author ☐ Content Reviewer
☐ Other – Describe: Click or tap here to enter text.

Section 1: Demographic Data

Name with Credentials/Degrees: Lynette Franklin, MSN, APRN, ACNS-BC, CWOCN-AP, CFCN

If RN, Nursing Degree(s):☐ AD ☐ Diploma ☐BSN ☒Masters ☐Doctorate Describe: Click or tap here to enter text.

Address: 916 Highland Lake Circle,Decatur, GA 30033

Phone Number: 843-813-4183 (Cell)

Email Address: netondnet@gmail.comlynette.franklin@emory.edu

Current Employer: Emory University

Position/Title: Instructor/Clinican

Section 2: 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. 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.

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- 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 on the next page for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
☐	Salary	Click or tap here to enter text.
☐	Royalty	Click or tap here to enter text.
☐	Stock	Click or tap here to enter text.
☐	Speakers Bureau	Click or tap here to enter text.
☐	Consultant	Click or tap here to enter text.
☐	Other	Click or tap here to enter text.

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

Section 3: Statement of Understanding

Completion of the line 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.

Lynette E. Franklin, MSN, APRN, ACNS-BC, CWOCN-AP, CFCN
Typed or Electronic Signature: Name and Credentials (Required)

04/22/07
Date

Section 4: Conflict Resolution (to be completed by Nurse Planner)

Or document separately

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

- x☐ Not applicable since no conflict of interest.
- ☐ Removed individual with conflict of interest from participating in all parts of the educational activity.
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- ☐ Undertaking review of the educational activity by a content reviewer to evaluate for 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: Click or tap here to enter text.

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

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

Elaine Rush RN BS CWOCN

Typed or Electronic Signature: Name and Credentials (Required)

05/17/17

Date

Southeast Region of the WOCN® Society
Conflict of Interest Form

Title of Educational Activity: CHOOSE TO SHINE…CHANGE THE WORLD! WOC NURSES LEADING THE WAY

Educational Activity Date: September 28 – 30, 2017

Role in Educational Activity: (Check all that apply)
☐ Nurse Planner ☐ Content Expert☒ Faculty/Presenter/Author ☐ Content Reviewer
☐ Other – Describe: Click or tap here to enter text.

Section 1: Demographic Data

Name with Credentials/Degrees: Rhonda Sullivan, PhD, MSN, MBA, CWON, LNCC

If RN, Nursing Degree(s):☒ AD ☐ Diploma ☒BSN ☒Masters ☐Doctorate Describe: Currently enrolled in a DNP program

Address: P.O. Box 8812,Jacksonville, FL 32239

Phone Number: (904) 510-7438 (Work)

Email Address: rhonda.sullivan@molnlycke.comiwocnurse@aol.com

Current Employer: Molnlycke Health Care

Position/Title: PUP Clinical Specialist

Section 2: 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. 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. (Please reference content integrity document for further clarity http://www.nursecredentialing.org/Accreditation-CEContentIntegrity.pdf)

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***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 on the next page for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
☒	Salary	Full-time employee of a product vendor. No brand names will be discussed.
☐	Royalty	Click or tap here to enter text.
☐	Stock	Click or tap here to enter text.
☐	Speakers Bureau	Click or tap here to enter text.
☐	Consultant	Click or tap here to enter text.
☐	Other	Click or tap here to enter text.

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

Section 3: Statement of Understanding

Completion of the line 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 PhD, MSN, MBA, CWON, LNCC
Typed or Electronic Signature: Name and Credentials (Required)

03/31/17
Date

Section 4: Conflict Resolution (to be completed by Nurse Planner)

Or document separately

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

- x 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 the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator 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 the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.
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- ☐ Other - Describe: Click or tap here to enter text.

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

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

Elaine Rush RN BS CWOCN

Typed or Electronic Signature: Name and Credentials (Required)

03/31/17

Date

Southeast Region of the WOCN® Society
Conflict of Interest Form

Title of Educational Activity: CHOOSE TO SHINE…CHANGE THE WORLD! WOC NURSES LEADING THE WAY

Educational Activity Date: September 28 – 30, 2017

Role in Educational Activity: (Check all that apply)
☐ Nurse Planner ☐ Content Expert ☒ Faculty/Presenter/Author ☐ Content Reviewer
☐ Other – Describe: Click or tap here to enter text.

Section 1: Demographic Data

Name with Credentials/Degrees: Dianne Mackey, MSN, RN, CWOCN

If RN, Nursing Degree(s):☐ AD ☐ Diploma ☐ BSN X Masters ☐ Doctorate Describe: Click or tap here to enter text.

Address: 10992 San Diego Mission Road, San Diego, CA 92108

Phone Number: 858-735-4370 (Cell)

Email Address: Dianne.M.Mackey@kp.org diannemackeyrn@gmail.com

Current Employer: Kaiser Permanente

Position/Title: Staff Educator

Section 2: 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. 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.

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- 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 X No If yes, please complete the table on the next page for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
☐	Salary	Click or tap here to enter text.
☐	Royalty	Click or tap here to enter text.
☐	Stock	Click or tap here to enter text.
☐	Speakers Bureau	Click or tap here to enter text.
☐	Consultant	Click or tap here to enter text.
☐	Other	Click or tap here to enter text.

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

Section 3: Statement of Understanding

Completion of the line 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.

Dianne Mackey

Typed or Electronic Signature: Name and Credentials (Required)

Date 04-01-17

Section 4: Conflict Resolution (to be completed by Nurse Planner)

Or document separately

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

- ☐x 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 the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator 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 the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.
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- ☐ Other - Describe: Click or tap here to enter text.

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

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

Elaine Rush RN BS CWOCN.

Typed or Electronic Signature: Name and Credentials (Required)

April 9, 2017

Date

Southeast Region of the WOCN® Society
Conflict of Interest Form

Title of Educational Activity: CHOOSE TO SHINE…CHANGE THE WORLD! WOC NURSES LEADING THE WAY

Educational Activity Date: September 28 – 30, 2017

Role in Educational Activity: (Check all that apply)
☐ Nurse Planner ☐ Content Expert ☒ Faculty/Presenter/Author ☐ Content Reviewer
☐ Other – Describe: Click or tap here to enter text.

Section 1: Demographic Data

Name with Credentials/Degrees: Martha Davidson, MN, BSN, RN, CWOCN

If RN, Nursing Degree(s): ☐AD ☐Diploma ☒BSN ☒Masters ☐Doctorate Describe: Click or tap here to enter text.

Address: 1608 Tyne Blvd,Nashville, TN 37215
Phone Number: (615)596-6505 (Cell)
Email Address: martha.w.davidson@vanderbilt.edu

Current Employer:Vanderbilt Medical Center

Position/Title: Wound Ostomy Nurse

Section 2: 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. 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.

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- 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 on the next page for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
☐	Salary	Click or tap here to enter text.
☐	Royalty	Click or tap here to enter text.
☐	Stock	Click or tap here to enter text.
☐	Speakers Bureau	Click or tap here to enter text.
☐	Consultant	Click or tap here to enter text.
☐	Other	Click or tap here to enter text.

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

Section 3: Statement of Understanding

Completion of the line 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

Martha Davidson
Typed or Electronic Signature: Name and Credentials (Required)

3-13-17
Date

Section 4: Conflict Resolution (to be completed by Nurse Planner)

Or document separately

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

- X 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.
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- ☐ Other - Describe: Click or tap here to enter text.

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

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

Elaine Rush RN BS CWOCN

Typed or Electronic Signature: Name and Credentials (Required)

March 15, 2017

Date

Southeast Region of the WOCN® Society
Conflict of Interest Form

Title of Educational Activity: CHOOSE TO SHINE…CHANGE THE WORLD! WOC NURSES LEADING THE WAY

Educational Activity Date: September 28 – 30, 2017

Role in Educational Activity: (Check all that apply)
☐ Nurse Planner ☐ Content Expert ☒ Faculty/Presenter/Author ☐ Content Reviewer
☐ Other – Describe: Click or tap here to enter text.

Section 1: Demographic Data

Name with Credentials/Degrees: Sharon McCarthy, BSN, RN, CWON

If RN, Nursing Degree(s): ☐ AD ☐ Diploma ☐ BSN ☐ Masters ☐ Doctorate Describe: Click or tap here to enter text.

Address: 619 19th Street South JT N255, Birmingham, AL 36126

Phone Number: 205-975-3945 (Work)

Email Address: sharonwhite@uabmc.edu hughes5118@yahoo.com

Current Employer: UAB Hospital

Position/Title: WOC Nurse

Section 2: 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. 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.

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

☐ Yes ☒ No If yes, please complete the table on the next page for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
☐	Salary	Click or tap here to enter text.
☐	Royalty	Click or tap here to enter text.
☐	Stock	Click or tap here to enter text.
☐	Speakers Bureau	Click or tap here to enter text.
☐	Consultant	Click or tap here to enter text.
☐	Other	Click or tap here to enter text.

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

Section 3: Statement of Understanding

Completion of the line 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.

Sharon D. McCarthy, RN, BSN, CWOCN
Typed or Electronic Signature: Name and Credentials (Required)

04/06/17
Date

Section 4: Conflict Resolution (to be completed by Nurse Planner)

Or document separately

A. Procedures used to resolve conflict of interest 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.
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- ☐ Other - Describe: Click or tap here to enter text.

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

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

Elaine Rush RN BS CWOCN

Typed or Electronic Signature: Name and Credentials (Required)

04/06/17

Date

Southeast Region of the WOCN® Society
Conflict of Interest Form

Title of Educational Activity: CHOOSE TO SHINE…CHANGE THE WORLD! WOC NURSES LEADING THE WAY

Educational Activity Date: September 28 – 30, 2017

Role in Educational Activity: (Check all that apply)

☐ Nurse Planner ☐ Content Expert ☒ Faculty/Presenter/Author ☐ Content Reviewer

☐ Other – Describe: Click or tap here to enter text.

Section 1: Demographic Data

Name with Credentials/Degrees: Ryan Chatelain, DPM

If RN, Nursing Degree(s): ☐ AD ☐ Diploma ☐BSN ☐Masters ☐Doctorate Describe: Click or tap here to enter text.

Address: 325 N. State of Franklin Road,Johnson City, TN 37604

Phone Number: 423-747-0427 (Cell)

Email Address: chatelain@ETSU.edufootdocryan@yahoo.com

Current Employer: ETSU Quillen Physicians

Position/Title: Assistant Professor, Dept of Surgery, Quillen College of Medicine

Section 2: 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. 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.

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- 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☒ NoIf yes, please complete the table on the next page for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
☐	Salary	Click or tap here to enter text.
☐	Royalty	Click or tap here to enter text.
☐	Stock	Click or tap here to enter text.
☐	Speakers Bureau	Click or tap here to enter text.
☐	Consultant	Click or tap here to enter text.
☒	Other	I have agreed to conduct clinical trial research on Microlyte Ag, a product of Imbed Biosciences.

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

Section 3: Statement of Understanding

Completion of the line 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.

Ryan Chatelain, DPM
Typed or Electronic Signature: Name and Credentials (Required)

04/07/17
Date

Section 4: Conflict Resolution (to be completed by Nurse Planner)

Or document separately

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

- ☐x Not applicable since no conflict of interest.
- ☐ Removed individual with conflict of interest from participating in all parts of the educational activity.
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- ☐ Other - Describe: Click or tap here to enter text.

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

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

Elaine Rush RN BS CWOCN

Typed or Electronic Signature: Name and Credentials (Required)

04/09/17

Date

Southeast Region of the WOCN® Society
Conflict of Interest Form

Title of Educational Activity: CHOOSE TO SHINE…CHANGE THE WORLD! WOC NURSES LEADING THE WAY

Educational Activity Date: September 28 – 30, 2017

Role in Educational Activity: (Check all that apply)
☐ Nurse Planner ☐ Content Expert☒ Faculty/Presenter/Author ☐ Content Reviewer
☐ Other – Describe: Click or tap here to enter text.

Section 1: Demographic Data

Name with Credentials/Degrees: Tina Hein, BSN, RN, CWON

If RN, Nursing Degree(s):☐ AD ☐ Diploma ☒BSN ☐Masters ☐Doctorate Describe: Click or tap here to enter text.

Address: 400 N. State of Franklin Road,Johnson City, TN 37604

Phone Number: 423-863-3805 (Cell)

Email Address: heinjm@msha.com

Current Employer: Mountain States Health Alliance

Position/Title: WOC nurse

Section 2: 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. 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. (Please reference content integrity document for further clarity http://www.nursecredentialing.org/Accreditation-CEContentIntegrity.pdf)

All individuals having 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 on the next page for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
☐	Salary	Click or tap here to enter text.
☐	Royalty	Click or tap here to enter text.
☐	Stock	Click or tap here to enter text.
☐	Speakers Bureau	Click or tap here to enter text.
☐	Consultant	Click or tap here to enter text.
☐	Other	Click or tap here to enter text.

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

Section 3: Statement of Understanding

Completion of the line 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.

Justine Hein, CWON
Typed or Electronic Signature: Name and Credentials (Required)

04/12/17
Date

Section 4: Conflict Resolution (to be completed by Nurse Planner)

Or document separately

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

- ☐x 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 the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator 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 the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.
- ☐ Undertaking review of the educational activity by a content reviewer to evaluate for 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.
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- ☐ Other - Describe: Click or tap here to enter text.

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

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

Elaine Rush RN BS CWOCN

Typed or Electronic Signature: Name and Credentials (Required)

04/24/17

Date

Southeast Region of the WOCN® Society
Conflict of Interest Form

Title of Educational Activity: CHOOSE TO SHINE…CHANGE THE WORLD! WOC NURSES LEADING THE WAY

Educational Activity Date: September 28 – 30, 2017

Role in Educational Activity: (Check all that apply)
☐ Nurse Planner ☐ Content Expert ☒ Faculty/Presenter/Author ☐ Content Reviewer
☐ Other – Describe: Click or tap here to enter text.

Section 1: Demographic Data

Name with Credentials/Degrees: Virginia Kanner, BSN, RN, CWOCN

If RN, Nursing Degree(s): ☐AD ☐ Diploma ☒BSN ☐Masters ☐Doctorate Describe: Click or tap here to enter text.

Address: 400 N. State of Franklin Road,Johnson City, TN 37604

Phone Number: 423-431-2652 (Work)

Email Address: kannervm@msha.comvm.kanner@gmail.com

Current Employer: Mountain States Health Alliance

Position/Title: Manager, Outpatient Wound Care and HBO

Section 2: 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. 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.

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- 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 on the next page for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
☐	Salary	Click or tap here to enter text.
☐	Royalty	Click or tap here to enter text.
☐	Stock	Click or tap here to enter text.
☐	Speakers Bureau	Click or tap here to enter text.
☐	Consultant	Click or tap here to enter text.
☐	Other	Click or tap here to enter text.

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

Section 3: Statement of Understanding

Completion of the line 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.

Virginia M. Kanner RN BSN CWOCN
Typed or Electronic Signature: Name and Credentials (Required)

04/10/17
Date

Section 4: Conflict Resolution (to be completed by Nurse Planner)

Or document separately

A. Procedures used to resolve conflict of interest 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 the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator 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 the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.
- ☐ Undertaking review of the educational activity by a content reviewer to evaluate for 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.
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- ☐ Other - Describe: Click or tap here to enter text.

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

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

Elaine Rush RN BS CWOCN

Typed or Electronic Signature: Name and Credentials (Required)

04/07/17

Date

Southeast Region of the WOCN® Society
Biographical and Conflict of Interest Form

Southeast Region of the Wound, Ostomy and Continence Nurses Society®

Southeast Region of the WOCN® Society Biographical and Conflict of Interest Form

Title of Educational Activity: CHOOSE TO SHINE...CHANGE THE WORLD! WOC NURSES LEADING THE WAY
EducationActivity Date: September 28 – 30, 2017

Role in Educational Activity: (Check all that apply)

☐Nurse Planner ☐ Content Expert
☐Faculty/Presenter/Author
☒Content Reviewer
☐Other – Describe:Click here to enter text.

Section 1: Demographic Data

Name with Credentials/Degrees: Scott Barnett, RN, BSN, CWON

Address: 111 Rebel Rd., Harriman, TN 3778

Phone Number: 865-466-1293 Email Address: sbarnett@covhlth.com

Current Employer and Position/Title: Covenant Health, Enterostomal therapist

Section 2: Expertise - Planning Committee

If a planning committee member, 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 Accredited Approver may request additional documentation.)
Click here to enter text.

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 Accredited Approver may request additional documentation.)
Graduated Emory University WOCN program in June 2000. 17 years experience working as WOC nurse for Covenant Health.

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. 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.

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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.

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Southeast Region of the WOCN® Society
Biographical and Conflict of Interest Form

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

Check all that apply	Category	Description
☐	Salary	Click or tap here to enter text.
☐	Royalty	Click or tap here to enter text.
☐	Stock	Click or tap here to enter text.
☐	Speakers Bureau	Click or tap here to enter text.
☐	Consultant	Click or tap here to enter text.
☐	Other	Click or tap here to enter text.

** 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: Statement of Understanding

Completion of the line 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.

Scott Barnett, BSN, RN, CWON **05/01/17**
Typed or Electronic Signature: Name and Credentials (Required) **Date**

Southeast Region of the WOCN® Society
Biographical and Conflict of Interest Form

Southeast Region of the Wound, Ostomy and Continence Nurses Society®

A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:
(to be completed by Nurse Planner)(Check all that apply)

x☐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.
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☐Other - Describe: Click here to enter text.

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

Completion of the line below serves as the electronic signature of the Nurse Planner reviewingthe content of this Biographical/Conflict of Interest Form

Elaine Rush RN BS CWOCN **05/27/17**
Typed or Electronic Signature: Name and Credentials (Required) **Date**

Southeast Region of the WOCN® Society
Biographical and Conflict of Interest Form

Title of Educational Activity: CHOOSE TO SHINE…CHANGE THE WORLD! WOC NURSES LEADING THE WAY
Education Activity Date: September 28 – 30, 2017

Role in Educational Activity: (Check all that apply)

☐Nurse Planner ☐ Content Expert
☐Faculty/Presenter/Author
☒Content Reviewer
☐Other – Describe: Click here to enter text.

Section 1: Demographic Data

Name with Credentials/Degrees: Lindsey R. Cooley, RN, BSN, CWON

Address: 908 West Fourth North Street, Morristown, TN 37814

Phone Number: 423-492-7014 **Email Address:** lcooley@covhlth.com

Current Employer and Position/Title: Morristown-Hamblen Healthcare System, Enterostomal Therapist

Section 2: Expertise - Planning Committee

If a planning committee member, 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 Accredited Approver may request additional documentation.) I have been an Enterostomal Therapist for 2.5 years. I attended Emory University's Wound, Ostomy and Continence program and graduated from the program in June 2015. I am now board certified in wound and ostomy management through WOCNCB. I have been an RN since 2005 and have held positions in Medical-Surgical Nursing, Critical Care Nursing, Discharge Planning, Quality and Infection Prevention prior to beginning wound and ostomy care.

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 Accredited Approver may request additional documentation.)

Section 4: Conflict of Interest

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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)

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

Check all that apply	Category	Description
	Salary	Click or tap here to enter text.
	Royalty	Click or tap here to enter text.
	Stock	Click or tap here to enter text.
	Speakers Bureau	Click or tap here to enter text.
	Consultant	Click or tap here to enter text.
	Other	Click or tap here to enter text.

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Section 5: Statement of Understanding

Completion of the line 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.

Lindsey R. Cooley, RN, BSN, CWON 4/27/2017.

Typed or Electronic Signature: Name and Credentials (Required) **Date**

A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:
(to be completed by Nurse Planner) (Check all that apply)

x 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:

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

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form

Elaine Rush RN BS CWOCN

Typed or Electronic Signature: Name and Credentials (Required) Date 4/27/2017

Southeast Region of the WOCN® Society Biographical and Conflict of Interest Form

Southeast Region of the Wound, Ostomy and Continence Nurses Society®

Southeast Region of the WOCN® Society Biographical and Conflict of Interest Form

Title of Educational Activity: CHOOSE TO SHINE...CHANGE THE WORLD! WOC NURSES LEADING THE WAY
EducationActivity Date: September 28 – 30, 2017

Role in Educational Activity: (Check all that apply)

☐Nurse Planner ☐ Content Expert
☐Faculty/Presenter/Author
☒Content Reviewer
☐Other – Describe:Click here to enter text.

Section 1: Demographic Data

Name with Credentials/Degrees: BARBARA DALE RN CHHN CWOCN COS-C

Address: 2472 HILHAM HWY, HILHAM TN 38568

Phone Number: 931-823-6234Email Address: BDALE@QUALITYHOMEHEALTH.OMC

Current Employer and Position/Title: QUALITY HOME HEALTH, DIRECTOR OF WOUND CARE

Section 2: Expertise - Planning Committee

If a planning committee member, 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 Accredited Approver may request additional documentation.)
NA

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 Accredited Approver may request additional documentation.)
POSTER DEVELOPMENT/SUBMISSIONS TO WOCN SOCIETY NATIONAL AND REGIONAL CONFERENCES YEARS 2007-2012. DEVELOPMENT/SUBMISSION TO NURSING SYMPOSIUM CONFERENCE 2011. ABSTRACT REVIEWER FOR ANNUAL WOCN SOCIETY CONFERENCE 2012-CURRENT. POSTER JUDGING/SCORING AT WOCN ANNUAL CONFERENCE 2012,13,14, & 2016

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. 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

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- 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)

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

Check all that apply	Category	Description
☐	Salary	Click or tap here to enter text.
☐	Royalty	Click or tap here to enter text.
☐	Stock	Click or tap here to enter text.
☐	Speakers Bureau	Click or tap here to enter text.
☐	Consultant	Click or tap here to enter text.
☐	Other	Click or tap here to enter text.

** 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: Statement of Understanding

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BARBARA A DALE **04/26/17**
Typed or Electronic Signature: Name and Credentials (Required) **Date**

Southeast Region of the WOCN® Society
Biographical and Conflict of Interest Form

Southeast Region of the Wound, Ostomy and Continence Nurses Society®

A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:
(to be completed by Nurse Planner)(Check all that apply)

X 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: Click here to enter text.

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

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form

Elaine Rush RN BS CWOCN **04/27/17**
Typed or Electronic Signature: Name and Credentials (Required) **Date**

Southeast Region of the WOCN® Society
Biographical and Conflict of Interest Form

Title of Educational Activity: CHOOSE TO SHINE...CHANGE THE WORLD! WOC NURSES LEADING THE WAY
EducationActivity Date: September 28 – 30, 2017

Role in Educational Activity: (Check all that apply)

☐Nurse Planner ☐ Content Expert
☐Faculty/Presenter/Author
☒Content Reviewer
☐Other – Describe:Click here to enter text.

Section 1: Demographic Data

Name with Credentials/Degrees: Yi Yang, WCCP, RN

Address: 57 Rolling Links Blvd. Oak Ridge, TN 37830

Phone Number: 8655568766Email Address: yyang@covhlth.com

Current Employer and Position/Title: Covenant Health, Enterostomal Therapist

Section 2: Expertise - Planning Committee

If a planning committee member, 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 Accredited Approver may request additional documentation.)
2 years as an enterostomal therapist

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 Accredited Approver may request additional documentation.)
Click here to enter text.

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. 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.

Southeast Region of the WOCN® Society
Biographical and Conflict of Interest Form

Southeast Region of the Wound, Ostomy and Continence Nurses Society®

*__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.

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

Check all that apply	Category	Description
☐	Salary	Click or tap here to enter text.
☐	Royalty	Click or tap here to enter text.
☐	Stock	Click or tap here to enter text.
☐	Speakers Bureau	Click or tap here to enter text.
☐	Consultant	Click or tap here to enter text.
☐	Other	Click or tap here to enter text.

** 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: Statement of Understanding

Completion of the line 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.

Yi Yang, WCCP, RN **05/30/17**
Typed or Electronic Signature: Name and Credentials (Required) **Date**

Southeast Region of the WOCN® Society
Biographical and Conflict of Interest Form

Southeast Region of the Wound, Ostomy and Continence Nurses Society®

A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:
(to be completed by Nurse Planner)(Check all that apply)

xNot applicable since no conflict of interest.
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☐Other - Describe: Click here to enter text.

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

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form

Elaine Rush RN BS CWOCN **05/31/02**
Typed or Electronic Signature: Name and Credentials (Required) **Date**

Southeast Region of the WOCN® Society
Biographical and Conflict of Interest Form

Title of Educational Activity: CHOOSE TO SHINE…CHANGE THE WORLD! WOC NURSES LEADING THE WAY
Education Activity Date: September 28 – 30, 2017

Role in Educational Activity: (Check all that apply)

☐ Nurse Planner ☒ Content Expert
☐ Faculty/Presenter/Author
☐ Content Reviewer
☒ Other: **Conference Committee Chair**

Section 1: Demographic Data

Name with Credentials/Degrees: Anne Rodgers BSN RN CWOCN

Address: 12902 Allen Kirby Road Knoxville Tennessee 37934

Phone Number: 865-680-1738 **Email Address:** arodgers@covhlth.com arodgers37934@bellsouth.net

Current Employer and Position/Title: Fort Sanders Regional Medical Center a member of Covenant Health System; Department of Enterostomal Therapy WOCN Coordinator

Section 2: Expertise - Planning Committee

If a planning committee member, select area of expertise specific to the educational activity listed above:

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

☒ Content Expert ☒ Other **Conference Committee Chair**

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 Accredited Approver may request additional documentation.)

Graduate of Forsyth Memorial School of Nursing 1970: Diploma and the University of Tennessee College of Nursing in 1983: BSN. I have a total of 47 years of Nursing experience. Graduate of Robert B. Turnbill School of Enterostomal Therapy 1991 and have 26 years of experience as a E.T./WOC Nurse. I have worked at Fort Sanders Regional for the past 47 years in a variety of positions including Critical Care, Cardiac Care, Cardiac Rehabilitation and Coronary Observation. Manager of Medical Surgical Unit, Hemodialysis Unit and Cardiology. Also, experience as a Diabetes Educator in acute care setting and in outpatient clinics serving counties in the East Tennessee area.

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 Accredited Approver may request additional documentation.)

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Cardiology. Also, experience as a Diabetes Educator in acute care setting and in outpatient clinics serving counties in the East Tennessee area.

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. 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.

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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)

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- 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 x No

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

Check all that apply	Category	Description
☐	Salary	Click or tap here to enter text.
☐	Royalty	Click or tap here to enter text.
☐	Stock	Click or tap here to enter text.
☐	Speakers Bureau	Click or tap here to enter text.
☐	Consultant	Click or tap here to enter text.
☐	Other	Click or tap here to enter text.

** 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: Statement of Understanding

Completion of the line 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.

Click here to enter text. Click or tap to enter a date.

Typed or Electronic Signature: Anne Rodgers BSN RN CWOCN **Date: 4/20/17**

A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:
(to be completed by Nurse Planner) (Check all that apply)

x Not applicable since no conflict of interest.
☐ Removed individual with conflict of interest from participating in all parts of the educational activity.
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☐ Not awarding contact hours for a portion or all of the educational activity.
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☐ Other - Describe: Click here to enter text.

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

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form

Elaine Rush RN BS CWOCN 4/21/2017
Typed or Electronic Signature: Name and Credentials (Required) **Date**

Southeast Region of the WOCN® Society
Biographical and Conflict of Interest Form

Title of Educational Activity: CHOOSE TO SHINE…CHANGE THE WORLD! WOC NURSES LEADING THE WAY
EducationActivity Date: September 28 – 30, 2017

Role in Educational Activity: (Check all that apply)

☒Nurse Planner ☒ Content Expert
☐Faculty/Presenter/Author
☐Content Reviewer
☐Other – Describe:Click here to enter text.

Section 1: Demographic Data

Name with Credentials/Degrees: Elaine Rush RN BS CWOCN

Address: 246 Sheffield Rd, Greer South Carolina 29651

Phone Number: 864-630-3165Email Address: elainewr@bellsouth.net

Current Employer and Position/Title: Bon Secours St Francis Health System Quality and Research Coordinator

Section 2: Expertise - Planning Committee

If a planning committee member, 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 Accredited Approver may request additional documentation.)
Click here to enter text.

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 Accredited Approver may request additional documentation.)
CWOCN for over 25 years, Director of Conference Planning for the SER WOCN Society, Director and developed two new wound centers in South Carolina, Speaker at meetings and developed power point learning modules for the SER of the WOCN, spoken at state meetings, served on the WOCNCB Professional Practice Committee for four years. Published research project and written articles for publication.

Section 4: Conflict of Interest

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

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

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- 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;
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- 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)
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- Diagnostic laboratories

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

☐ Yes ☒ No

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

Check all that apply	Category	Description
☐	Salary	Click or tap here to enter text.
☐	Royalty	Click or tap here to enter text.
☐	Stock	Click or tap here to enter text.
☐	Speakers Bureau	Click or tap here to enter text.
☐	Consultant	Click or tap here to enter text.
☐	Other	Click or tap here to enter text.

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Section 5: Statement of Understanding

Completion of the line 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.

Elaine Rush RN BS CWOCN **3/30/2017**

Typed or Electronic Signature: Name and Credentials (Required) Date

A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:
(to be completed by Nurse Planner)(Check all that apply)

X 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.
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☐Other - Describe: Click here to enter text.

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

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form

Jennifer Evangelist, ACNS-BC, CWOCN	**04/05/17**
Typed or Electronic Signature: Name and Credentials (Required)	Date

Southeast Region of the WOCN® Society
Biographical and Conflict of Interest Form

Title of Educational Activity: CHOOSE TO SHINE…CHANGE THE WORLD! WOC NURSES LEADING THE WAY
Education Activity Date: September 28 – 30, 2017

Role in Educational Activity: (Check all that apply)

☐ Nurse Planner ☒ Content Expert
☒ Faculty/Presenter/Author
☒ Content Reviewer
☐ Other – Describe: Click here to enter text.

Section 1: Demographic Data

Name with Credentials/Degrees: Jennifer Evangelist, ACNS-BC, CWOCN

Address: 609 West College St. Greenbrier, TN 37073

Phone Number: 615-293-1500 Email Address: jenny_evangelist@northcrest.com

Current Employer and Position/Title: NorthCrest Medical Center- Clinical Manager/Provider for NorthCrest Wound Healing & Hyperbaric Center

Section 2: Expertise - Planning Committee

If a planning committee member, 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 Accredited Approver may request additional documentation.)
APN since 1989 working with diabetes, wound and ostomy patients. Obtained WOCN from Emory 2001 and CWOCN in 2002. Worked some as APN in outpatient continence clinic and performed urodynamic testing and pelvic floor electrical stimulation. Currently work as provider for inpatients, outpatients and LTC consultant with wound, ostomy and continence primary issues.

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 Accredited Approver may request additional documentation.)
Presenter in Total Contact Casting portion of the DFU pre-conference session. Trained, competent and provider of various forms of TCC in current practice since 2010.

Section 4: Conflict of Interest

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- 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)

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

Check all that apply	Category	Description
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Section 5: Statement of Understanding

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Jennifer Evangelist, ACNS-BC, CWOCN **03/27/17**
Typed or Electronic Signature: Name and Credentials (Required) **Date**

A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:
(to be completed by Nurse Planner) (Check all that apply)

☒ Not applicable since no conflict of interest.
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Nurse Planner Signature (* If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign the form).

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form

Elaine Rush RN BS CWOCN **04/05/17**

Typed or Electronic Signature: Name and Credentials (Required) **Date**

Southeast Region of the WOCN® Society
Biographical and Conflict of Interest Form

Title of Educational Activity: CHOOSE TO SHINE...CHANGE THE WORLD! WOC NURSES LEADING THE WAY
EducationActivity Date: September 28 – 30, 2017

Role in Educational Activity: (Check all that apply)

☐Nurse Planner ☒ Content Expert
☒Faculty/Presenter/Author
☒Content Reviewer
☒Other – Describe:**Education Committee**

MemberClick here to enter text.

Section 1: Demographic Data

Name with Credentials/Degrees: Martha Davidson MN, BSN, RN, CWOCN

Address: 1608 Tyne Blvd, Nashville, TN 37215

Phone Number: (615)596-6505 Email Address: martha.w.davidson@vanderbilt.edu

Current Employer and Position/Title: Vanderbilt Medical Center; CWOCN

Section 2: Expertise - Planning Committee

If a planning committee member, 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 Accredited Approver may request additional documentation.)

I have been a WOC nurse since 1986, and am currently employed full time as a WOC nurse @ Vanderbilt Medical Center since 1999. I have been actively involved with the SER WOC nurse conferences since 2011, when I served as the conference chairperson. I have attended the National WOCN and SER WOCN regional conferences annually since 2013.

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 Accredited Approver may request additional documentation.)
Click here to enter text.

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. 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.

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- Evidenceofa 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.

Southeast Region of the WOCN® Society Biographical and Conflict of Interest Form

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

Check all that apply	Category	Description
☐	Salary	Click or tap here to enter text.
☐	Royalty	Click or tap here to enter text.
☐	Stock	Click or tap here to enter text.
☐	Speakers Bureau	Click or tap here to enter text.
☐	Consultant	Click or tap here to enter text.
☐	Other	Click or tap here to enter text.

** 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: Statement of Understanding

Completion of the line 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.

Martha Davidson **03/27/17**
Typed or Electronic Signature: Name and Credentials (Required) **Date**

Southeast Region of the WOCN® Society
Biographical and Conflict of Interest Form

Southeast Region of the Wound, Ostomy and Continence Nurses Society®

A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:
(to be completed by Nurse Planner)(Check all that apply)

X 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: Click here to enter text.

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

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form

Elaine Rush RN BS CWOCN	**04/06/17**
Typed or Electronic Signature: Name and Credentials (Required)	**Date**

Southeast Region of the WOCN® Society
Biographical and Conflict of Interest Form

Title of Educational Activity: CHOOSE TO SHINE...CHANGE THE WORLD! WOC NURSES LEADING THE WAY
EducationActivity Date: September 28 – 30, 2017

Role in Educational Activity: (Check all that apply)

☐Nurse Planner ☒ Content Expert
☐Faculty/Presenter/Author
☒Content Reviewer
☐Other – Describe:Click here to enter text.

Section 1: Demographic Data

Name with Credentials/Degrees: Pat Dittes, MPH, RN, BSN, CWON

Address: 103 N. Nikki Dr., Portland, TN

Phone Number: 615-325-6700Email Address: pldittes@bellsouth.net

Current Employer and Position/Title: Sumner Regional Medical Center Wound/OstomyNurseC

Section 2: Expertise - Planning Committee

If a planning committee member, 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 Accredited Approver may request additional documentation.)
CWON since 1998; MPH 1983; educational experience on wound/ostomy care for students/professionals in all aspects of health care, including nursing, physical therapy, prosthetists, MD's, nurse practitioners

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 Accredited Approver may request additional documentation.)
Click here to enter text.

Section 4: Conflict of Interest

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

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- A government entity;
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- Rehabilitation centers (for profit and not for profit)
- Nursing homes (for profit and not for profit)
- Blood banks
- Diagnostic laboratories

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Southeast Region of the WOCN® Society
Biographical and Conflict of Interest Form

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

Check all that apply	Category	Description
☐	Salary	Click or tap here to enter text.
☐	Royalty	Click or tap here to enter text.
☐	Stock	Click or tap here to enter text.
☐	Speakers Bureau	Click or tap here to enter text.
☐	Consultant	Click or tap here to enter text.
☐	Other	Click or tap here to enter text.

** 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: Statement of Understanding

Completion of the line 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.

Patricia Dittes **05/21/17**
Typed or Electronic Signature: Name and Credentials (Required) **Date**

Southeast Region of the WOCN® Society
Biographical and Conflict of Interest Form

Southeast Region of the Wound, Ostomy and Continence Nurses Society®

A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:
(to be completed by Nurse Planner)(Check all that apply)

☒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.
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☐Other - Describe: Click here to enter text.

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

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form

Elaine Rush RN BS CWOCN **May 23, 2017** Click or tap to enter a date.
Typed or Electronic Signature: Name and Credentials (Required) **Date**

Southeast Region of the WOCN® Society
Biographical and Conflict of Interest Form

Title of Educational Activity: CHOOSE TO SHINE...CHANGE THE WORLD! WOC NURSES LEADING THE WAY
Education Activity Date: September 28 – 30, 2017

Role in Educational Activity: (Check all that apply)

☐ Nurse Planner
☒ Content Expert
☒ Faculty/Presenter/Author
☒ Content Reviewer
☐ Other – Describe: Click here to enter text.

Section 1: Demographic Data

Name with Credentials/Degrees: Jennifer Evangelist, ACNS-BC, CWOCN

Address: 609 West College St. Greenbrier, TN 37073

Phone Number: 615-293-1500 Email Address: jenny_evangelist@northcrest.com

Current Employer and Position/Title: NorthCrest Medical Center- Clinical Manager/Provider for NorthCrest Wound Healing & Hyperbaric Center

Section 2: Expertise - Planning Committee

If a planning committee member, 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 Accredited Approver may request additional documentation.)
APN since 1989 working with diabetes, wound and ostomy patients. Obtained WOCN from Emory 2001 and CWOCN in 2002. Worked some as APN in outpatient continence clinic and performed urodynamic testing and pelvic floor electrical stimulation. Currently work as provider for inpatients, outpatients and LTC consultant with wound, ostomy and continence primary issues.

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 Accredited Approver may request additional documentation.)
Presenter in Total Contact Casting portion of the DFU pre-conference session. Trained, competent and provider of various forms of TCC in current practice since 2010.

Section 4: Conflict of Interest

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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.

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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;
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- Nursing homes (for profit and not for profit)
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- Diagnostic laboratories

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

☐ Yes ☒ No

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

Check all that apply	Category	Description
☐	Salary	Click or tap here to enter text.
☐	Royalty	Click or tap here to enter text.
☐	Stock	Click or tap here to enter text.
☐	Speakers Bureau	Click or tap here to enter text.
☐	Consultant	Click or tap here to enter text.
☐	Other	Click or tap here to enter text.

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Section 5: Statement of Understanding

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Jennifer Evangelist, ACNS-BC, CWOCN **03/27/17**
Typed or Electronic Signature: Name and Credentials (Required) **Date**

Southeast Region of the WOCN® Society
Biographical and Conflict of Interest Form

Southeast Region of the Wound, Ostomy and Continence Nurses Society®

A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:
(to be completed by Nurse Planner) (Check all that apply)

☒ 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.
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☐ Other - Describe: Click here to enter text.

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

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form

Elaine Rush RN BS CWOCN **04/05/17**

Typed or Electronic Signature: Name and Credentials (Required) **Date**

Southeast Region of the WOCN® Society
Biographical and Conflict of Interest Form

Title of Educational Activity: CHOOSE TO SHINE...CHANGE THE WORLD! WOC NURSES LEADING THE WAY
EducationActivity Date: September 28 – 30, 2017

Role in Educational Activity: (Check all that apply)

☐Nurse Planner
X Content Expert
☐Faculty/Presenter/Author
XContent Reviewer
☐Other – Describe:Click here to enter text.

Section 1: Demographic Data

Name with Credentials/Degrees: Pamela Maples BSN, RN COS-C

Address: 2001 Mountair Drive Knoxville TN 37924

Phone Number: 865-556-2981Email Address: pmaples@qualityhomehealth.com

Current Employer and Position/Title: Quality Home Health- RN Preceptor

Section 2: Expertise - Planning Committee

If a planning committee member, select area of expertise specific to the educational activity listed above:

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

X 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 Accredited Approver may request additional documentation.)
Provided wound care in the hospital setting for orthopedic and complicated wound patients. In the home health setting, provide care to patients with different types of wounds to include: pressure ulcers, venous stasis ulcers, skin tears, diabetic ulcers, amputations, trauma wounds, incisional sites, and skin graft sites. Assessed wounds in the home care setting and autonomously determined the appropriate wound care based on the wound type/location. Educate new employees in identifying different types of wounds in the home health setting, staging pressure ulcer wounds, and determining appropriate wound care for all wound types. Supervise new employees in providing appropriate wound care and documentation of wound care provided. Provide care for bowel ostomy and urostomy patients and provide education to patients on how to care for their stoma sites. Provide care to incontinence patients including treatment of incontinence associated skin issues as well as education for prevention and management of incontinence issues.

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

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Click here to enter text.

Section 4: Conflict of Interest

Southeast Region of the WOCN® Society
Biographical and Conflict of Interest Form

Southeast Region of the Wound, Ostomy and Continence Nurses Society®

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

☐ Yes X No

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

Check all that apply	Category	Description
☐	Salary	Click or tap here to enter text.
☐	Royalty	Click or tap here to enter text.
☐	Stock	Click or tap here to enter text.
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Section 5: Statement of Understanding

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Pamela Maples BSN, RN COS-C **04/05/2017**

Typed or Electronic Signature: Name and Credentials (Required) **Date**

Southeast Region of the WOCN® Society
Biographical and Conflict of Interest Form

Southeast Region of the Wound, Ostomy and Continence Nurses Society®

A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:
(to be completed by Nurse Planner)(Check all that apply)

X Not applicable since no conflict of interest.
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☐Other - Describe: Click here to enter text.

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

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form

Elaine Rush RN BS CWOCN **04/06/17**
Typed or Electronic Signature: Name and Credentials (Required) **Date**

Southeast Region of the WOCN® Society
Biographical and Conflict of Interest Form

Title of Educational Activity: CHOOSE TO SHINE...CHANGE THE WORLD! WOC NURSES LEADING THE WAY
Education Activity Date: September 28 – 30, 2017

Role in Educational Activity: (Check all that apply)

☐ Nurse Planner
☒ Content Expert
☐ Faculty/Presenter/Author
☐ Content Reviewer
☒ Other: **Conference Committee Chair**

Section 1: Demographic Data

Name with Credentials/Degrees: Anne Rodgers BSN RN CWOCN

Address: 12902 Allen Kirby Road Knoxville Tennessee 37934

Phone Number: 865-680-1738 **Email Address:** arodgers@covhlth.com arodgers37934@bellsouth.net

Current Employer and Position/Title: Fort Sanders Regional Medical Center a member of Covenant Health System; Department of Enterostomal Therapy WOCN Coordinator

Section 2: Expertise - Planning Committee

If a planning committee member, select area of expertise specific to the educational activity listed above:

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

☒ Content Expert ☒ Other **Conference Committee Chair**

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 Accredited Approver may request additional documentation.)

Graduate of Forsyth Memorial School of Nursing 1970: Diploma and the University of Tennessee College of Nursing in 1983: BSN. I have a total of 47 years of Nursing experience. Graduate of Robert B. Turnbill School of Enterostomal Therapy 1991 and have 26 years of experience as a E.T./WOC Nurse. I have worked at Fort Sanders Regional for the past 47 years in a variety of positions including Critical Care, Cardiac Care, Cardiac Rehabilitation and Coronary Observation. Manager of Medical Surgical Unit, Hemodialysis Unit and Cardiology. Also, experience as a Diabetes Educator in acute care setting and in outpatient clinics serving counties in the East Tennessee area.

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 Accredited Approver may request additional documentation.)

Graduate of Forsyth Memorial School of Nursing 1970: Diploma and the University of Tennessee College of Nursing in 1983: BSN. I have a total of 47 years of Nursing experience. Graduate of Robert B. Turnbill School of Enterostomal Therapy 1991 and have 26 years of experience as a E.T./WOC Nurse. I have worked at Fort Sanders Regional for the past 47 years in a variety of positions including Critical Care, Cardiac Care, Cardiac Rehabilitation and Coronary Observation. Manager of Medical Surgical Unit, Hemodialysis Unit and

Cardiology. Also, experience as a Diabetes Educator in acute care setting and in outpatient clinics serving counties in the East Tennessee area.

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. 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 x No

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

Check all that apply	Category	Description
☐	Salary	Click or tap here to enter text.
☐	Royalty	Click or tap here to enter text.
☐	Stock	Click or tap here to enter text.
☐	Speakers Bureau	Click or tap here to enter text.
☐	Consultant	Click or tap here to enter text.
☐	Other	Click or tap here to enter text.

** 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: Statement of Understanding

Completion of the line 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.

Click here to enter text. Click or tap to enter a date.

Typed or Electronic Signature: Anne Rodgers BSN RN CWOCN **Date: 4/20/17**

Southeast Region of the WOCN® Society
Biographical and Conflict of Interest Form

Southeast Region of the Wound, Ostomy and Continence Nurses Society®

A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:
(to be completed by Nurse Planner) (Check all that apply)

x 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: Click here to enter text.

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

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form

Elaine Rush RN BS CWOCN — 4/21/2017
Typed or Electronic Signature: Name and Credentials (Required) **Date**

Southeast Region of the WOCN® Society Biographical and Conflict of Interest Form

Southeast Region of the WOCN® Society Biographical and Conflict of Interest Form

Title of Educational Activity: CHOOSE TO SHINE...CHANGE THE WORLD! WOC NURSES LEADING THE WAY
EducationActivity Date: September 28 – 30, 2017

Role in Educational Activity: (Check all that apply)

☐Nurse Planner ☒ Content Expert
☐Faculty/Presenter/Author
☒Content Reviewer
☐Other – Describe:Click here to enter text.

Section 1: Demographic Data

Name with Credentials/Degrees: Sarita Stovall, RN, BSN, MHR, CWOCN

Address: 116 Greenbriar Lane, Oak Ridge, TN 37830

Phone Number: 865-835-5248Email Address: sstovall@covhlth.com

Current Employer and Position/Title: Methodist Medical Center/Wound, Ostomy, Continence Registered Nurse

Section 2: Expertise - Planning Committee

If a planning committee member, 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 Accredited Approver may request additional documentation.)
BSN Registered Nurse 20 years; 10 years Certified WOCN

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 Accredited Approver may request additional documentation.)
Click here to enter text.

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. 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.

- Evidenceofa 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

Southeast Region of the WOCN® Society
Biographical and Conflict of Interest Form

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

Check all that apply	Category	Description
☐	Salary	Click or tap here to enter text.
☐	Royalty	Click or tap here to enter text.
☐	Stock	Click or tap here to enter text.
☐	Speakers Bureau	Click or tap here to enter text.
☐	Consultant	Click or tap here to enter text.
☐	Other	Click or tap here to enter text.

** 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: Statement of Understanding

Completion of the line 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.

Sarita Stovall, RN, BSN, MHR, CWOCN **06/06/17**
Typed or Electronic Signature: Name and Credentials (Required) **Date**

Southeast Region of the WOCN® Society
Biographical and Conflict of Interest Form

Southeast Region of the Wound, Ostomy and Continence Nurses Society®

A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:
(to be completed by Nurse Planner)(Check all that apply)

☒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.
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☐ 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: Click here to enter text.

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

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form

Elaine Rush RN BS CWOCN **06/07/17**
Typed or Electronic Signature: Name and Credentials (Required) **Date**

Southeast Region of the WOCN® Society
Biographical and Conflict of Interest Form

Title of Educational Activity: CHOOSE TO SHINE...CHANGE THE WORLD! WOC NURSES LEADING THE WAY
EducationActivity Date: September 28 – 30, 2017

Role in Educational Activity: (Check all that apply)

☐Nurse Planner ☒ Content Expert
☐Faculty/Presenter/Author
☒Content Reviewer
☐Other – Describe:Click here to enter text.

Section 1: Demographic Data

Name with Credentials/Degrees: Tracy Widby RN, CWCN, MDS-CT, CLNC

Address: 2600 Washington Pike Knoxville, TN 37917
Phone Number: 865-806-8795Email Address: trwid70@aol.com

Current Employer and Position/Title: Life Care Center Blount County Director of Nursing

Section 2: Expertise - Planning Committee

If a planning committee member, 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 Accredited Approver may request additional documentation.)
30 Years of Nursing experience. 24 years experience in wound care. WOCN certified since 1999. I have participated in research with University of Texas at Houston NIH Turn research. I have precepted nurses in wound care. Developed wound care programs etc.

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 Accredited Approver may request additional documentation.)
Click here to enter text.

Section 4: Conflict of Interest

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

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- 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
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- 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)

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Southeast Region of the WOCN® Society
Biographical and Conflict of Interest Form

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

Check all that apply	Category	Description
☐	Salary	Click or tap here to enter text.
☐	Royalty	Click or tap here to enter text.
☐	Stock	Click or tap here to enter text.
☐	Speakers Bureau	Click or tap here to enter text.
☐	Consultant	Click or tap here to enter text.
☐	Other	Click or tap here to enter text.

** 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: Statement of Understanding

Completion of the line 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.

Tracy Widby RN, CWCN **05/23/17**
Typed or Electronic Signature: Name and Credentials (Required) **Date**

Southeast Region of the WOCN® Society
Biographical and Conflict of Interest Form

Southeast Region of the Wound, Ostomy and Continence Nurses Society®

A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:
(to be completed by Nurse Planner)(Check all that apply)

☐xNot 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: Click here to enter text.

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

Completion of the line below serves as the electronic signature of the Nurse Planner reviewingthe content of this Biographical/Conflict of Interest Form

Elaine Rush RN BS CWOCN **05/27/17**
Typed or Electronic Signature: Name and Credentials (Required) **Date**

2017 ASNA Accreditation Application

Attachment 5 – Contact hours

Total Contact Hours Available: 18

- Pre-Conference: 3
- Educational Sessions: 14
- Poster Session: 1

Each attendee will be required to submit an evaluation for each session attended. Contact hours are awarded per session evaluation received. SER maintains a database with all evaluations received, and generates certificates of attendance with contact hours based on this data.

Complete Agenda: (see next page)

2017 SER Conference Agenda

THURSDAY 9/28/17		CE hours
8:00 AM - 11:00 AM **Concurrent**	Pre-Conf #1: (3 hours) Managing Containment and Skin Issues of a Patient with a Fistula or Complex Ostomy (O, W)	3
8:00 AM - 11:00 AM **Concurrent**	Pre-Conf #2: (3 hours) Efficacy of Total Contact Casting in the Treatment of Diabetic Foot Ulcers (W, FC)	3
12:45 PM - 1:45 PM	Vascular Wounds and Limb Salvage (W, FC)	1
1:45 PM - 2:45 PM	What to Do When the Flood Gates Open: High Output Ileostomies (O)	1
3:00 PM - 4:00 PM	Fecal Incontinence Outpatient Management (C)	1
FRIDAY 9/29/17		
8:15 AM - 9:15 AM	A Strategic Plan for Perioperative Pressure Injury Prevention (W)	1
9:15 AM - 10:15 AM	TeleWound Care: Expanding Your Practice and Increasing Patient Access (W)	1
2:00 PM - 3:00 PM	CARE (Continence and Retraining Elimination) Clinic (C)	1
3:00 PM - 4:00 PM	What is New in Staging Pressure Injuries? (W)	1
4:15 PM - 5:15 PM	Changing the World for the Patient with a Colostomy: An Evidence-Based Update on Colostomy Irrigation (O)	1
SATURDAY 9/30/17		
8:15 AM - 9:15 AM	Atypical Wounds (W)	1
9:15 AM - 10:15 AM	Peristomal Complications (O)	1
10:30 AM - 11:30 AM	Treatment Modalities for Urinary Incontinence (C)	1
11:30 AM - 12:30 PM	Legal Aspects of WOC Nursing? (PP)	1
1:00 PM - 2:00 PM	Lunch Speaker *(with box lunch provided)* : The WOCN® Society's Support Surface Algorithm: Bridging Expert Opinion and Science for Clinical Decision Making in Support Surfaces (W)	1
2:00 PM - 3:00 PM	Nightmares on Ostomy Street (O)	1
Throughout	Posters (Thurs - Sat; and online)	1
	Max total any one attendee can achieve (One pre-con, 14 session plus posters)	**18**

2017 SER Conference Agenda

THURSDAY 9/28/17		CE hours
8:00 AM - 11:00 AM **Concurrent**	Pre-Conf #1: (3 hours) Managing Containment and Skin Issues of a Patient with a Fistula or Complex Ostomy (O, W)	3
8:00 AM - 11:00 AM **Concurrent**	Pre-Conf #2: (3 hours) Efficacy of Total Contact Casting in the Treatment of Diabetic Foot Ulcers (W, FC)	3
12:45 PM - 1:45 PM	Vascular Wounds and Limb Salvage (W, FC)	1
1:45 PM - 2:45 PM	What to Do When the Flood Gates Open: High Output Ileostomies (O)	1
3:00 PM - 4:00 PM	Fecal Incontinence Outpatient Management (C)	1
FRIDAY 9/29/17		
8:15 AM - 9:15 AM	A Strategic Plan for Perioperative Pressure Injury Prevention (W)	1
9:15 AM - 10:15 AM	TeleWound Care: Expanding Your Practice and Increasing Patient Access (W)	1
2:00 PM - 3:00 PM	CARE (Continence and Retraining Elimination) Clinic (C)	1
3:00 PM - 4:00 PM	What is New in Staging Pressure Injuries? (W)	1
4:15 PM - 5:15 PM	Changing the World for the Patient with a Colostomy: An Evidence-Based Update on Colostomy Irrigation (O)	1
SATURDAY 9/30/17		
8:15 AM - 9:15 AM	Atypical Wounds (W)	1
9:15 AM - 10:15 AM	Peristomal Complications (O)	1
10:30 AM - 11:30 AM	Treatment Modalities for Urinary Incontinence (C)	1
11:30 AM - 12:30 PM	Legal Aspects of WOC Nursing? (PP)	1
1:00 PM - 2:00 PM	Lunch Speaker *(with box lunch provided)* : The WOCN® Society's Support Surface Algorithm: Bridging Expert Opinion and Science for Clinical Decision Making in Support Surfaces (W)	1
2:00 PM - 3:00 PM	Nightmares on Ostomy Street (O)	1
Throughout	Posters (Thurs - Sat; and online)	1
	Max total any one attendee can achieve (One pre-con, 14 session plus posters)	**18**

SER of the WOCN® Society 2017 Annual Conference Certificate of Completion

Choose To Shine … Change The World!
WOC Nurses - Leading the Way!

9/28/2017 - 9/30/2017 - Knoxsville, TN

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 17 contact hours of continuing education, Course #xxxxxxx, and is valid through xxxxxxxxxxx.

Date	Session		Hrs. Earned
9/28/2017	2017pc1	Managing Containment and Skin Issues of a Patient with a Fistula or Complex Ostomy O	3
9/28/2017	201701	Vascular Wounds and Limb Salvage W, FC	1
9/28/2017	201702	What to Do When the Flood Gates Open: High Output Ileostomies O	1
9/28/2017	201703	Fecal Incontinence Outpatient Management C	1
9/29/2017	201705	TeleWound Care: Expanding Your Practice and Increasing Patient Access W	1
		Total Contact Hours Earned:	**7**

This is to certify that BERNIE HABERER has completed the Educational Activity titled: Choose To Shine … Change The World!

Nursing License No. / State _____Signature_____Date_____

Elaine Rush, RN, BS, CWOCN

Southeast Region of the Wound, Ostomy and Continence Nurses Society®

Southeast Region of the WOCN® Society
Commercial Support Agreement – Attachment 7

A commercial interest, as defined by the American Nurse's Credentialing Center (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. Nonprofit or government organizations, non-healthcare-related companies, and healthcare facilities are not considered commercial interests.

Commercial support is financial or in-kind contributions given by a commercial interest 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 joint provide an educational activity.

Title of Educational Activity: Choose to Shine … Change the World! WOC Nurses – Leading the Way!	
Activity Location (if live): **Knoxville, TN. (Knoxville Convention Center / Holiday Inn World's Fair Park)**	Activity Date: **Sept. 28-30, 2017**
Name of Commercial Interest Organization: Click here to enter text.	
Name of Accredited Provider: Southeast Region of the WOCN® Society	
Total amount of Commercial Support: Click here to enter text.	
Area(s) of activity Commercial Interest organization would like to support: ☐ Unrestricted ☐ Restricted* ☐ Speaker honoraria ☐ Speaker expenses ☐ Meal ☐ Other (please list): Click here to enter text.	

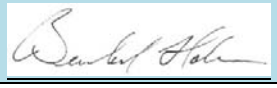
** Commercial interest may request that funds be used to support a specific part of an educational activity. The Accredited Provider may choose to accept the restriction or not accept the commercial support. The Accredited Provider maintains responsibility for all decisions related to the activity as described below.*

	Terms and Conditions
1.	All organizations must comply with the *ANCC Content Integrity Standards for Industry Support in Continuing Educational Activities* 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 a Commercial Interest organization providing financial or in-kind support.
3.	The Accredited Provider is responsible for all decisions related to the educational activity. The Commercial Interest organization providing financial or in-kind support may **not** participate in any component of the planning process of an educational activity, including: ▪ 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 Accredited Provider will make all decisions regarding the disposition and disbursement of commercial support in accordance with ANCC criteria.
5.	All commercial support associated with this activity will be given with the full knowledge and approval of the Accredited Provider. No other payments shall be given to any individuals involved with the supported educational activity.
6.	Commercial support will be disclosed to the participants of the educational activity.
7.	Commercial Interest Organizations 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 Commercial Support Agreement above.

Accredited Provider Name:	**Southeast Region of the WOCN® 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:** Click or tap to enter a date.	
Completed By: **(Name and Credentials)**	**Bernhard Haberer, Association Manager**

Commercial Interest Name:	Click here to enter text.
Address:	Click here to enter text.
Name of Representative:	Click here to enter text.
Email Address:	Click here to enter text.
Phone Number:	Click here to enter text.
Fax Number:	Click here to enter text.
☐ **Electronic Signature (Required)** *(click checkbox in lieu of signature)* **Date:** Click or tap to enter a date.	
Completed By: **(Name and Credentials)**	Click here to enter text.

Southeast Region of the WOCN® Society
Commercial Support Agreement – Attachment 7

A commercial interest, as defined by the American Nurse's Credentialing Center (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. Nonprofit or government organizations, non-healthcare-related companies, and healthcare facilities are not considered commercial interests.

Commercial support is financial or in-kind contributions given by a commercial interest 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 joint provide an educational activity.

Title of Educational Activity: Choose to Shine … Change the World! WOC Nurses – Leading the Way!	
Activity Location (if live): **Knoxville, TN. (Knoxville Convention Center / Holiday Inn World's Fair Park)**	Activity Date: **Sept. 28-30, 2017**
Name of Commercial Interest Organization: Coloplast	
Name of Accredited Provider: Southeast Region of the WOCN® Society	
Total amount of Commercial Support: **$ 1850**	
Area(s) of activity Commercial Interest organization would like to support: ☐ Unrestricted ☒ Restricted* ☐ Speaker honoraria ☐ Speaker expenses ☐ Meal ☒ Other (please list): **Pouching Supplies for Pre-Conference session**	

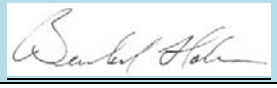
** Commercial interest may request that funds be used to support a specific part of an educational activity. The Accredited Provider may choose to accept the restriction or not accept the commercial support. The Accredited Provider maintains responsibility for all decisions related to the activity as described below.*

	Terms and Conditions
1.	All organizations must comply with the *ANCC Content Integrity Standards for Industry Support in Continuing Educational Activities* 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 a Commercial Interest organization providing financial or in-kind support.
3.	The Accredited Provider is responsible for all decisions related to the educational activity. The Commercial Interest organization providing financial or in-kind support may **not** participate in any component of the planning process of an educational activity, including: ▪ 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 Accredited Provider will make all decisions regarding the disposition and disbursement of commercial support in accordance with ANCC criteria.
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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:** **May 23, 2017**	
Completed By: (Name and Credentials)	**Bernhard Haberer, Association Manager**

Commercial Interest Name:	**Coloplast**
Address:	**1601 West River Road North, Minneapolis, MN, 55044**
Name of Representative:	**Andrew C. Kuschel**
Email Address:	**usakus@coloplast.com**
Phone Number:	Click here to enter text.
Fax Number:	Click here to enter text.
☒ **Electronic Signature (Required)** **Date:** **May 23, 2017**	
Completed By: (Name and Credentials)	**Andrew C. Kuschel Southeast Regional Sales Manager, Ostomy Care**

Southeast Region of the WOCN® Society
Commercial Support Agreement – Attachment 7

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Note: Organizations providing commercial support may *not* provide or joint provide an educational activity.

Title of Educational Activity: Choose to Shine … Change the World! WOC Nurses – Leading the Way!	
Activity Location (if live): **Knoxville, TN. (Knoxville Convention Center / Holiday Inn World's Fair Park)**	Activity Date: **Sept. 28-30, 2017**
Name of Commercial Interest Organization: ConvaTec	
Name of Accredited Provider: Southeast Region of the WOCN® Society	
Total amount of Commercial Support: **$852.06**	
Area(s) of activity Commercial Interest organization would like to support: ☐ Unrestricted ☒ Restricted* ☐ Speaker honoraria ☐ Speaker expenses ☐ Meal ☒ Other (please list): **Supplies for Pre-Conference1 session**	

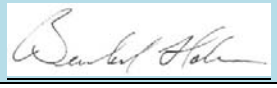
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Address:	**36181 East Lake Road, Ste. 376 Palm Harbor, FL 34685**
Name of Representative:	**Bernie Haberer, Association Manager**
Email Address:	**bhe@serwocn.org**
Phone Number:	**727-238-5140**
Fax Number:	**727-269-5760**
 **Electronic Signature (Required)** **Date: 04/06/17**	
Completed By: (Name and Credentials)	**Bernhard Haberer, Association Manager**

Commercial Interest Name:	**ConvaTec**
Address:	Click here to enter text.
Name of Representative:	**Dave Pierotti**
Email Address:	**David.pierotti@convatec.com**
Phone Number:	**832-823-9478**
Fax Number:	Click here to enter text.
☒ **Electronic Signature (Required)** *(click checkbox in lieu of signature)* **Date: 04/06/17**	
Completed By: (Name and Credentials)	**Dave Pierotti Southeast Region Sales, Manager, Ostomy Care**

Southeast Region of the WOCN® Society
Commercial Support Agreement – Attachment 7

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Note: Organizations providing commercial support may *not* provide or joint provide an educational activity.

Title of Educational Activity: Choose to Shine … Change the World! WOC Nurses – Leading the Way!	
Activity Location (if live): **Knoxville, TN.** **(Knoxville Convention Center / Holiday Inn World's Fair Park)**	Activity Date: **Sept. 28-30, 2017**
Name of Commercial Interest Organization: Smith&Nephew	
Name of Accredited Provider: Southeast Region of the WOCN® Society	
Total amount of Commercial Support: **$2000**	
Area(s) of activity Commercial Interest organization would like to support: ☐ Unrestricted ☐ Restricted* ☐ Speaker honoraria ☐ Speaker expenses ☐ Meal ☒ Other (please list): **AV equipment**	

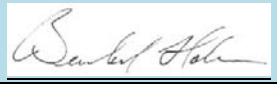
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Name of Representative:	**Bernie Haberer, Association Manager**
Email Address:	**bhe@serwocn.org**
Phone Number:	**727-238-5140**
Fax Number:	**727-269-5760**
 **Electronic Signature (Required)** **Date:** **04/24/17**	
Completed By: (Name and Credentials)	**Bernhard Haberer, Association Manager**

Commercial Interest Name:	**Smith & Nephew**
Address:	3909 Hulen St., Fort Worth, TX 76107
Name of Representative:	Click here to enter text.
Email Address:	Click here to enter text.
Phone Number:	Click here to enter text.
Fax Number:	Click here to enter text.
☐ **Electronic Signature (Required)** **Date:** Click here to enter text.	
Completed By: (Name and Credentials)	Click here to enter text.

Southeast Region of the WOCN® Society

2016 Annual Conference Program

WOC Nurses

Soaring to New Heights



Southeast Region of the Wound, Ostomy and Continence Nurses Society®

Greensboro, NC

August 25 - 27, 2016

Sheraton Greensboro Hotel

Koury Convention Center

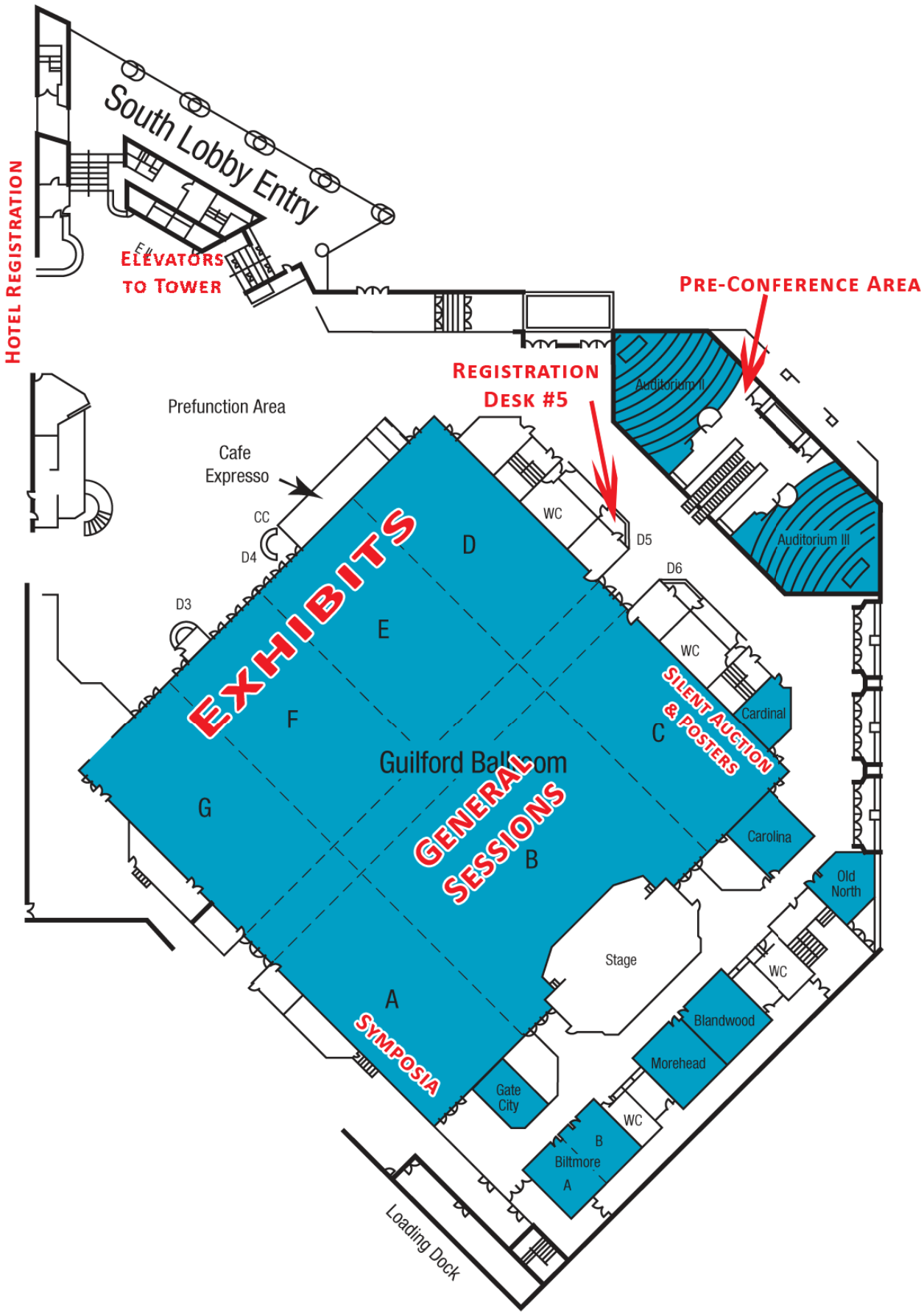

Hotel Registration
South Lobby Entry
Elevators to Tower
Pre-Conference Area
Registration Desk #5
Auditorium II
Auditorium III
Prefunction Area
Cafe Expresso
CC
WC
D4
D5
D6
D3
D
E
F
G
C
B
A
Exhibits
Guilford Ballroom
General Sessions
Silent Auction & Posters
Symposia
Cardinal
Carolina
Old North
Stage
WC
Blandwood
Morehead
Gate City
WC
B
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A
Loading Dock

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Southeast Region of the 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 of the WOCN Society arising from information presented at this program.

On behalf of the North Carolina WOC Nurses, we welcome you to Greensboro!



It is our honor to host the 40th Annual SER of the WOCN® Society Conference and hope you will find the educational sessions informative, engaging and fun! I encourage everyone to take time to network with other members, visit the exhibit hall and poster display. Check out the "Strollin' Colon". Who can resist an inflatable, educational segment of colon? There will be ample time provided to interact with our industry partners in the exhibit hall. I encourage members and visitors alike to do so and say a big "Thank You" to all our valued exhibitors. Without the support of these industry partners and sponsors, our conference would not be available to us so cost effectively.

Thank you to the Southeast Region of the WOCN Society Board for their dedicated work in our region. The contribution to our ongoing learning as well as encouraging professional relationships is sincerely appreciated by us all. Finally, I would like to thank Elaine Rush, Director of Conference Planning, for her guidance and dedication to ensuring a vibrant, engaging conference. Elaine, your knowledge, experience and mentoring have proven invaluable to the planning of this conference! Many heartfelt thanks to the NC Conference Committee members that worked tirelessly to bring together the educational and practical information that will be presented during this time.

Enjoy your visit to Greensboro, we are all clear for takeoff!

Karen Sanders, BSN, RN, CWON
Southeast Region of the WOCN® Society, 2016 Conference Chair

Southeast Region WOCN® Society 2016 Board of Directors

President — **Martha Davidson, MN, BSN, RN, CWOCN**
president@serwocn.org

President-Elect — **Jennifer Anderson, MBA, MSN, RN, CWCN, CFCN**
pres.elect@serwocn.org

Secretary — **Angela Graham, BSN, RN, CWOCN**
secretary@serwocn.org

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awards@serwocn.org

Director of Communications — **Colleen Spiller, MA, BSN, RN, CWOCN**
news@serwocn.org

Director of Conference Planning — **Elaine Rush, BS, 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

Southeast Region WOCN® Society 2016 Conference Committees

2016 Conference Chair

Karen Sanders

Education and Planning

Trudy Huey – Chair
Joanna Burgess
Laurie Crookenden
Amanda Eltz
Laurie McNichol
Stephanie Yates
Karen Sanders

Silent Auction Committee

Cordelia Lucas-Sherrod – Chair
Barbara Saunders
Traci Bullins
Amanda Griffin
Jenny Saunders
Nancy Scozzari

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Colleen Spiller – Co-Chair
Tracie Bullins – Co-Chair
Jacqueline Clarke

Hospitality Committee

Peggy McCracken – Co-Chair
Susan Dunzweiler – Co-Chair
Brenda Fox (chair - volunteers)
Colleen Spiller
Teri Ourada
Patricia Moore
Cynthia Ford
Brenda Rutland

Poster Committee

Jan Johnson – Chair
Renee Epting (Coordinator)
Karen Sanders
Donna Brickman
Amanda Eltz
June Smith
Rachel Braezale

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.

Please review the information regarding completion of evaluations found in your attendee packet. You will also need to keep your attendee ID number handy, as it will be required on all evaluations.

ANCC-Approved Contact Hours for Nurses & Nurse Practitioners

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

This program has been approved for 3**.0** (Pre-Conference) and **14.0** (Conference) contact hours, and is valid through July 15, 2018. Educational activity number 2-0.1690.

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

Alabama nurses completing this program*: you are responsible for reporting the contact hours received at this even on your Individual CE transcripts located on the Alabama Board of Nursing site. When doing so, do not attempt to enter a number in the "provider number" field as it will disallow your submission. This applies only to nurses licensed in Alabama.*

Silent Auction

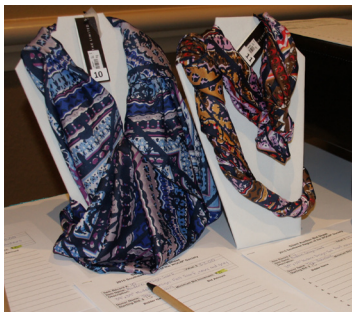
Be sure to visit the Silent Auction located in Guilford - C
Bidding ends on Friday at 4:30 PM

Funds raised are used to support various scholarship opportunities - please participate!

Partial listing of items donated:

- **$50 Gift Certificates to Fleming's Prime Steakhouse**
- **WOC Core Curriculum Textbooks - Autographed**
- **Educational Textbook**
- **Watercolor Painting**
- **Stain Glass Pictures**
- **Local Gift Basket**
- **$100 Visa Gift Card**
- **$50 Walmart Gift Cards**
- **$25 Starbucks Gift Cards**

- **Much more .....**





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

The auction will be open during Exhibit Hall times and will close on Friday at 4:30 PM.

Auction items must be claimed and paid for by the highest bidder on:

Friday, August 26, 5:30 - 6:30 PM

Cash, check or credit card payments accepted.

Cordelia Lucas-Sherrod, BSN, RN, CWOCN

2016 Silent Auction Chair

Can YOU be a winning bidder?

Conference Sponsors

We gratefully acknowledge our generous partners for assisting the Southeast Region of the WOCN® Society in our conference.

DIAMOND SPONSORS: $10,000 or greater

ConvaTec

MÖLNLYCKE® HEALTH CARE

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













SILVER SPONSORS: $3,000-$5,999

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ADDITIONAL SUPPORT RECEIVED

ALLIQUA BIOMEDICAL - Break Refreshments

Comfort Medical - 2 x Break Refreshments

Crawford Healthcare - Tote Bags

Greensboro CVB - Grant

NC WOC Nurses - Speaker Honorarium

Pre-Conference Workshop

The Aftermath of Complex Abdominal Surgery Complex Issues for Pouching, Physical and Emotional Care of the Patient with a Challenging Ostomy or Fistula

Karen Edwards, MSS, BSN, RN, CWOCN
WOC Nurse, University of Alabama at Birmingham, (UAB) Health System
kedwards@uabmc.edu

Disclosure: Speakers Bureau - KOL for Hollister Wound Care, Inc.

LEARNING OBJECTIVES

At the conclusion of this program, attendees should be able to:

- Demonstrate ability to pouch difficult ostomies and fistulas
- Identify emotional issues and interventions to assist the patient and family when caring for a complex fistula or ostomy

Notes

201601

2016 SER WOCN Conference Notes

Soaring to New Heights: Mapping Your Professional Flight Plan

Laurie McNichol, MSN, RN, GNP, CWOCN, CWON-AP
WOC Nurse, Cone Health
laurie.mcnichol@conehealth.com

Disclosure: None

LEARNING OBJECTIVE

At the conclusion of this program, attendees should be able to:

- Define the WOC nursing skills and characteristics that translate into success in the changing healthcare environment

Supported in part through a grant from the North Carolina WOC Nurses Group

Notes

201602

2016 SER WOCN Conference Notes

New Trends in Radiation Therapy for Colorectal Cancer

Manisha Palta, MD
Duke University
manisha.palta@duke.edu

Disclosure: None

LEARNING OBJECTIVES

At the conclusion of this program, attendees should be able to:

- Explain advances in radiation techniques to improve outcomes and/or decrease toxicity
- Understand data on definitive chemoradiation
- Understand the use of short course radiation

Notes

201603

2016 SER WOCN Conference Notes

Ostomy Panel: The Lived Experience

Moderator: Dorothy Doughty, MN, RN, CWOCN, CFCN, FAAN
WOC Nurse, Emory University Hospital
ddought@emory.edu

Disclosure: Speakers Bureau Hollister Wound Care, Inc.

Panelists: Joanna Burgess, Stephanie Hughes & Daniel McKearney

LEARNING OBJECTIVE

At the conclusion of this program, attendees should be able to:

- Have an increased knowledge regarding care and information essential to ostomy patient rehabilitation

Notes

201604

2016 SER WOCN Conference Notes

The Science, Art and Evidence of Pouching Systems

Janice C. Colwell, MS, RN, CWOCN, FAAN
Advanced Practice Nurse, University of Chicago
janice.colwell@uchospitals.edu

Disclosures: Speakers Bureau Hollister Wound Care, Inc.
Consultant - Coloplast Ostomy Forum

LEARNING OBJECTIVES

At the conclusion of this program, attendees should be able to:

- Discuss the development of ostomy pouching systems
- List three types of skin barriers as related to their adhesive capacities

Notes

201605

2016 SER WOCN Conference Notes

When Dressings Just Aren't Enough: Pharmaceuticals and Supplements That Can Impact Wound Healing

Phyllis T. Kupsick, MSN, RN, FNP-BC, CWOCN
Relief Provider, Center for Wound Care and Hyperbaric Medicine, Carolinas HealthCare System
phylliskupsick@gmail.com

Disclosure: None

LEARNING OBJECTIVE

At the conclusion of this program, attendees should be able to:

- Gain insight into the use of pharmaceutical agents and supplements to enhance the treatment of patients with nutritional deficits and/or critically colonized or infected wounds

Notes

201606

2016 SER WOCN Conference Notes

Current Challenges in Bowel Management

Dorothy Doughty, MN, RN, CWOCN, CFCN, FAAN
WOC Nurse, Emory University Hospital
ddought@emory.edu

Disclosure: Speakers Bureau Hollister Wound Care, Inc.

LEARNING OBJECTIVE

At the conclusion of this program, attendees should be able to:

- Identify strategies for prevention and management of ileus, antibiotic associated diarrhea, and constipation

Notes

201607

2016 SER WOCN Conference Notes

Intimacy & Sexuality for the Patient with an Ostomy

Mary Dunn, MSN, RN, OCN, NP-C
Nurse Practitioner, UNC-Chapel Hill
mwdunn@med.unc.edu

Disclosure: None

LEARNING OBJECTIVES

At the conclusion of this program, attendees should be able to:

- Explain sexual dysfunction as a complication of pelvic surgery
- Describe treatment for female and male sexual dysfunction
- Explain different communication models

Notes

201608

2016 SER WOCN Conference Notes

Caffeine and Its Effect on the Bowel and Bladder: An Update for the WOC Nurse

Mikel Gray, PhD, PNP, FNP, CUNP, CCCN, FAANP, FAAN
Professor and Nurse Practitioner, Department of Urology, University of Virginia
mg5k@virginia.edu

Disclosure: None

LEARNING OBJECTIVE

At the conclusion of this program, attendees should be able to:

- Describe the effects of caffeine on the bowel and bladder

Notes

201609

2016 SER WOCN Conference Notes

Fecal Transplantation in the Treatment of Clostridium Difficile Colitis

Robert Elliott, MD
Director of Endoscopy Unit, Alamance Regional Medical Center, Division of Cone Health
dr.rtelliott@gmail.com

Disclosure: None

LEARNING OBJECTIVE

At the conclusion of this program, attendees should be able to:

- Understand the role that fecal transplantation can play in treatment of *Clostridium Difficile* Colitis.

Notes

201610

2016 SER WOCN Conference Notes

The Art and Science of Leadership Through Influence

Jami Goldberg, MA, BA, CMC
Director of Performance Consulting, Organizational Effectiveness, Cone Healthcare
jami.goldberg@conehealth.com

Disclosure: None

LEARNING OBJECTIVES

At the conclusion of this program, attendees should be able to:

- Understand the nine influence tactics for leaders
- Understand the key elements of trust as it relates to successful influence

Notes

201611

2016 SER WOCN Conference Notes

Atypical Wounds

Hardy Singh, MD
Duke Raleigh Hospital Wound Healing Center
singhhardy@yahoo.com

Disclosure: Speakers Bureau - Smith & Nephew

LEARNING OBJECTIVES

At the conclusion of this program, attendees should be able to:

- Identify atypical wounds common to wound care practice
- Recognize diagnostic related procedures associated with atypical wounds
- Compare wound care therapies used for treatment of common and atypical wounds

Notes

201612

2016 SER WOCN Conference Notes

Choosing Compression for Your Patient with Venous Disease: Using the WOCN® Venous Leg Ulcer (VLU) Algorithm

Laurie McNichol, MSN, RN, GNP, CWOCN, CWON-AP
WOC Nurse, Cone Health
laurie.mcnichol@conehealth.com

Stephanie Yates, MSN, RN, ANP-BC, CWOCN
Oncology WOC Nurse Practitioner, Duke University
stephaniemichelle81@gmail.com

Disclosures: None

LEARNING OBJECTIVES

At the conclusion of this program, attendees should be able to:

- Embrace the Clinical CEAP classification system for patients with chronic venous insufficiency (CVI) and use it to guide interventions
- Describe implementation of the algorithm for compression for primary prevention, treatment, and prevention of recurrence of venous leg ulcers in a variety of care settings and for persons at various stages of disease

Notes

201613

2016 SER WOCN Conference Notes

Soaring to New Heights: Celebration of our Past, Present and Future

Mikel Gray, PhD, PNP, FNP, CUNP, CCCN, FAANP, FAAN
Professor and Nurse Practitioner, Depart of Urology, University of Virginia
mg5k@virginia.edu

Disclosure: None

LEARNING OBJECTIVE

At the conclusion of this program, attendees should be able to:

- Recognize and appreciate the history/opportunities/challenges of WOC Nursing

Notes

201614

2016 SER WOCN Conference Notes

Poster Viewing Session

View a minimum of 10 Posters for One Contact Hour

posters@serwocn.org

LEARNING OBJECTIVES

At the conclusion of this program, attendees should be able to:

- Identify at least two WOC nursing concepts or principles learned from the poster session that the attendee can take back to their clinical practice
- Stimulate further discussion from ideas identified from the posters into the attendees wound, ostomy, or continence clinical practice

Notes

201615

2016 SER WOCN Conference Notes

RECEIVE YOUR CONTACT HOURS CERTIFICATE

- **Log in to the Attendee Portal using the instructions provided by email and in your attendee packet**

- **Using the links provided, submit an Evaluation for EACH session you attended; be sure to enter your unique ID as shown on your badge**

- **At the end of the conference, submit the overall Conference Evaluation last. (Required to generate your Certificate of Attendance)**

- **Deadline for all submissions is: Sunday, September 18, 2016**

- **Monitor your email - most certificates will be sent within a week of receiving your Conference Evaluation**

For any questions regarding contact hours, please contact our Association Manager, Bernie Haberer at: bhe@serwocn.org

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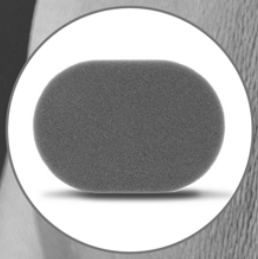
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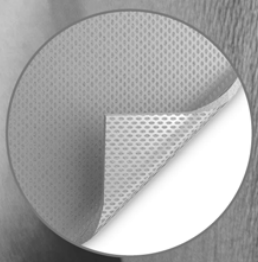
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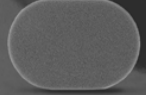
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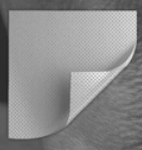
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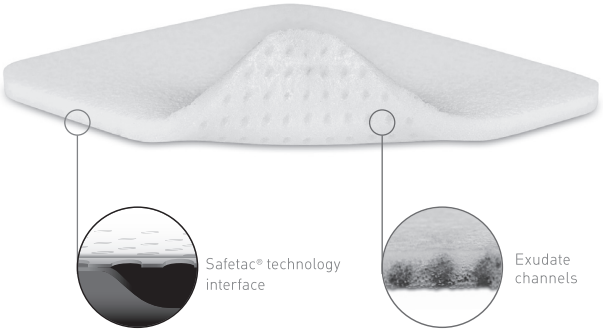
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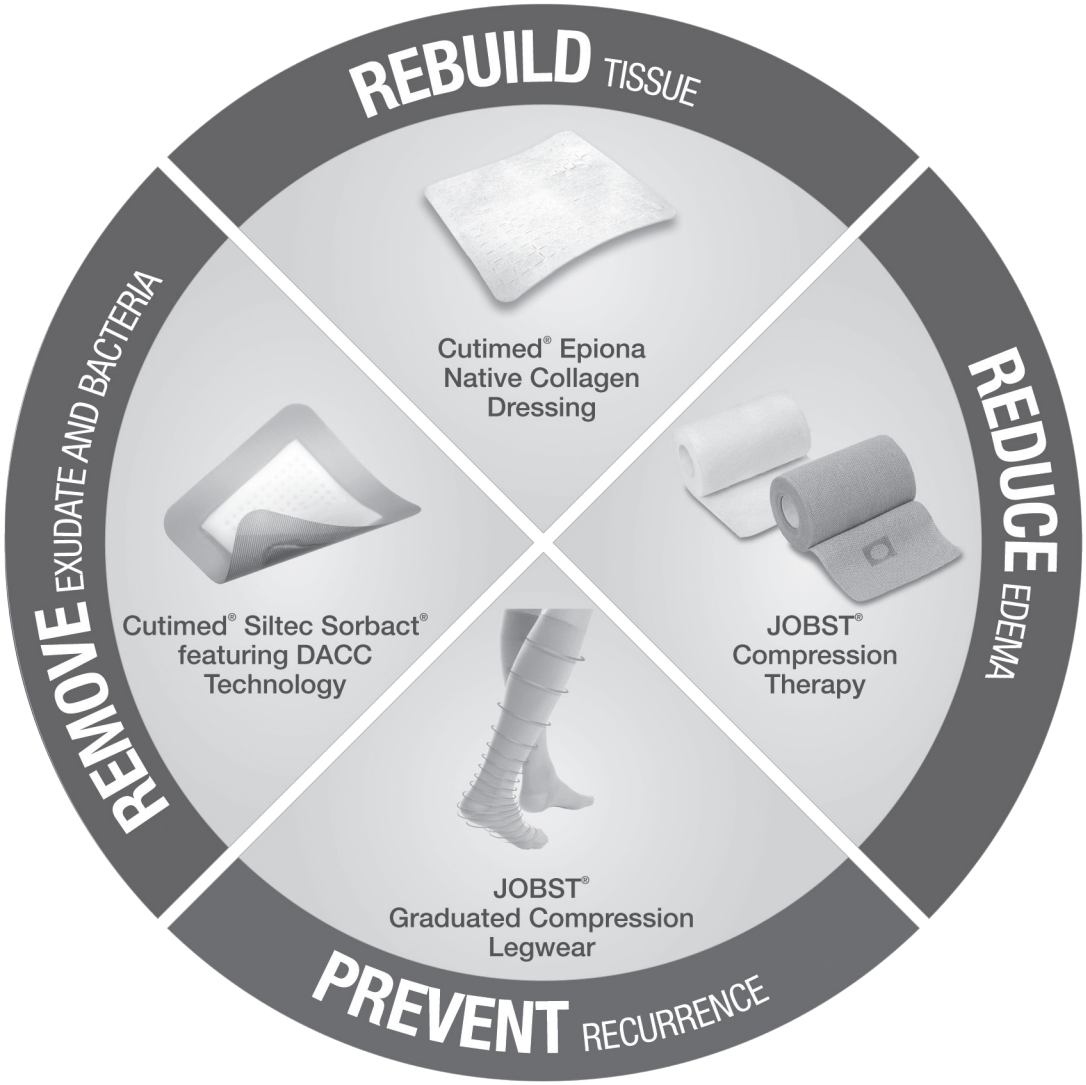
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Poster Abstracts

POSTER SESSION SCHEDULE

Posters will be available to view in Guilford - C
Thursday, August 25 at 4:30 PM through
Friday, August 26 at 5:30 PM.

Posters are also available on our website at
www.serwocn.org/AnnualPosters/2016/
See instructions in your Attendee Packet on how to obtain one CE for viewing the posters.

The Conference Planning Committee thanks this year's presenters for their posters:

1. Average Cost Related to the In-Patient Care of the Enterocutaneous Fistula

Authors: Brickman, Donna, BSN, RN, CWOCN; Leininger, Lara, BSN, RN, CWOCN; Motko, John, BSN, RN, CWOCN; Rankin, Janet, BSN, RN, CWOCN; Idiagbonya, Juliet, BSN, RN, CWOCN; Jenkins, Lisa, BSN, RN, CWOCN
Affiliation: UNC Health Care, Chapel Hill, North Carolina
Abstract: The WOCN Consult Service collected data on the hospital expenditures related to WOC nursing care of patients with enterocutaneous or enteroatmospheric (within an abdominal wound) fistulas. When managing fistulas WOC nurses assessment and treatment plan must address; containing the effluent, maintaining the integrity of the perifistula skin, and controlling odor. Additionally, we must attempt to establish a containment system that allows the patient to be discharged from the hospital. We collected data while caring for (13) fistula patients over (3) months. Our collected data categories included; supplies used, number of WOC nurse bedside encounters, duration of the bedside encounters and number of WOC nurses at the bedside. Supplies included; types of pouches and accessories, skin treatment products, and negative pressure wound therapy (NPWT). We did not quantify interventions for nutritional needs or medications to slow output or control pain. We did note these related factors, as they affected our collected data. This quantification of supplies and time allowed us to measure some of the costs of the WOC nurse caring for a fistula patient.

2. Beta-Adrenergic Receptor to Promote Healing in a Recalcitrant Wound

Author: Gonzalez, Arturo, DNP, ARNP, ANP-BC, CWCN-AP
Affiliation: Florida International University Medsource Consultants, Miami, Florida
Abstract: STATEMENT OF CLINICAL PROBLEM: The current case study compares treatment of ten patients with recurrent venous leg ulcers (VLUs) that had similar health histories. Four of the patients were treated with timolol maleate ophthalmic solution, a β-Adrenergic receptor, with the remaining six patients treated utilizing silver nitrate and honey alginate. The mechanism of action for β-Adrenergic receptors in wound healing has been postulated in the literature (Pullar, Manabat-Hidalgo, Bolaji, & Isseroff, 2008) with case study evidence demonstrating the efficacy of timolol for healing recalcitrant wounds (Braun, Lamel, Richmond, & Kirsner, 2013; Tang, Dosal, & Kirsner, 2012) DESCRIPTION OF PAST MANAGEMENT: All patients initially employed over-the-counter topical medications for wound closure. After treatment failure, all sought medical support from a large wound care center in central Florida. Typical wound care provided for each patient included twice weekly advanced wound care, weekly serial debridement, and the use of an antibacterial foam dressing. Compression was declined by all patients. Over the course of a 10-week period all wounds failed to heal as measured by a decrease in necrotic tissue. Cauterization and debridement

were employed utilizing silver nitrate and honey alginate. CURRENT CLINICAL APPROACH: In four patients, silver nitrate and honey alginate were discontinued after one week and timolol (0.5% topical solution daily) with foam dressing was added to facilitate wound healing. During this time patient wound beds improved with a decrease in slough and an increase in granulation tissue. Silver nitrate and honey alginate were continued in the remaining six patients. PATIENT OUTCOMES: In the patients treated with timolol increased epithelialization of the wound beds and scattered open areas in the wound margins progressed through resolution between 14 and 16 weeks. After 16 weeks, the remaining six patients continued to receive treatment due to a lack of wound closure. CONCLUSION: Although timolol is typically used in the treatment of glaucoma, this case represents a unique application of this β-Adrenergic receptor to promote healing in a recalcitrant wound.

3. Using Data for Timely Interventions and Longer Term Trend Assessments

Author: Johnson, Melanie, BSN, RN, CWOCN
Affiliation: WakeMed Health and Hospitals, Zebulon, North Carolina
Abstract: INTRODUCTION: The incidence of hospital acquired pressure ulcers can be decreased by capitalizing on the accessibility and timeliness of data gleaned from the electronic medical record (EMR). PURPOSE: The purpose of this practice innovation was to identify hospital acquired pressure ulcers, evaluate compliance with skin breakdown prevention care, and determine trends associated with pressure ulcer type, location, or circumstance. METHODOLOGY: Using the EPIC EMR we obtained a weekly report of all patients with pressure ulcers, conducted an in-depth chart review and patient assessment to identify gaps in care, as well as identified commonalities in pressure ulcer occurrences. By graphically displaying the results, longer term trends could be recognized and addressed. OUTCOMES: Utilization of the EMR capabilities created a quick turnaround between the identification of a pressure ulcer, the probable reasons for its occurrence, and notifying nursing staff of recommended process improvements. WOCN staff was also able to provide staff positive feedback when data showed improvements. We were able to establish credible trends of both medical devices and medical procedures that were associated with a higher number of hospital acquired pressure ulcers and initiate new prevention strategies to decrease those incidences. Using the EMR to plot trends we were able to create specific, targeted education and increase awareness which ultimately supported an overall HAPU incidence rate of <1%. When HAPU's did occur, we saw a decrease in "preventable" hospital acquired pressure ulcers from 44% to 38%.

4. Evaluation of a Protective Barrier Ointment on Patients with a Two Week or Less Inpatient Stay

Author: Grant, Priscilla, BSN, HT, CWCN
Affiliation: St. Joseph/Candler Health System, Savannah, Georgia
Abstract: Moisture related skin damage from unmanaged exposure to caustic bodily fluids has been associated with pain and secondary infection. Barrier products are designed to protect the skin from these caustic elements and help maintain healthy skin conditions. The purpose of this case series was to evaluate a petrolatum protective skin barrier ointment on long term patients with damaged skin due to incontinence. At clinician discretion, a convenience sample of patients with moisture damaged skin or with skin at risk for moisture related damage was selected. An initial assessment of the skin was done followed by application of the barrier ointment per the instructions for use. The Braden Pressure Ulcer Risk score was also noted. The quality of the skin was assessed and scored using the Skin Condition Score scale and the Skin Erythema Score scale, seen below. Four patients were evaluated, with an average age of 71 ± 3.46 years. Their average length of stay was 17.25 ± 2.87 days and average Braden score of 15 ± 0.82. For each patient, the nursing staff gave the skin barrier ointment high marks, 10 out of 10, for its ability to protect from incontinence, ease of application and removal and feel of the product. Patients A and C noted some discomfort during application, but pain was eased when the product was in place. By the end of the evaluation, patient D's family requested additional product for home use. No additional periwound skin breakdown was noted following barrier application during the patient stay, ranging from 13 to 19 days.

5. Development of a Skin Wound Assessment Team to Decrease Hospital Acquired Pressure Ulcers

Author: Dunzweiler, Susan, BA, RN, CWON
Affiliation: High Point Regional/UNC Health Care, High Point, North Carolina
Abstract: PURPOSE: To determine whether the implementation of a skin care champion team would significantly reduce our hospital acquired pressure ulcer rate and improve patient outcomes related to skin and wound care. In October 2014 our quarterly pressure ulcer survey reflected a 3.19% hospital acquired pressure ulcer (HAPU) rate (our target goal was 1.25% or less). In response an action plan was developed by nursing leadership and the WOC nurse that included an increase in our pressure ulcer surveillance from quarterly to monthly and the development of a unit based skin care champion team. The champions decided on the team name "SWAT" for Skin Wound Assessment Team and set a goal of reducing HAPU by 50% this year. METHODS: RN representatives from each nursing unit were chosen and attended a 6 hour skin/wound care workshop. Each SWAT member signed a commitment to serve agreement outlining expectations for promoting pressure ulcer prevention and role model skin care practices consistent with hospital guidelines. The SWAT met monthly to conduct the hospital wide pressure ulcer survey, analyze results and develop an action plan based on survey results followed by education presented by the WOC nurse. Topics included; pressure ulcer prevention, skin/wound care, products and documentation. SWAT members were responsible for communicating recommendations and education to their unit peers via staff meetings and bulletin board postings. OUTCOMES: Improvement was measure by monthly prevalence studies, daily occurrence reporting and chart reviews. We reduced our HAPU occurrence by 50% within the first 6 months of inception and have sustained this result for the year. The SWAT members were able to positively influence the quality of care by role modeling evidence based skin care practices, increasing awareness through education and supporting practice changes to ensure best outcomes.

6. The Effectiveness of Cryopreserved Amniotic Suspension Allograft in the Spinal Cord Injury Veteran Population for Sacral and Ischial Pressure Ulcers

Author: Wogamon, Cathy, DNP, MSN, FNP-BC, CWOCN, CFCN
Affiliation: Lake City VA Medical Center, Live Oak, Florida
Abstract: The effectiveness of Cryopreserved Amniotic Suspension Allograft in the spinal cord injury Veteran population for sacral and ischial pressure ulcers. INTRODUCTION: A spinal cord injury patient relies on sitting for ambulation and the impact of a pressure ulcer on the sacral or ischial area can be devastating. PURPOSE/SIGNIFCANCE: Cryopreserved Amniotic Suspension Allograft (CASA) can speed healing of these wounds by providing essential natural proteins, cytokinines and growth factors to stimulate the normal healing cascade and restores balance to provide a healing environment. METHODOLOGY: Four patient cases were reviewed to illustrate the effectiveness of CASA in Spinal Cord Injury patients with sacral and ischial wounds. All wounds were initially treated with standard dressings and offloading, including specialty mattresses and chair cushions. One patient was treated twice with CASA in two separate wounds achieving complete closure(100%) of both wounds. Another patient, who was very resistant to offloading, experienced a 15% reduction of the wound in eight weeks with six injections. Another patient experienced a 32% reduction of the wound after five weeks with six injections. There were no reported side-effects. OUTCOMES: CASA was utilized to closure on two SCI wounds with healing time averaging six weeks without the need for surgery or other adjunctive therapies and without reported side-effects. CASA was also shown to reduce two other wounds by an average of 26.5% in an average of 6.5 weeks. CONCLUSION Cryopreserved Amniotic Suspension Allograft expedites healing rates in the SCI patient wounds when offloading. The reduced time to heal in this very difficult patient population also proves a reduction in the cost and, most importantly, an improvement in the quality of life in the Veteran population.

7. A Case Review of Challenging Lower Extremity Wounds in the Diabetic Veteran Population Healed with Leptospermum Honey

Author: Wogamon, Cathy, DNP, MSN, FNP-BC, CWOCN, CFCN
Affiliation: Lake City VA Medical Center, Live Oak, Florida
Abstract: INTRODUCTION: It is estimated that 16 million Americans are diagnosed with diabetes with one in every four patient being a Veteran. A wound in a diabetic patient carries a higher risk of infection and amputation. PURPOSE/SIGNIFICANCE: Leptospermum Honey (LH) provides moist healing which assist in autolytic debridement, creates an osmotic effect that helps facilitate wound cleansing and autolytic debridement and reduces pH which provides a more suitable environment for wound healing. These characteristics also inhibit microorganism growth reducing the incidence of infection. The reduction of the pH of the wound by LH and the hyperosmality effect provides antibacterial action which reduces the chances of contracting infection. METHODOLOGY: Four patient cases were reviewed to illustrate the effectiveness of Leptospermum Honey in three differing difficult wounds: two patients with full-thickness burns to the foot, a chronic venous leg ulcer, and a traumatic laceration. All wounds were initially treated with standard dressings. OUTCOME: Leptospermum Honey was utilized to closure on all four wounds with healing time averaging 15 weeks without the need for surgery or other adjunctive therapies and without reported side-effects. None of the patients were placed on antibiotics or treated for infection during the usage of Leptospermum Honey. CONCLUSION: Leptospermum Honey expedites healing rates in the challenging diabetic lower extremity wounds reducing cost of care as compared to standard dressing (silver sulfadiazine and silver dressings) and did not require the use of antibiotics.

8. Using Telehealth Technology to Extend the Reach of the WOC Nurse into Underserved Practice Settings

Authors: Kaylor, Jennifer, BSN, RN, CWON; Case, June, BSN, RN, CWON; DeGrave, James, RN, CWON; Hedrick, Lori, BSN, RN, CWON; Rockstroh, Colleen, BSN, RN, CWON; Wilson, Angela, BSN, RN, CWON; Burkert, Randy, BA; Durr, Beth, BSN, RN
Affiliation: Mission Hospital, Asheville, North Carolina
Abstract: PURPOSE: Lack of services and resources for expert wound care can lead to increased wound chronicity and acuity, contributing to elevated emergency department (ED) visits, unplanned hospital admission and readmission rates, increased length of stay (LOS), lost hospital revenue, and decreased patient/family satisfaction. Telehealth delivery models incorporate the use of advanced communication technologies and computerization to allow clinicians to evaluate, diagnose and treat patients remotely, without a physical presence. This technology can allow for the timely expert assessment and management of patient wounds, regardless of patient or staff location. The purpose of this project was to test the feasibility of the use of telehealth technology for the delivery of comprehensive wound care services to underserved practice settings. OBJECTIVE: The primary objective of this pilot project was to establish the validity and reliability of the use of a telehealth delivery model for wound care assessment and management. Accuracy of wound visualization and fidelity of treatment plan using both a telehealth and bedside care delivery model were compared. Patient and provider satisfaction were also evaluated. OUTCOMES: The pilot was conducted on 7 units of a tertiary acute care facility. Consult requests were received by a centrally located WOC nurse. Remote bedside assessment was conducted using a tablet device with HIPAA compliant software for data transmission and interactive video conferencing. A treatment plan was developed collaboratively by the WOC nurse, patient/family and their primary nurse. Treatment fidelity was assessed via a bedside visit by the office WOC nurse. No treatment plan alterations were indicated in a 28 case pilot. PRACTICE IMPLICATIONS: Telehealth technology has the potential to facilitate the delivery of high quality, low cost wound care assessment and management across multiple underserved areas. Project expansion plans include deployment across rural acute, home health, and long-term care settings in the region.

9. Building Expert Consensus on Including Indicators of Moisture-Associated Dermatitis Skin Damage in the NDNQI

Author: Long, Mary Arnold, DNP, APRN, CRRN, CWOCN-AP, ACNS-BC
Affiliation: Otterbein University, Westerville, Ohio
Abstract: Pressure ulcer (PU) data are collected by hospitals and reported quarterly as a nursing sensitive quality indicator via the National Database of Nursing Quality Indicators (NDNQI). Incontinence-associated dermatitis (IAD) and gluteal intertriginous dermatitis (ITD), both forms of moisture associated skin damage (MASD), are caused by moisture, not pressure or shear. These two forms of skin damage may be mistaken for PUs and may be reported in error as PUs. If the assessment of the skin damage is incorrect, the reporting is incorrect and the NDNQI database is incorrect. If the NDNQI database is incorrect then practice and policy regarding identification, treatment, patient outcomes, and associated health care costs are incorrect. The question becomes how to correct this. The purpose of this clinical project is to build expert consensus on whether or not IAD and/or ITD should be reported as nursing sensitive outcomes and whether or not they should be included in the NDNQI. A modified Delphi Survey of nursing experts published on IAD and/or ITD was used to build consensus regarding whether IAD and/or ITD should be included as NDNQI quality outcomes. An electronic instrumentation, distribution, and data collection tool was sent via email to a purposeful sample of fifty nursing experts nominated by the editor of the Journal of Wound Ostomy Continence Nursing (JWOCN) and director of the Wound, Ostomy, and Continence Nurses Society Center for Clinical Investigation (CCI). Following three rounds of questionnaires, consensus was reached that data should be collected on both IAD incidence and prevalence and ITD incidence and prevalence. The international experts agreed, however, that including them in the national NDNQI is premature and that the data collection should begin with the aim of facility-specific quality improvement first.

10. An Evidence-Based Update on Colostomy Irrigation

Authors: Dent, Dea, DNP (primary author); Long, Mary Arnold, DNP, APRN, CRRN, CWOCN-AP, ACNS-BS; Bauer, Carole, MSN, RN
Affiliations: IUPUI (primary author); Roper Hospital; Madonna University, Indianapolis, Indiana
Abstract: BACKGROUND: Irrigation may be used by patients with colostomies to regulate bowel evacuations by stimulating colon evacuation at regularly scheduled times. OBJECTIVE: This Evidence-Based Report Card reviews the effect of colostomy irrigation on frequency of bowel evacuation, flatus production, odor, and health-related quality of life. SEARCH STRATEGY: We systematically reviewed the literature for studies that evaluated health-related quality of life in persons aged 18 years or older with colostomies of the left colon. A professional librarian performed the literature search, which yielded 499 articles using the search terms “colostomy,” “colostomies,” “therapeutic irrigation,” “irrigation,” and “irrigator.” We identified and retrieved 4 studies that met inclusion criteria. FINDINGS: Colostomy irrigation (CI) reduces the frequency of bowel evacuations when compared to spontaneous evacuation and containment using a pouching system. Regular irrigation is associated with less pouch usage. This alteration in bowel evacuation frequently results in absence of bowel evacuations for 24 hours or longer, allowing some to discontinue use of a pouching system. Subjects using CI report less flatus and odors associated with presence of a colostomy. One study was identified that found persons using CI reported higher health-related quality of life than did those who managed their colostomies with spontaneous evacuation using the Digestive Disease Quality of Life-15, but no differences were found when health-related quality of life was measured using the more generic instrument, the Medical Outcomes Study: Short Form-36. CONCLUSION: Instruction on CI principles and techniques should be considered when managing patients with a permanent, left-sided colostomy.

11. Back to the Basics: WOC Nurses Quality Initiative to Improve Accuracy of Staging Pressure Ulcers

Authors: Bart, Jennifer, MSN, RN, CWOCN; Sheddan, Aimee, BSN, RN, CWOCN, CFCN; Balkcom, Cearie, BSN, RN, CWOCN
Affiliation: UF Health Shands, Gainesville, Florida
Abstract: Every registered nurse learned how to properly stage pressure injuries according to the National Pressure Ulcer Advisory Panel (NPUAP) guidelines in their nursing school curriculum. Applying that knowledge in everyday practice on a consistent basis was found to be problematic for the nurses at this large, southeast academic hospital. Nurses faced two main challenges. First challenge was erroneously staging wounds that were not caused by pressure. In addition, wounds caused by pressure were misclassified. Without proper identification and staging of wounds, a prompt and effective plan of care for patients with pressure ulcers cannot occur. Facility acquired pressure ulcers have ominous implications for the patient and hospital. Increased patient morbidity and medical costs for the patient; and erroneous benchmarking, reimbursement, and legal issues for the hospital are just some of the implications. The WOC nurses job was to go back to the basics and retrain 2500 nurses. The WOC nurses, recognizing the importance of correct staging, developed a reliable staging algorithm for the nurses to use during monthly prevalence. Even the unit OWLs (Ostomy, Wound Liaisons), who are specially trained in wounds and ostomies, had many issues with identifying and staging pressure injuries accurately. The average accuracy rate for these specially trained nurses from February to July in 2015 was 84%. The accuracy rate goal was 90% or higher. The Pressure Ulcer Algorithm was taught to the OWLs as an adjunctive tool to use during monthly prevalence. After implementing this tool for six months, the accuracy rate of staging improved by 14%. The Algorithm was concluded to be an effective tool for nurses to correctly and accurately identify and stage pressure ulcers. The Algorithm will be incorporated into the electronic medical record for all nurses to use at this facility.

12. Don't Dwell on the Past, Instill is the Future of Wound Care! A Case-Study Series Examining the Outcomes of Negative Pressure Wound Therapy with Instillation and Dwell Time (NPWT-id) for Complex Wound Healing

Authors: Hall, Kimberly, DNP, RN, GCNS-BC, CWCN-AP; Patterson, Jessica, BSN, RN
Affiliation: Carilion Clinic, Roanoke, Virginia
Abstract: Healing complex wounds in the hospital environment is a constant challenge for Wound, Ostomy, Continence Nurses (WOCNs). For more than two decades, we have used negative pressure wound therapy (NPWT) to assist with rapid cellular regeneration and wound closure for a variety of wound types. Recently, negative pressure wound therapy with instillation and dwell time (NPWT-id) was made available as an adjunct to traditional NPWT as a novel way to deliver solutions to the wound bed in a controlled manner. In limited early studies, NPWT-id was shown to increase the number of closed wounds prior to hospital discharge, improve wound cultures, reduce time to final wound surgical procedure, reduce overall hospital length of stay, and reduce the number of operative procedures compared to patients receiving standard NPWT only. Visible clinical effects from previous case study series describes observed increases in amounts of granulation tissue formation, reduced wound volume, improved appearance of granulation tissue (more red and beefy appearing), and more rapid covering/filling of dead space, undermined cavities, and exposed bone during NPTW-id compared to standard NPWT treatment. Additional anecdotal studies have also shown reduction in tissue bioburden and elimination of infection, though more controlled studies are needed to explore the treatment that NPWT-id can offer. This case study series will show the progression of complex wounds while undergoing NPWT-id. Three patient cases will be presented and will include patient demographics, relative clinical data, and individualized and comprehensive patient treatment plans described in detail for each case. Outcomes of the patients presented in this case study series will demonstrate positive patient results with NPWT-id. Usage of this technology will likely continue to grow as hospital systems seek to improve outcomes that will result in decreased burden of cost and reduce the potential for future complications in complicated, at risk wounds.

13. The More Eyes, the Better to See You With: The Creation of a System-Wide PUP Team

Author: Beaucher, Megan, BSN, RN, CWON
Affiliation: Children's Healthcare of Atlanta, Conyers, Georgia
Abstract: Pressure ulcer prevention (PUP) requires a multi-disciplinary effort to be effective. A leading pediatric facility in the south-east designed and implemented a program to empower bedside nursing staff to prevent hospital acquired pressure ulcers. Armed with the knowledge of proper assessment and concrete interventions, the facility was able to note a marked decrease in the prevalence of hospital acquired pressure ulcers. The facility was able to notice a decrease of 56% in the number of reportable pressure ulcers since the inception of the PUP team. Originally taught as a joint educational offering provided by Clinical Staff Development and the WOC (Wound Ostomy Continence) Nursing Department, the PUP team leaders now provide the majority of the education. Education is provided in a yearly refresher course for PUP leaders as well an update meeting every eight weeks. PUP participant responsibilities are department specific based on need. The goal for the PUP team is to continue increasing knowledge among all front line staff. A proven strategy for decreasing hospital acquired pressure ulcers.

14. A Direct Comparison Between a Split Thickness Skin Graft and a Regenerative Decellularized Dermal Allograft for Large Tissue Defect in the Reconstructive Phase of Necrotizing Fasciitis

Authors: Branch, Karl, BS Edu, ADN, CWCN; Hoskyns, Sabrina, ADN
Affiliation: Asheville Specialty Hospital
Abstract: INTRODUCTION: Necrotizing fasciitis is a serious bacterial skin infection that spreads quickly and kills the body's soft tissue. This complex disease must be treated in stages by a multi-specialty team of healthcare practitioners. PURPOSE: This case study is a single wound comparison of a standard method of soft tissue coverage, Split Thickness Skin Graft (STSG), with a Regenerative Decellularized Dermal Allograft (RDDA). RDDA is produced from donated human tissue and provides a scaffold for the repair or replacement of damaged dermis or inadequate integumental tissue. RDDA integrates into the wound bed, provides a matrix for new cell growth, encourages vascularization and supports the generation of epidermis, ultimately regenerating into normal skin. METHODOLOGY: The treatment plan for this patient was STSG for soft tissue defect coverage to achieve wound closure while minimizing donor site morbidity. However, surgeons were only able to harvest enough tissue to graft the anterior portion of the wound bed. Applying RDDA to the posterior portion avoided another surgical procedure (and additional donor site wound) and presented us with a unique opportunity to evaluate the effectiveness of STSG and RDDA on the same wound. OUTCOMES: On Day 24 after STSG application, the anterior portion of the abdominal wound was closed. On Day 3 post RDDA, the patient no longer required pain medication for dressing changes. By Day 13, all of the RDDA graft tissue was well incorporated and the wound defect was predominantly regenerated. NPWT was discontinued, Advanced Wound dressings were ordered to be changed every three days, and the patient was discharged to Home Health Nursing Care. Six and ten-month follow ups subjectively demonstrated the patient had a better outcome on the RDDA side of the wound as demonstrated in wound images. The patient also reports that he has more sensation over the RDDA site than over the STSG portion.

**** Posters as of July 15, 2016***

Exhibitors

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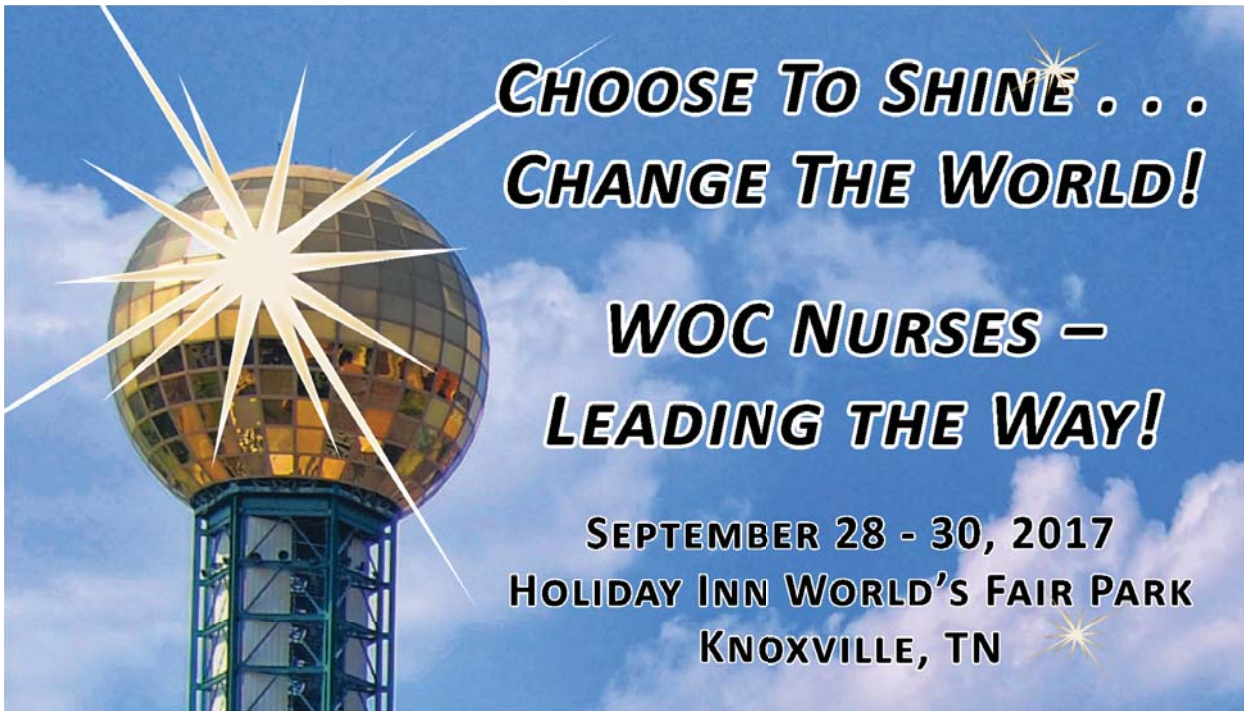
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The Southeast Region of the WOCN® Society thanks Southwest Technologies, Inc. for it's continued support in providing the printing of our Conference Program

Save the Date !



Anne Rogers, 2017 Conference Chair, and her team are already busy planning another outstanding conference.



MARK YOUR CALENDARS
SEPTEMBER 28 - 30, 2017

SCHEDULE OF EVENTS

THURSDAY AUGUST 25

6:00 AM	Pre-Conference Registration	Registration Desk 5
7:00 AM - 8:00 AM	Pre-Conference Breakfast sponsored by B.Braun Medical	Auditorium II Foyer
8:00 AM - 11:00 AM	Pre-Conference: The Aftermath of Complex Abdominal Surgery: Complex Issues for Pouching, Physical and Emotional Care of the Patient with a Challenging Ostomy or Fistula (O,W) *Karen Edwards, MSS, BSN, RN, CWOCN*	Auditorium II
8:30 AM - 4:00 PM	Attendee Registration	Registration Desk 5
11:30 AM - 12:30 PM	Lunch Symposium sponsored by Tissue Regenix (Non-CE)	Guilford A
12:45 PM - 1:00 AM	Welcome: *Karen Sanders, Conference Chair and Martha Davidson, President*	Guilford B
1:00 PM - 2:00 PM	KEYNOTE - Soaring to New Heights: Mapping Your Professional Flight Plan (PP) *Laurie McNichol, MSN, RN, GNP, CWOCN, CWON-AP*	Guilford B
2:00 PM - 3:00 PM	New Trends in Radiation Therapy for Colorectal Cancer (O) *Manisha Palta, MD*	Guilford B
3:00 PM - 3:15 PM	Break	
3:15 PM - 4:15 PM	Ostomy Panel: The Lived Experience (O) Moderated by: *Dorothy Doughty, MN, RN, CWOCN, CFCN, FAAN*	Guilford B
4:30 PM - 6:30 PM	Grand Opening / Reception with Exhibits; Silent Auction and Posters	Guilford C-G
6:45 PM - 9:00 PM	Dinner Symposium sponsored by ConvaTec (Non-CE)	Guilford A

FRIDAY AUGUST 26

6:00 AM	Attendee Registration	Registration Desk 5
7:00 AM - 8:00 AM	Breakfast Symposium sponsored by Acelity / KCI (Non-CE)	Guilford A
8:15 AM - 9:15 AM	The Science, Art and Evidence of Pouching Systems (O) *Janice Colwell, MS, RN, CWOCN, FAAN*	Guilford B
9:30 AM - 11:30 AM	Exhibits, Silent Auction and Poster viewing	Guilford C-G
11:45 AM - 12:45 PM	When Dressings Just Aren't Enough: Pharmaceuticals and Supplements That Can Impact Wound Healing (W) *Phyllis Kupsick, MSN, RN, FNP-BC, CWOCN*	Guilford B
1:00 PM - 2:00 PM	Lunch Symposium sponsored by Mölnlycke (Non-CE)	Guilford A
2:15 PM - 3:15 PM	Current Challenges in Bowel Management (C) *Dorothy Doughty, MN, RN, CWOCN, CFCN, FAAN*	Guilford B
3:15 PM - 4:15 PM	Exhibits, Silent Auction and Poster viewing	Guilford C-G
4:30 PM - 5:30 PM	Intimacy & Sexuality for the Patient With an Ostomy (O) *Mary Dunn, NP-C, RN, MSN, OCN*	Guilford B
5:30 PM - 6:30 PM	Silent Auction - final bids & pickup; Pick up Posters	Guilford C
	FREE NIGHT	

SATURDAY AUGUST 27

6:00 AM	Attendee Registration	Registration Desk 5
7:00 AM - 8:00 AM	Breakfast Symposium sponsored by BSN Medical (Non-CE)	Guilford A
8:15 AM - 9:15 AM	Caffeine and its Effect on the Bowel and Bladder: An Update for the WOC Nurse (C) *Mikel Gray, PhD, FNP, PNP, CUNP, CCCN, FAANP, FAAN*	Guilford B
9:15 AM - 10:15 AM	Fecal Transplantation in the Treatment of *Clostridium Difficile* Colitis (C) *Robert T. Elliot, MD*	Guilford B
10:15 AM - 10:30 AM	Break	
10:30 AM - 11:30 AM	The Art and Science of Leadership Through Influence (PP) *Jami Goldberg, MA, BA, CMC*	Guilford B
11:30 AM - 12:30 PM	Atypical Wounds (W) *Hardy Singh, MD*	Guilford B
12:45 PM - 2:15 PM	SER Business Meeting and Awards Presentation	Guilford A
2:30 PM - 3:30 PM	Choosing Compression for Your Patient with Venous Disease: Using the WOCN® Venous Leg Ulcer (VLU) Algorithm (W) *Laurie McNichol, MSN, RN, GNP, CWOCN, CWON-AP* and *Stephanie Yates, MSN, RN, ANP-BC, CWOCN*	Guilford B
3:30 PM - 4:30 PM	Soaring to New Heights: Celebration of our Past, Present and Future (PP) *Mikel Gray, PhD, FNP, PNP, CUNP, CCCN, FAANP, FAAN*	Guilford B
4:30 PM - 4:45 PM	Closing Remarks *Karen Sanders, Conference Chair and Martha Davidson, President*	Guilford B

(W) – WOUND **(O)** – OSTOMY **(C)** – CONTINENCE **(PP)** – PROFESSIONAL PRACTICE

All topics are for one contact hour unless otherwise stated.

Southeast Region of the Wound, Ostomy and Continence Nurses Society®

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2017 ASNA Accreditation Application

Attachment 9

1. Between 3-6 months after the conference all attendees will receive an evaluation relating to the information they obtained at the conference and ability to integrate the information in their practice.
2. They will be asked four questions which will be applied to the conference presentations:

    a. Have you been able to apply the information you have learned in these presentations?

    b. Did the information relate to your practice of WOC nursing in your current clinical setting.

    c. Where you able to apply the new information into your current practice?

    d. If not, what were the obstacles?

Southeast Region of the Wound, Ostomy and Continence Nurses Society®

2017 Conference Information



SER of the WOCN® Society Annual Conference

CHOOSE TO SHINE ... CHANGE THE WORLD!
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September 28 - 30, 2017 • Knoxville, TN

Hotel Information



Holiday Inn World's Fair Park • Knoxville Convention Center

The Holiday Inn World's Fair Park has a block of rooms (while supply lasts) available for our attendees and exhibitors from September 27th through 30th at the discounted rate of $130 /night (single or double). Reservations must be made no later than August 27, 2017, after which the normal rates apply.

Reservations may be made directly with the hotel by calling 1-800-264-1579 (use group code: WOM to receive this rate), or by using **using this link**

There is **NO** Hotel transportation from / to the Knoxville airport. You will need to take a taxi or arrange for a ride sharing service.
All sessions and events will be held in the Knoxville Convention Center located across the street from the hotel.

Attendee Info

Click for Registration Information

Registered but not yet paid?

Click to download Attendee Brochure

Click to download the Schedule

Wi-Fi

There will be free Wi-Fi available in the Concourse as well as the general session rooms. However we suggest you download the handouts **before** arriving, to be sure you can follow along if desired without depending on connectivity.
Download instructions for connecting

Contact Hours

Contact Hours Planned: 18

- Pre-Conference: 3
- Educational Sessions: 14
- Poster Viewing: 1

For more information regarding contact hours, please contact our Association Manager:
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Accreditation

This activity is being 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.

Objectives:

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.

Non CE Symposia

In addition, there will be 2 Breakfast (Friday and Saturday), 2 Luncheon (Thursday and Friday) and 1 Dinner (Friday) non CE Symposia hosted by exhibitors. **Complete information and registration links on the Symposia Page**.

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Southeast Region of the WOCN® Society
2017 Annual Conference

Attendee Information



Southeast Region
of the
Wound, Ostomy and
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Knoxville, TN

Sept. 28 - 30, 2017

Holiday Inn World's Fair Park
Knoxville Convention Center

2017 Conference Information

Exhibit Hours

Thursday September 28
4:15 - 7:00 PM • Grand Opening Reception / Exhibits

Friday September 29
10:15 AM - 12:30 PM • Exhibits



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/Posters for information and to access the electronic poster submission form. Contact the Poster Committee Chair, Scott Barnett at posters@serwocn.org if you have questions. Submissions are due by August 1, 2017.

Poster Session Hours

Thursday September 28
11:00 AM • Poster Set Up

Posters will located in the main concourse to be available for viewing until noon on Saturday. Posters will also be posted for viewing and printing on our website during and after the conference.

Saturday September 30
12.00 PM • Pick up Posters

There are TWO Concurrent Pre-Conference Sessions!

Pre-Conference #1 (3 Hours)
Managing Containment and Skin Issues of a Patient with a Fistula or Complex Ostomy (O, W)
Seating limited to 50 attendees

Pre-Conference #2 (3 Hours)
Efficacy of Total Contact Casting in the Treatment of Diabetic Foot Ulcers (W, FC)
Seating limited to 30 attendees

Breakfast will be served in the Henley Concourse at 7:00 AM on Thursday, Sept. 28th for Pre-Conference Attendees

For additional information contact:

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2017 Conference Agenda

On-Site Registration Hours

Thursday September 28
6:30 AM - 7:45 AM • Pre-Conference Only
8:30 AM - 5:00 PM • General Registration
11:30 AM - 4:00 PM • Exhibitors

Friday September 29
6:30 AM - 5:00 PM • General Registration

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

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@serwocn.org

MEETING ROOMS CAN BE COOL, SO LAYERS ARE RECOMMENDED!

Contact Hours Available: 18
Pre-Conference: 3
Educational Sessions: 14
Poster Session: 1

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

Thursday, September 28

**Agenda subject to change

7:00 AM - 8:00 AM	**PRE-CONFERENCE BREAKFAST** *Sponsored Event*
8:00 AM - 11:00 AM	**Pre-Conference #1 (3 Hours)** **Managing Containment and Skin Issues of a Patient with a Fistula or Complex Ostomy (O, W)** *Sharon McCarthy, BSN, RN, CWON*
8:00 AM - 11:00 AM	**Pre-Conference #2 (3 Hours)** **Efficacy of Total Contact Casting in the Treatment of Diabetic Foot Ulcers (W, FC)** *Ryan Chatelain, DPM; Virginia Kanner, BSN, RN, CWOCN; Tina Hein, BSN, RN, CWON*
11:15 AM - 12:15 PM	**LUNCH SYMPOSIA** (non CE) *Sponsored by B. Braun Medical*
12:30 PM - 12:45 PM	**Welcome & Introductions** *Anne Rodgers, Conference Chair* *Jennifer Anderson, President, Southeast Region of the WOCN® Society*
12:45 PM - 1:45 PM	**Vascular Wounds and Limb Salvage (W, FC)** *Deanna Nelson, MD*
1:45 PM - 2:45 PM	**What to Do When the Flood Gates Open: High Output Ileostomies (O)** *Roberta Muldoon, MD; Christine Reuscher, BSN, RN, CWOCN*
2:45 PM - 3:00 PM	BREAK
3:00 PM - 4:00 PM	**Fecal Incontinence Outpatient Management (C)** *Dorothy Doughty, MSN, RN, CWOCN, CFCN, FAAN*
4:15 PM - 7:00 PM	**GRAND OPENING RECEPTION with EXHIBITS** HORS D'OEUVRES AND CASH BAR

2017 Conference Agenda

Friday, September 29

7:00 AM - 8:00 AM	**BREAKFAST SYMPOSIA** (NON CE) *Sponsored by Coloplast*
8:15 AM - 9:15 AM	**A Strategic Plan for Perioperative Pressure Injury Prevention (W)** *Susan Scott, MSN, RN, WOC Nurse*
9:15 AM - 10:15 AM	**TeleWound Care: Expanding Your Practice and Increasing Patient Access (W)** *Mona Baharestani, PhD, ANP, CWOCN, CWS*
10:15 AM - 12:30 PM	**EXHIBITS**
12:45 PM - 1:45 PM	**LUNCH SYMPOSIA** (NON CE) *Sponsored by Mölnlycke Health Care*
2:00 PM - 3:00 PM	**CARE (Continence and Retraining Elimination) Clinic (C)** *Amber Wetherington, CPNP-PC*
3:00 PM - 4:00 PM	**What is New in Staging Pressure Injuries? (W)** *Laura Edsberg, PhD*
4:00 PM - 4:15 PM	BREAK
4:15 PM - 5:15 PM	**Changing the World for the Patient with a Colostomy: An Evidence-Based Update on Colostomy Irrigation (O)** *Mary Arnold Long, DNP, APRN, CRRN, CWOCN-AP, ACNS-BC*
5:15 PM - 6:30 PM	**Southeast Region General Business Meeting and Award Presentations with Wine & Cheese Reception**
6:45 PM - 9:00 PM	**Dinner Symposium** (NON CE) *Sponsored by BSN Medical*

Saturday, September 30

7:00 AM - 8:00 AM	**BREAKFAST SYMPOSIA** (NON CE) *Sponsored by Hollister*
8:15 AM - 9:15 AM	**Atypical Wounds (W)** *Marcia Spear, DNP, RN, ACNP-BC, CWS, CPSN, CANS*
9:15 AM - 10:15 AM	**Peristomal Complications (O)** *Traci Brackin, DNP, APRN, FNP-BC, CWOCN, CFCN*
10:15 AM - 10:30 AM	BREAK
10:30 AM - 11:30 AM	**Treatment Modalities for Urinary Incontinence (C)** *Lynette Franklin, MSN, APRN, ACNS-BC, CWOCN-AP, CFCN*
11:30 AM - 12:30 PM	**Legal Aspects of WOC Nursing? (PP)** *Rhonda Sullivan, PhD, MSN, MBA, CWON, LNCC*
12:30 PM - 1:00 PM	BREAK
1:00 PM - 2:00 PM	**Lunch Speaker (with boxed lunch provided)** **The WOCN® Society's Support Surface Algorithm: Bridging Expert Opinion and Science for Clinical Decision Making in Support Surfaces (W)** *Dianne Mackey, MSN, RN, CWOCN*
2:00 PM - 3:00 PM	**Nightmares on Ostomy Street (O)** *Moderated by Martha Davidson, MN, BSN, RN, CWOCN*
3:00 PM - 3:15 PM	**Closing Remarks** *Anne Rodgers, Conference Chair* *Jennifer Anderson, President, Southeast Region of the WOCN® Society*

Hotel & Registration

Hotel Accomodations

The **Holiday Inn World's Fair Park** has a block of rooms *(while supply lasts)* available for our attendees and exhibitors from September 27th through 30th at the discounted rate of $130 /night (single or double). Reservations must be made no later than **August 27, 2017**, after which the normal rates apply. Reservations may be made directly with the hotel by calling 1-800-264-1579 (use group code: WOM to receive this rate), or by using the link provided on our website at: www.serwocn.org/Conference



Image courtesy of Knoxville CVB

Airport Transportation

There is NO Hotel transportation from / to the airport.
You will need to take a taxi or arrange for a ride sharing service.

For additional information contact:
Bernie Haberer
727-238-5140 (*phone*)
727-269-5760 (*fax*)
bhe@serwocn.org

Knoxville Convention Center
Holiday Inn World's Fair Park
525 Henley St. • Knoxville, TN 37902

Conference Registration

Online registration with credit card payment is fast and easy! Visit our website at: **www.serwocn.org/Registration/**. If you prefer to send payment by check, 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.

Send Payments to:

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

Registration Type	Early Bird Pricing*	Starting July 13th
Member - with Pre-Conference *(includes Awards Reception)*	**$ 300**	**$ 375**
Member - Conference Only *(includes Awards Reception)*	**$ 225**	**$ 275**
Member - Pre-Conference Only	**$ 75**	**$ 100**
For Member Pricing, you must be a member of the WOCN® Society, with Southeast Region selected		
Non-Member - with Pre-Conference *(includes Awards Reception)*	**$ 375**	**$ 450**
Non-Member - Conference Only *(includes Awards Reception)*	**$ 275**	**$ 325**
Non-Member - Pre-Conference Only	**$ 100**	**$ 125**
To qualify for Early Bird Pricing, payment must be received by July 12, 2017		
Single Day Option		
1 Day Attendance	**$ 125**	**$ 150**

Cancellation / Refund Policy
All requests for attendee cancellations must be received in writing at the business office by August 15, 2017, and are subject to a $50 processing fee. No refunds will be approved after August 15, 2017.

Southeast Region
of the
Wound, Ostomy and
Continence Nurses Society®

c/o BHe Management
36181 East Lake Road Ste. 376
Palm Harbor, FL 34685





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 28 - 30, 2017

WOCN® Society is a not-for-profit corporation. Its tax ID number is 25-1251887. W-9 form provided upon request.



Southeast Region of the WOCN® Society
2017 Conference

CHOOSE TO SHINE…CHANGE THE WORLD
WOC NURSES LEADING THE WAY

NOTE: ***It's been our experience many hospital systems block this type of activity: therefore, we strongly suggest you complete the evaluations from your own personal computer.***

Tracking Sessions Summary

Welcome to SER of the WOCN® Society's online conference evaluation. Use the attached Session Worksheet to keep a record of your completed evaluations.

Complete your evaluation as soon as possible. ***The deadline for submission is OCTOBER 15, 2017!*** Session evaluations will become active after each session for those with laptops/tablets.

To begin the evaluation process, use the link on the SER home page or conference information page. Click on Attendee LOGIN. When prompted, enter User name (SERWOCN) and Password (2017), and then click ok. The user name and password are the same as those you used to download conference handouts.

Link: www.serwocn.org/
Click on Attendee LOGIN
User name: SERWOCN (one word, all uppercase)
Password: 2017

Click on 'Session Evaluations'
For each session **attended**, enter your last name and **your unique attendee id. (**Most used your first letter of both your first and last name followed by the last four digits of your social security number) We've conveniently placed your unique attendee id ***on your conference name badge.*** Session evaluations will become active after each session is complete. You'll earn one contact hour for every hour of educational time, including one contact hour for poster viewing.

After completing the session evaluations, it will be necessary to complete the Conference Evaluation. This evaluation will become active on Saturday at the conclusion of the conference. **Click on 'Conference Evaluation'** at the bottom of the Conference Session Evaluation page. To evaluate the conference, enter your first and last name (as you would like it to appear on your certificate), unique attendee id, and email address. **Your personalized certificate will be emailed to you within approximately two weeks of submission.**

Questions? During conference go to the Registration Desk or ask any SER WOCN board member. After conference contact Bernie Haberer at 727-238-5140 or email webmaster@serwocn.com.

THURSDAY 9/28/17		**CE hours**	Eval Done ?
8:00 AM - 11:00 AM **Concurrent**	Pre-Conf #1: (3 hours) Managing Containment and Skin Issues of a Patient with a Fistula or Complex Ostomy (O, W)	3	
8:00 AM - 11:00 AM **Concurrent**	Pre-Conf #2: (3 hours) Efficacy of Total Contact Casting in the Treatment of Diabetic Foot Ulcers (W, FC)	3	
12:45 PM - 1:45 PM	Vascular Wounds and Limb Salvage (W, FC)	1	
1:45 PM - 2:45 PM	What to Do When the Flood Gates Open: High Output Ileostomies (O)	1	
3:00 PM - 4:00 PM	Fecal Incontinence Outpatient Management (C)	1	
FRIDAY 9/29/17			
8:15 AM - 9:15 AM	A Strategic Plan for Perioperative Pressure Injury Prevention (W)	1	
9:15 AM - 10:15 AM	TeleWound Care: Expanding Your Practice and Increasing Patient Access (W)	1	
2:00 PM - 3:00 PM	CARE (Continence and Retraining Elimination) Clinic (C)	1	
3:00 PM - 4:00 PM	What is New in Staging Pressure Injuries? (W)	1	
4:15 PM - 5:15 PM	Changing the World for the Patient with a Colostomy: An Evidence-Based Update on Colostomy Irrigation (O)	1	
SATURDAY 9/30/17			
8:15 AM - 9:15 AM	Atypical Wounds (W)	1	
9:15 AM - 10:15 AM	Peristomal Complications (O)	1	
10:30 AM - 11:30 AM	Treatment Modalities for Urinary Incontinence (C)	1	
11:30 AM - 12:30 PM	Legal Aspects of WOC Nursing? (PP)	1	
1:00 PM - 2:00 PM	Lunch Speaker *(with box lunch provided)*: The WOCN® Society's Support Surface Algorithm: Bridging Expert Opinion and Science for Clinical Decision Making in Support Surfaces (W)	1	
2:00 PM - 3:00 PM	Nightmares on Ostomy Street (O)	1	
Throughout	Posters (Thurs - Sat; and online)	1	
Max total any one attendee can achieve (One pre-con, 14 session plus posters)		**18**	

A Strategic Plan Perioperative Pressure Ulcer/Injury Prevention

Presented by:
Susan M. Scott, BSN, MSN, RN, WOC Nurse
Southeast Region WOCN
September 29, 2017

Contact Information



WEB: http://www.scotttriggers.com
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HOME: scotttriggers@gmail.com
Twitter @scotttriggers

Faculty Disclosure

Susan Scott: Stryker/Sage Products Speaker Bureau and Consultant

3

Objectives

- Identify the factors that increase the risk of pressure injuries in the surgical patient.
- Describe the role of the WOC nurse in creating strategies to reduce the incidence of hospital-acquired pressure injuries in the surgical population.

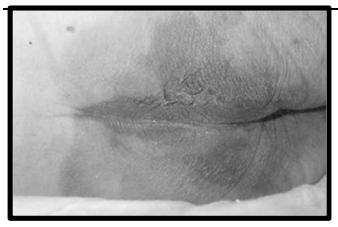
Surgical Risk of Pressure Ulcer/Injury

Surgery is one of the few times when someone not normally at high-risk for pressure ulcer development is placed at risk

(Gendron 1988)



Defining OR-Acquired Pressure Ulcer/Injuries (PU/Is)



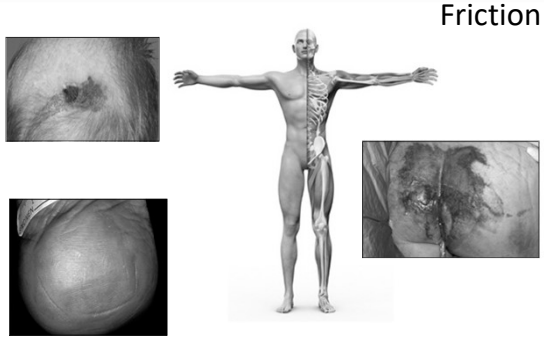
48 hours post-op Coronary Artery Bypass Graft

A perioperative pressure injury is any pressure-related tissue injury that presents (i.e. non-blanchable erythema, purple discoloration or blistering) within 48-72 hours postoperatively and is associated with the surgical position. Scott, 2015

Scott S. Progress and Challenges in Perioperative Pressure Ulcer Prevention. *J Wound Ostomy Continence Nurs. 2015;*42 (5);480-485. Photo used with permission http://www.scotttrigers.com

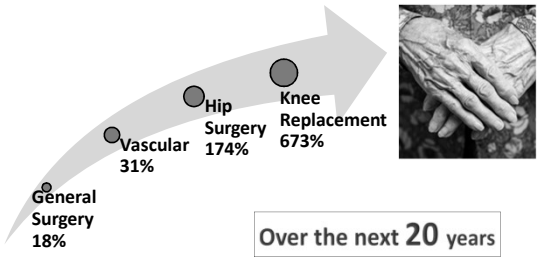
6

Skin Injury Due to Pressure, Shear & Friction



Wound Ostomy and Continence Nurses Society. (2016) Bottom-Up (Pressure Shear) Injuries. In D. Doughty, and L. McNichol (Ed). *Core Curriculum Wound Management*.(pp. 313-332). Philadelphia, Wolters Kluwer. Photo used with permission http://www.scotttrigets.com

Aging Surgical Population



American Geriatric Society (2015) Optimal Perioperative Management of the Geriatric Patient: Best Practice Guideline from ACS NSQIP ®/ American Geriatric Society Retrieved 02-12-16 from https://www.facs.org/~/media/files/quality%20programs/geriatric/acs%20nsqip%20geriatric%202016%20guidelines.ashx NCHS Data Brief Hospitalization for Total Hip Replacement Among Inpatients Age 45 and Over: United States, 2000-2010 Retrieved 12-07-2016 from http://www.cdc.gov/nchs/data/databriefs/db186.pdf Dall TM, Gallo PD, Chakrabarti R, West T, Semilla AP, Storm MV.An aging population and growing disease burden will require a large and specialized health care workforce by 2025. *Health Aff.* (Millwood) Nov 2013;32(11):2013-2020.

Aging Surgical Population



Surgery	Perioperative Pressure Injury (PPI)	Patient Safety	Pressure Injury (PI)
51.4 M in 2010 234 M global • 19.2 M > age 65	Incidence 0.3% -57% Mean 15%	PPI incidence has increased over past 5 yrs	Risk increases with age

American Geriatric Society (2015) Optimal Perioperative Management of the Geriatric Patient: Best Practice Guideline from ACS NSQIP ®/ American Geriatric Society Retrieved 02-12-16 from https://www.facs.org/~/media/files/quality%20programs/geriatric/acs%20nsqip%20geriatric%202016%20guidelines.ashx
NCHS 2010National Hospital Discharge Survey Retrieved 12-7-16 from http://www.cdc.gov/nchs/data/nhds/4procedures2010pr-not_numberprocedurespg.pdf

Relevance for Patient Care

Morbidity & Mortality

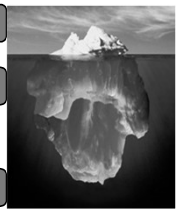
- Mortality as high as 60% for older persons with PU.

Costs

- $11 Billion a year
- Cost to treat is 2.5 times higher than prevention
- Since 2008 CMS does not pay for stage III & IV HAPUs

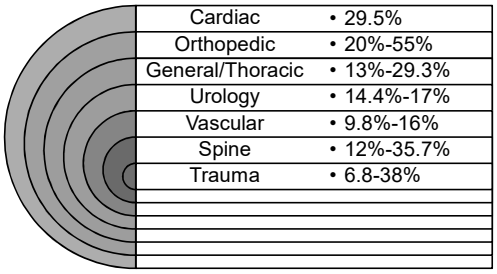
Litigation

- 2nd only to wrongful death cases



Bennett R, O'Sullivan L, DeVito E, Rennsburg B. The increasing medical malpractice risk related to pressure ulcers in the United States. *J Am Geriatr Soc.* 2000 48(1):73-81
The Financial Impact of Pressure Ulcers. Available at http://www.leehealthcare.com/pdfs/LH_WP_FinancialOverview_1563AA_PDF_100514.pdf

PU/Is Incidence by Surgery Type



Cardiac	• 29.5%
Orthopedic	• 20%-55%
General/Thoracic	• 13%-29.3%
Urology	• 14.4%-17%
Vascular	• 9.8%-16%
Spine	• 12%-35.7%
Trauma	• 6.8-38%

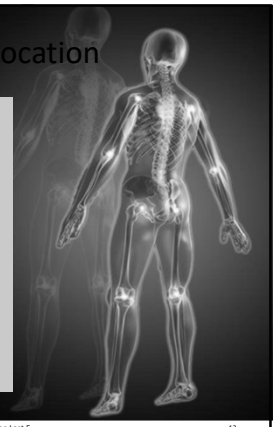
Chen H, Chen X, Wu J. The incidence of Pressure Ulcers in Surgical Patients of the Last 5 years. *Wounds* 2012;24(9):234-241. Haas W, Schwarzbaum J, Schuurman M, and Lepere J. Pressure ulcers from spinal immobilization in trauma patients: A systematic review. Journal of Trauma and Acute Care Surgery. 76(4):1134-1141, April 2014.

11

Consider trauma cases, bariatric, and re-operations

Pressure Ulcer/Injury Location

- Most common locations of Perioperative PU/I
  - Heels 14% - 52%
  - Sacral 22% - 41%
  - Buttocks 11%-47%
  - Elbow 5%
  - Occiput 4% (Pediatric)



Chen H, Chen X, Wu J. The incidence of Pressure Ulcers in Surgical Patients of the Last 5 years. *Wounds* 2012;24(9):234-241.

12

Perioperative Contributing Factors



Pre-operative (Intrinsic)

Intra-operative (Extrinsic)

Post-operative

13

Pre-operative (Intrinsic) Factors



Age* >62

- Age & co-morbidity
- Low Albumin level*
- Body mass index <19 or >40
- Recent significant weight loss
- Race
- ASA Scores*
- Diabetes*
- Cardiac disease*
- Vascular disease*
- Pulmonary disease*
- Renal Insufficiency
- Time to surgery

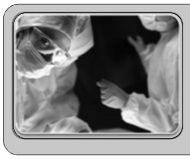
*Statistically Significant Factors in Multiple Studies

ASA Physical Status Classification

- **Category I**
  - A normal healthy patient
- **Category II**
  - Mild systemic disease without functional limitations
- **Category III** ***A patient with severe systemic disease***
  - One or more moderate to severe diseases. I.e. poorly controlled DM or HTN, COPD, morbid obesity (BMI ≥40).
- **Category IV**
  - Severe systemic disease that is a constant threat to life. I.e. (<3 mo.) MI, CVA, TIA, or CAD/stents.
- **Category V**
  - Moribund not expected to survive without the operation
- **Category VI**
  - A declared brain-dead patient whose organs are being removed for donor purposes.

American Society of Anesthesiologists® (2014) Access from American Society of Anesthesiologists Physical Status Classification. Retrieved August 4th, 2015 at http://www.asahq.org/resources/clinical-information/asa-physical-status-classification-system

Intra-Operative "Extrinsic" Factors



Time on the table*
- Type of Surgery*
- Surgical position & devices
- Negativity – layers
- Warming blanket
- Hypotensive episodes
- Heat - Hypothermia
- Decreased H&H*
- Cardiopulmonary Circulation
- Table pad construction*
- Shear/Friction
- Lateral transfers
- Anesthesia (General/spinal)
- Medications
- Moisture - Maceration

Post-Operative Factors



Post Operative
- Days in the bed*
- Total time of immobility
- Success of Recovery
  - Early mobilization
  - Hemodynamic status
  - Respiratory (Hypoxia)
- Nutrition*
- Skin assessment
- Pressure redistribution
- Pain Control
- Device related ulcers
  - Cervical Collars/tubing

What is the Evidence?



AORN 2017 Guidelines for Perioperative Practice (2017)
- Use structured risk assessment tool for pressure injury risk
  - Scott Triggers® or Munro Scale
- Determine positioning equipment required based on procedure and risk factors
- Surfaces, offload heels, protective dressings

Wound Ostomy Continence Nurses Society (2016) Core Curriculum Wound Management

National Pressure Ulcer Advisory Panel (2014)
- Consider additional risk factors specific to individuals undergoing surgery (C)
- Use a high specification mattress on the OR table for at risk individuals (B)
- Position patient to reduce risk of PI development during surgery (C)
- Ensure that the heels are free of the surface of the operating table (C)
- Position the knees in slight flexion when offloading the heels (C)
- Pay attention to pressure redistribution prior to and after surgery (C)

SCOTT TRIGGERS®

Scott Triggers®	Does it meet these qualifications?	If YES, please place check here
Age	Age 62 or older	
Serum Albumin ____g/L or BMI	Albumin level <3.5 g/L or BMI <19 or >40	
ASA Score (Circle) 1 2 3 4 5 6	ASA score 3 or greater	
Estimated surgery time Hours/minutes	Surgery time over 3 hours or 180 minutes	
Two or more YESES =	**HIGH RISK SURGICAL PATIENT**	

Scott S. Progress and Challenges in Perioperative Pressure Ulcer Prevention. *J Wound Ostomy Continence Nurs. 2015;*42 (5):480-485.
http://www.scotttrigers.com

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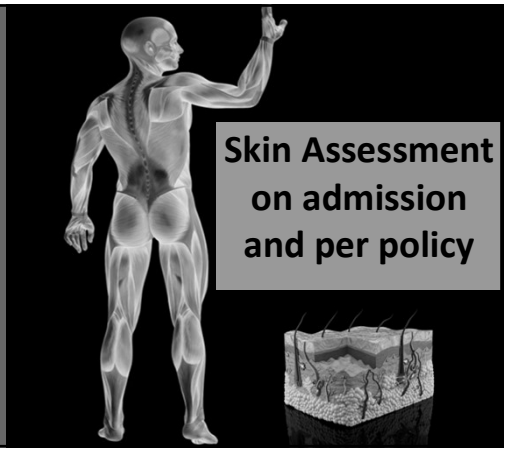
OR Skin Bundle

- Skin assessment pre-op and immediately post-op
- High specification OR table pads
- Safe patient handling
- Off load pressure (ie, heels)
  - 3 Rs: Reduce, Relieve, Redistribute pressure
- Skin care: protective dressings
- MDRPI, Use special padding for high-risk body areas
- Use only approved positioning devices
- MARSI
- Maintain normothermia
- Handoff communication
- Post-op bundles
  - Early mobility



Scott, S (2016) Perioperative Pressure Injuries: Protocols and Evidence-Based Programs f
PSQH, 13(4), 20-28.

A- Assessment of Skin and Risk



Skin Assessment on admission and per policy

High Specification OR Table Pads

High Specification: Non Powered

- Foam alterative such as viscoelastic
- Gel/foam combination
- Air overlay

High Specification: Powered

- Limited research on powered devices
- Fluid Immersion Simulation
- Alternating air overlay



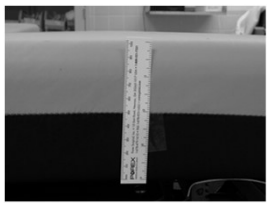


Life Expectancy of Surface

National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel and Pan Pacific Pressure Injury Alliance. . Prevention and Treatment of Pressure Ulcers: Clinical Practice Guideline. Emily Haesler (Ed.). Cambridge Media: Osborne Park, Western Australia; 2014. AORN
Photography supplied courtesy of STERIS Corporation and Biologics.

Memphis, TN VA Study

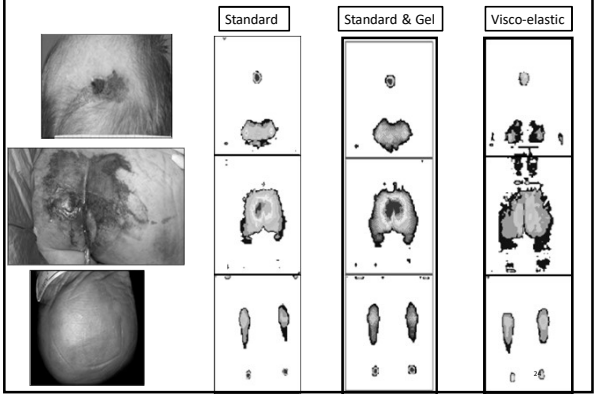


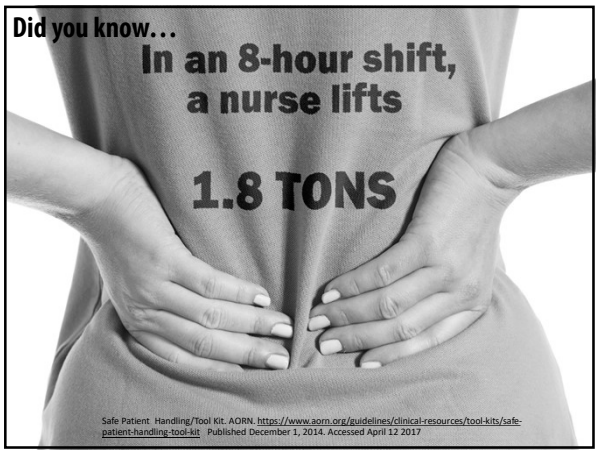


323 pts. Scott (2006) Patients were eight times more likely to develop a PI on the standard vs. "New" Technology (OR pad)

Scott S. Progress and Challenges in Perioperative Pressure Ulcer Prevention. *J Wound Ostomy Continence Nurs.* *2015;42* (5);480-485.

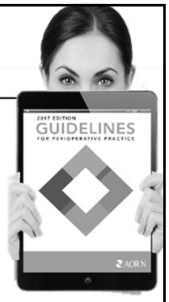
Tissue Interface Pressure 2-Dimensional Measurement





Safe Patient Handling/Tool Kit. AORN. https://www.aorn.org/guidelines/clinical-resources/tool-kits/safe-patient-handling-tool-kit Published December 1, 2014. Accessed April 12 2017

SPH Recommendations



Essential Task Elements

- Maintain the patient's body alignment & airway & support extremities during transfer to protect the patient from a positioning injury

Task Recommendations

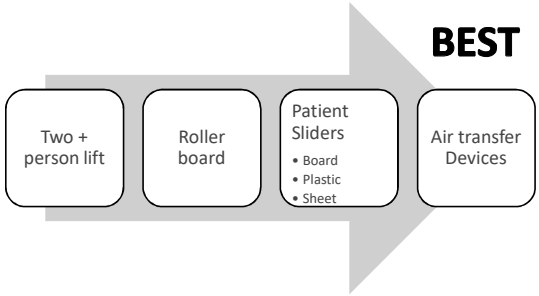
- General Lateral Transfer
  - Use lateral transfer device that extends beyond the length of the patient (eg, slider board)
  - Destination surface should be slightly lower

Supine

- Anesthesiologist supports head and neck
  - Weight < 157 lb.
    - Use lateral transfer device & 4 caregivers
  - Weight > 157 lb.
    - Use mechanical lift with supine sling, mechanical lateral transfer device, or air-assisted lateral transfer device & 3 to 4 caregivers

Safe Patient Handling/Tool Kit. AORN. https://www.aorn.org/guidelines/clinical-resources/tool-kits/safe-patient-handling-tool-kit Published December 1, 2014. Accessed April 17, 2017

Types of Lateral Transfer Devices



Safe Patient Handling/Tool Kit. AORN. https://www.aorn.org/guidelines/clinical-resources/tool-kits/safe-patient-handling-tool-kit Published December 1, 2014. Accessed April 17, 2017

Positioning

"Position the patient in such a way as to reduce the risk of pressure injury development during surgery" NPUAP 2014

- Supine
- Prone
- Lithotomy
- Trendelenburg
- Lateral Jack Knife



National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers: Clinical Practice Guideline. Emily Haesler (Ed.). Cambridge Media: Osborne Park, Western Australia; 2014.

Common Surgical Positions - Supine

Procedures

- Anterior chest (open heart)
- Abdomen
- Pelvis
- Face, neck, mouth
- Extremities

Vulnerable Anatomy

- Occiput
- Scapulae
- Arms
- Elbows
- Thoracic vertebrae
- Lumbar area
- Sacrum Coccyx
- Heels



Photography supplied courtesy of STERIS Corporation. Walton-Greer, P. (2009). Prevention of pressure ulcers in the surgical patient. AORN Journal, (89)3. 538-548.

Alopecia



- Pressure injury of the occiput can result in alopecia (hair loss) which may be permanent or temporary.
- Most common site for ulcers in pediatrics is the occiput.
- "Cosmetic disaster"

Prevention: Reposition head every 30 minutes

Alexander's 2003 and Pediatric Dermatology Journal

Ensure that the Heels are Free of the Surface of the OR Table

- Use heel suspension devices that elevate and offload the heel completely in such a way as to distribute the weight of the leg along the calf without putting all the pressure on the Achilles tendon.

  (Strength of Evidence = B)



National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel and Pan Pacific Pressure Injury Alliance. . Prevention and Treatment of Pressure Ulcers: Clinical Practice Guideline. Emily Haesler (Ed.). Cambridge Media: Osborne Park, Western Australia; 2014.

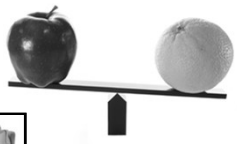
What is a Heel Off Loading Device (HOLD)?

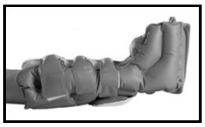


Pillow-based



Sheepskin



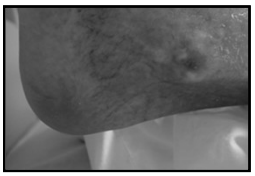


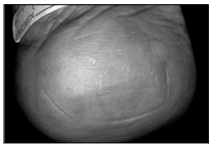
Air-based



Egg Crate

Protective Dressings or Padding







Position the Knees in Slight Flexion when Offloading the Heels

(Strength of Evidence C)



Avoid hyperextension of knee, can lead to popliteal vein compression and increase risk of DVT

National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel and Pan Pacific Pressure Injury Alliance. . Prevention and Treatment of Pressure Ulcers: Clinical Practice Guideline. Emily Haesler (Ed.). Cambridge Media: Osborne Park, Western Australia; 2014.

Common Surgical Positions - Lithotomy

Procedures

- Obstetrics and gynecological procedures
- Genitourinary procedures

Pearls



- Careful placement of buttocks do not extend over break of bed.
- Avoid Candy Cane and crutch stirrups linked with nerve injury
- Boot type stirrups are safer

Vulnerable Anatomy

- Occiput
- Shoulders
- Scapulae
- Hips
- Sacrum/coccyx
- Lateral aspect of the legs
- Heels



Photography supplied courtesy of STERIS Corporation. Walton-Greer, P. (2009). Prevention of pressure ulcers in the surgical patient. AORN Journal, (89)3. 538-548.

Common Surgical Positions - Prone

Procedures

- Back and Spine
- Posterior legs

Pearls



- Inspect pads q 4-6 months
- Replacement plan for pads
- Pillows with 18 oz. fill

Vulnerable Anatomy

- Forehead, eyes, ears, and chin
- Anterior shoulders
- Breasts
- Iliac crests
- Genitalia
- Knees
- Shins
- Dorsum of the feet
- Toes



Photography supplied courtesy of STERIS Corporation. Walton-Greer, P. (2009). Prevention of pressure ulcers in the surgical patient. AORN Journal, (89)3. 538-548.

Common Surgical Positions - Lateral

Procedures

- Chest
- Lung
- Kidney
- Hip



Pearls

- Head aligned, torso stabilized, lower arm is slightly forward, bottom leg flexed padding between legs.
- Stabilizing devices (Beanbags) linked to Rhabdomylisis

Vulnerable Anatomy

- Dependent side of face and ear
- Dependent shoulder
- Arms
- Dependent axilla
- Dependent hip
- Legs
- Dependent knee
- Ankles
- Feet



Photography supplied courtesy of STERIS Corporation.
Walton-Greer, P. (2009). Prevention of pressure ulcers in the surgical patient. AORN Journal, (89)3. 538-548.

Common Surgical Positions – Trendelenburg (1881)

Procedures

- Minimally Invasive Surgery (MIS)/laparoscopic and Robotic
- OB/GYN procedures
- Genitourinary procedures



Pearls

- Sliding significant patient safety issue in robotics
- Table pad to protect from pressure, friction and skin shear
- Shoulder braces linked to brachial plexus nerve injury
- Restraints must not incorporate crossing chest straps to assure proper respiration

Vulnerable Anatomy

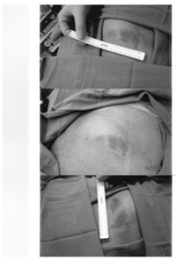
- Occiput
- Shoulders
- Scapulae
- Hips
- Sacrum/coccyx
- Heels



Photo used with permission D. A. Surgical Http://www.dasurgical.com
Allen, D Positioning and the Surgical Robot. *Surgical Products* (2013) Retrieved at http://www.surgicalproductsmag.com/article/2013/02/positioning-and-surgical-robot

Pressure Ulcer/Injuries

Robotics



Bean Bags



Photos used with permission L. Minnich PACU JMCC



Follow Manufacturer Instructions for Use (IFU)









Medical Device-Related Pressure Injury (MDrPI)

- Anesthesia devices
- Compression stockings
- Face plates in prone posiion
- External fixators
- Urinary catheters & tubing
- Positioning devices
  - Bean Bag, Bookwalter, Mayo stands on the toes
- Safety straps







McNichol L, Lund C, Rosen T, Gray M. Medical adhesives and patient safety: state of the science: consensus statements for the assessment, prevention, and treatment of adhesive-related skin injuries. *J Wound Ostomy Continence Nurs.* 2013;40(4):365-380.
Photo Used with Permission L. McNichol and D. Doughty

Mitigation for Medical Device-Related Pressure Injury (MDrPI)

- Care with use of positioning devices, protective padding
- Secure the device in a way that minimizes pressure against the underlying tissue
- Utilize foam or comparable dressing underneath or around rigid devices
- Ensure patient is not lying on tubes!!
- Meticulous patient positioning with attention to rigid devices and soft tissue contact
- No leaning on the patient

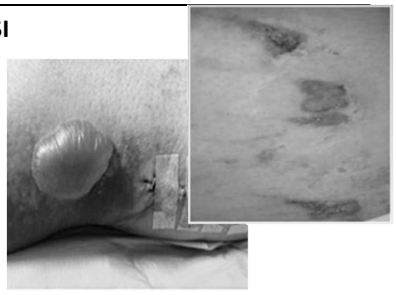


Wound Ostomy and Continence Nurses Society. (2016) Bottom-Up (Pressure Shear) Injuries. In D. Doughty, and L. McNichol (Ed). *Core Curriculum Wound Management.* (pp. 313-332). Philadelphia, Wolters Kluwer.

Medical Adhesive-Related Skin Injury (MARSI)

Types of MARSI

- Erythema
- Tension injury or blister
- Skin stripping
- Skin tear
- Irritant contact dermatitis
- Maceration



Surgery Patients average 6 devices per procedure

McNichol L, Lund C, Rosen T, Gray M. Medical adhesives and patient safety: state of the science: consensus statements for the assessment, prevention, and treatment of adhesive-related skin injuries. *J Wound Ostomy Continence Nurs.* 2013;40(4):365-380.
Farris, M, Petty M, Hamilton, J, Walters S, Flynn M. Medical adhesive-related skin injury prevalence among adult acute care patients: A single-center observational Study. *J Wound Ostomy Continence Nurs.* 2015;42(6):589-598. Photo Used with Permission L. McNichol and D. Doughty

Medical Adhesive-Related Skin Injury (MARSI)

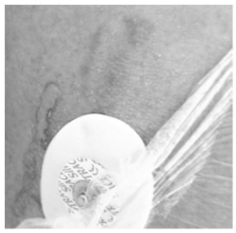


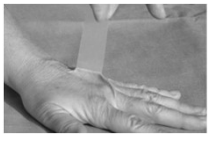
Photo use with permission www.scotttriggers.com

Types of Medical Adhesive Product Categories

- Surgical dressing (transparent dressing, tape)
- Surgical closure (strips)
- IV dressings (transparent, bordered dressings)
- Wound dressing
- Tube securement (NG, feeding, chest, foley)
- Electrodes

Mitigation of MARSI

- Non-traumatic skin products dressings tape
  - Contact layers, non adherent gauze
  - Non traumatic surgical dressings
  - Non traumatic tape
  - Self adherent dressings vs adhesive tape to secure lines.
  - Use thin film dressing for protection as needed
  - Adhesive removers
  - NEVER RIP off tape on fragile skin

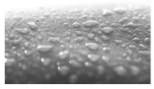


Secret: stretch adhesives to remove

Wound Ostomy and Continence Nurses Society. (2016) Bottom-Up (Pressure Shear) Injuries. In D. Doughty, and L. McNichol (Ed). *Core Curriculum Wound Management*. (pp. 313-332). Philadelphia, Wolters Kluwer.
Photo used with permission L. McNichol

Microclimate

- Microclimate – the temperature of the body and the amount of moisture between the body and the surface.
- In the OR sources of moisture may include:
  - –Irrigation
  - –Blood
  - –Prep solution
  - –Sweat

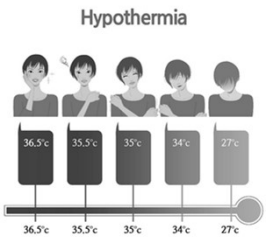




Fred, C., Ford, S., Wagner, D., & VanBrackle, L. (2012). Intraoperatively acquired pressure ulcers and perioperative normothermia: A look at relationships. *Association of Operating Room Nurses. AORN Journal, 96*(3), 251-60. doi:http://dx.doi.org/10.1016/j.aorn.2012.06.014

Thermoregulation

- **Normothermia is the process of keeping the patients temperature at a normal level**
- **Active** warming is required to prevent perioperative hypothermia. Peripheral tissues are heated, decreasing the temperature gradient between the core and periphery.
- With increased warming the potential for increased blood flow to the area of pressure is increased.



Microclimate & Thermoregulation

- Thermoregulation of the body is maintained by anesthesia and influenced through artificial means such as:
  - Warming blankets
  - Cooled/warmed IV solutions
  - Mechanical ventilation
  - Temperature of the room
  - Drapes



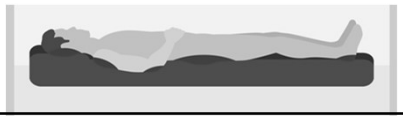
Skin Temperature/Moisture Control

Why is this important in the OR?

Core Body Temperature

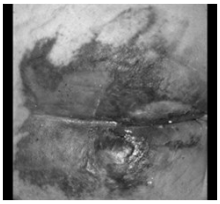
Increased	Decreased
Peripheral Circulation	Peripheral Circulation
Perspiration	Muscle Shivering
O2 & Nutrient Demand	O2 & Nutrient Delivery

Greater risk of ischemia



Handoff Communication

- Situation
  - 72 y/o s/p CABG, Supine position, surgery lasting 6.5 hrs, deep erythema with purple discoloration on sacrum noted post-op.
- Background
  - PMH: Diabetes, COPD, on Steroids with an ASA classification of 3. During the case multiple hypotensive episodes and hypothermia noted.
- What is your Assessment ?
- What is your Recommendation?



What will you report?

Post – Op Care *"Universal Pressure Precautions"*

- Place the individual on a high specification support surface both prior to and after surgery. (Strength of Evidence = C)
- Position the individual in a different posture preoperatively and postoperatively than the posture adopted during surgery. (Strength of Evidence = C)
- ERAS
- UP Program



National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers: Clinical Practice Guideline. Emily Haesler (Ed.). Cambridge Media: Osborne Park, Western Australia; 2014.

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Strategic Plan

1. Quality Improvement
2. Assessment (Gap Analysis)
3. Staff Education & Awareness
4. Evidence-based best practices
5. Risk Assessment
6. Perioperative Nursing Care Plan
7. Universal Pressure Precautions
8. Positioning Competencies
9. Product selection/technology
10. Interprofessional collaboration

SCOTT PPIPP



Scott S. Creating a strategic plan for perioperative pressure ulcer prevention. *AORN Journal* 2016;103(4):13-14.

Scott S. Progress and Challenges in Perioperative Pressure Ulcer Prevention. *J Wound Ostomy Continence Nurs. 2015;*42 (5):480-485

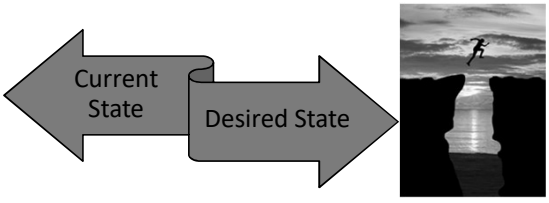
52

Root Cause and System Analysis



Focus on the "how" and the "why" ? not on the "who"

What is the Scott Triggers Gap Analysis?

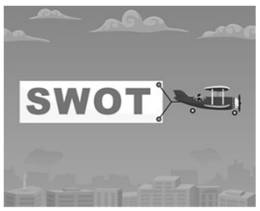


Scott, S. (2016). Creating a strategic plan for perioperative pressure ulcer prévention. AORN Journal, 103(4), 13–14.

Key Perioperative Factors in Gap Analysis

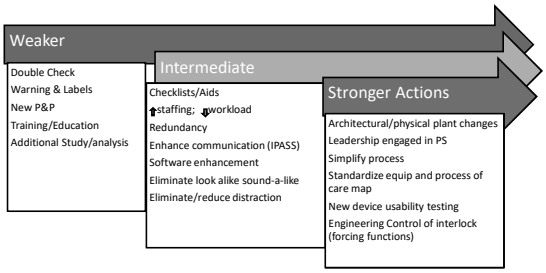
Patient Characteristics	High Risk Population and procedures
Task "Process" Factors	Standard Work – Risk Assessment – Bundles/Protocols and compliance
Individual Staff Member	Documented annual competency
Management Factors	Just Safety Culture, Root Cause Analysis, Protected time for education
Work Environment	Equipment/Device standardization & availability
Team Factors	Communication written and verbal. Team structure includes "GEMBA"
Institutional Context	Finance, Regulatory, Legal

SWOT Analysis

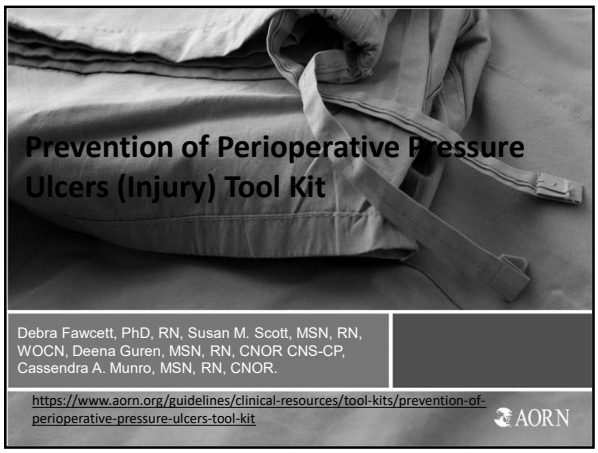


- Strengths
- Weakness
- Opportunity
- Threat

Strength of Interventions



Adapted from Gosbee, J Human Factors Engineering

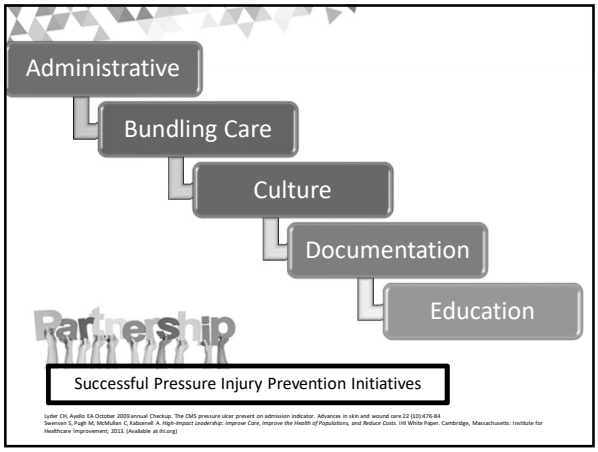


AORN Position Statement PPI

AORN believes that:

- the entire health care team must collaborate to prevent pressure ulcer formation in the perioperative patient
- pressure ulcer prevention should begin before the patient enters the surgical suite
- every patient experiencing a surgical procedure should be assessed for risk factors that may lead to the development of a pressure ulcer
- the pressure ulcer risk assessment and skin assessment should be communicated during ***all*** patient hand overs
- education related to pressure ulcers in the OR should be performed yearly
- communication of pressure ulcer development back to the surgical team is imperative

Prevention of Perioperative Pressure Ulcers /Tool Kit. AORN. http://www.aorn.org/guidelines/clinical-resources/tool-kits/prevention-of-perioperative-pressure-ulcers-tool-kit. Published December 31, 2015. Accessed April 29, 2016.



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Thank you, Thank you very much!



http://www.scotttriggers.com

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37. Reddy, M., Gill, S., & Rochon, P. (2006). Preventing pressure ulcers: a systematic review. *Journal of the American Medical Association,* 2006;(296)8:974-982

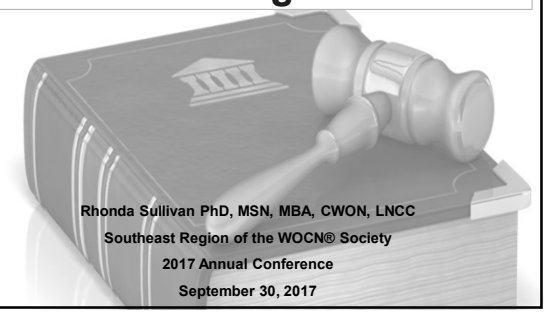
64

References - Scott

38. Walton-Greer P. Prevention of pressure ulcers in the surgical patient. *AORN Journal.* 2009;89(3):538-548.
39. National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers: Clinical Practice Guidelines. Emily Haesler (Ed.). Cambridge Media: Perth, Australia; 2014.
40. Association of PeriOperative Registered Nurses. (2017) Guideline for Positioning the Patient. In AORN(Ed). *2017 AORN Guidelines for Perioperative Practice*. Philadelphia, Wolters Kluwer.
41. Safe Patient Handling/Tool Kit. AORN. https://www.aorn.org/guidelines/clinical-resources/tool-kits/safe-patient-handling-tool-kit Published December 1, 2014. Accessed April 17, 2017
42. Association of PeriOperative Registered Nurses. (2016) Safe Patient Handling. In AORN(Ed). *2016 AORN Guidelines for Perioperative Practice.* Philadelphia, Wolters Kluwer.
43. Allen, D Positioning and the Surgical Robot. *Surgical Products* (2013) Available at http://www.surgicalproductsmag.com/article/2013/02/positioning-and-surgical-robot
44. Fred, C., Ford, S., Wagner, D., & VanBrackle, L. (2012). Intraoperatively acquired pressure ulcers and perioperative normothermia: A look at relationships. *Association of Operating Room Nurses. AORN Journal, 96*(3), 251-60. doi:http://dx.doi.org/10.1016/j.aorn.2012.06.014
45. McNichol L, Lund C, Rosen T, Gray M. Medical adhesives and patient safety: state of the science: consensus statements for the assessment, prevention, and treatment of adhesive-related skin injuries. *J Wound Ostomy Continence Nurs.* 2013;40(4):365-380.
46. Farris, M, Petty M, Hamilton, J, Walters S, Flynn M. Medical adhesive-related skin injury prevalence among adult acute care patients: A single-center observational Study. *J Wound Ostomy Continence Nurs.* 2015;42(6):589-598. Photo Used with Permission L. McNichol and D. Doughty
47. American Academy of Nurses. Raise the Voice 2014. http://www.aannet.org/edge-runners--perioperative-pressure-ulcer-prevention-program
48. Lyder CH, Ayello EA October 2009 annual Checkup. The CMS pressure ulcer present on admission indicator. Advances in skin and wound care 22 (10):476-84
49. Swensen S, Pugh M, McMullan C, and Kabcenell A. *High-Impact Leadership: Improve Care, Improve the Health of Populations, and Reduce Costs.* IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2013. (Available at ihi.org)
50. Putnam K, (2016). Minimizing pressure ulcer risk for surgical patients. *AORN Journal.* 2016;103(4):7-9.
51. Scott S. Creating a Strategic Plan for Perioperative Pressure Ulcer Prevention. *AORN Journal* 2016;103(4):P13-14.
52. Spruce, L. Continuing Education: Back to Basics: Preventing Perioperative Pressure Injury. *AORN Journal* 2017;105(1):92-99.

65

Legal Aspects of WOC Nursing Practice



Rhonda Sullivan PhD, MSN, MBA, CWON, LNCC

Southeast Region of the WOCN® Society

2017 Annual Conference

September 30, 2017

Disclaimer

This presentation represents general principle information regarding potential liability exposures within the WOC Nursing practice. It is not intended or implied to represent legal advice. Should you need legal advice, please consult with an attorney.

Objectives

- Describe the legal environment
- Identify WOC Nursing practice pitfalls
- Explain prudent WOC Nursing practice

THE LEGAL ENVIRONMENT



Wound, Ostomy, and Continence Nurses Society®. (2013). Professional practice manual. Fourth Edition. Mt. Laurel, NJ: Wolters Kluwer. ISBN 978-1-4698-4717-7
Image: Sullivan, R. (2016). Created on presentermedia.com

Elements of Malpractice



Wound, Ostomy, and Continence Nurses Society®. (2013). Professional practice manual. Fourth Edition. Mt. Laurel, NJ: Wolters Kluwer. ISBN 978-1-4698-4717-7

Nursing Malpractice

- Malpractice
  - Negligence, misconduct, breach of duty
  - Results in injury to a patient
- Negligence
  - Care that falls below the standard of care

Wound, Ostomy, and Continence Nurses Society®. (2013). Professional practice manual. Fourth Edition. Mt. Laurel, NJ: Wolters Kluwer. ISBN 978-1-4698-4717-7

Standard of Care

What a **reasonable and prudent (WOC) nurse** would do when caring for a **similar patient** in the **same or similar circumstances**.

NPA | WOCN® Society | NPUAP | ANA

AMDA | CMS | AHRQ

Wound, Ostomy, and Continence Nurses Society®. (2013). Professional practice manual. Fourth Edition. Mt. Laurel, NJ: Wolters Kluwer. ISBN 978-1-4698-4717-7

Key Players

- Plaintiff
- Defendant
- Witnesses (expert vs fact)



Wound, Ostomy, and Continence Nurses Society®. (2013). Professional practice manual. Fourth Edition. Mt. Laurel, NJ: Wolters Kluwer. ISBN 978-1-4698-4717-7
Image: Sullivan, R. (2017). Created on presentermedia.com

High Risk Populations







- Emergency department
- Operating room
- Medical and surgical units
- Newborn nursery and pediatrics
- Labor and delivery

Wound, Ostomy, and Continence Nurses Society®. (2013). Professional practice manual. Fourth Edition. Mt. Laurel, NJ: Wolters Kluwer. ISBN 978-1-4698-4717-7
Image: Consents on file

Common Malpractice Claims

- Assess
- Monitor
- Care

Average paid for nursing care-related claims
$60,320 to $577,723

CNA. (2015). Nurse professional liability exposures: 2015 claim report update. Chicago, IL: CNA Financial Corporation

WOC NURSING PRACTICE

- 16 Standards
  - WOC specialty nurse
  - WOC APRN (prescriptive authority)
- Establishes scope of practice



Wound, Ostomy, and Continence Nurses Society®. (2013). Scope and standards for wound, ostomy and continence specialty practice nursing: A white paper from the WOCN® Society. Mt. Laurel, NJ: Scope & Standards Task Force
Image: Sullivan, R. (2017). Created on presentermedia.com

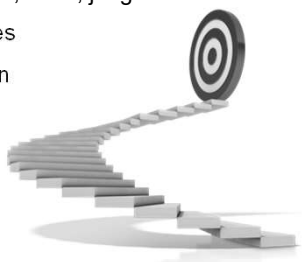
Scope of Practice[1,2]

- Defined by laws and regulations
- Professional regulatory boards
  - Nurse practice act
- Policies and procedures

1. Wound, Ostomy, and Continence Nurses Society®. (2013). Professional practice manual. Fourth Edition. Mt. Laurel, NJ: Wolters Kluwer. ISBN 978-1-4698-4717-7
2. Wound, Ostomy, and Continence Nurses Society®. (2013). Scope and standards for wound, ostomy and continence specialty practice nursing: A white paper from the WOCN® Society. Mt. Laurel, NJ: Scope & Standards Task Force

Competency

- Integrates knowledge, skills, judgement
- Professional activities
- Continuing education
- Certification



Wound, Ostomy, and Continence Nurses Society®. (2013). Scope and standards for wound, ostomy and continence specialty practice nursing: A white paper from the WOCN® Society. Mt. Laurel, NJ: Scope & Standards Task Force
Image: Sullivan, R. (2017). Created on presentermedia.com

WOC Nurse Referrals

- Indications for referral
- How to refer
- Expectations (WOC nurse and staff nurse)
- Follow-up vs sign-off

Wound, Ostomy, and Continence Nurses Society®. (2013). Professional practice manual. Fourth Edition. Mt. Laurel, NJ: Wolters Kluwer. ISBN 978-1-4698-4717-7

Accountability & Delegation

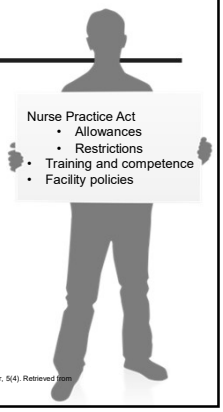
- Responsible for proper care
- Employ nursing judgement
- Periodic inspection



Cipriano, P. (2010) "Overview and Summary: Delegation Dilemmas: Standards and Skills for Practice" OJIN: The Online Journal of Issues in Nursing Vol. 15, No. 2, Overview.
Image: Consent on file

Sharp Debridement

- Surgical (MDs and Extenders)
- Conservative (PT, OT, Nurses)



Richlen, B., & Richlen, D. (2016). Who can perform sharp wound debridement? Wound Care Advisor, 5(4). Retrieved from https://woundcareadvisor.com/can-perform-sharp-wound-debridement/
Image: Sullivan, R. (2017). Created on presentermedia.com

Informed Consent



Duty

- Obtain consent (MD/Extender)
- Verify consent (Nurse)

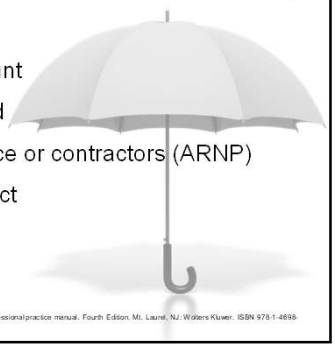
Right to refuse

- Competent
- Legal age

Jefferson, C.W. (2017). Nursing and the law: Documentation & nursing malpractice, are you protected? Retrieved from bhamareawoc.org/.../Nursing_and_the_Law_Documentation_PowerPoint_Presentation

Malpractice Insurance

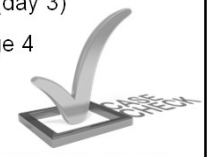
- Hospital employee
  - Coverage amount
  - What is covered
- Independent practice or contractors (ARNP)
  - Evaluate contract



Wound, Ostomy, and Continence Nurses Society®. (2013). Professional practice manual. Fourth Edition. Mt. Laurel, NJ: Wolters Kluwer. ISBN 978-1-4698-4717-7
Image: Sullivan, R. (2016). Created on presentermedia.com

WOUND CARE

- 80 year old female
- Admitted with left heel stage 3
- Appropriate care + WOC nurse consult
- WOC nurse assessed left heel (day 3)
- Sacral stage 2 missed until stage 4
- Healed several months later



Wound, Ostomy, and Continence Nurses Society®. (2013). Professional practice manual. Fourth Edition. Mt. Laurel, NJ: Wolters Kluwer. ISBN 978-1-4698-4717-7
Image: Sullivan, R. (2017). Created on presentermedia.com

Arterial Ulcers

- Identify etiology
- Facilitate MD involvement to treat cause
- Healable vs non-healing
- Manage pain

DO NO HARM!



Wound Source. (2014). Arterial ulcers and wound care: Symptoms, causes, treatments and risks. Retrieved from www.woundsource.com
Image: Consent on file

Neuropathic Ulcers

- Callus removal
- Address infection
- Offload
- Identify complications



AMPUTATION: 46-TIMES THE RISK
$223,514

Wounds International. (2013). International best practice guidelines: Wound management in diabetic foot ulcers. Retrieved from http://www.woundsinternational.com/media/issues/673/files/content_10803.pdf#page=2&zoom=auto,-107,803
Image: Consent on file

Venous Leg Ulcers

- Compression
- Manage drainage and odor
- Pain management



0.7 OR LESS - DO NOT COMPRESS!

Dhillon, K. (2014). Managing venous stasis ulcers. Wound Care Advisor, 3(5), 25-29.
Image: Consent on file

Traumatic Wounds

- Communicate[1]
- Effective management[1]
  - Moist wound healing
  - Non-adherent dressings
  - Pain and scarring

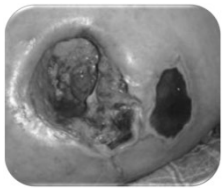


Average Paid[2]
$63,714

1. Stephen-Haynes J, Carville K. (2011). Skin tears made easy. Wounds International, 2(4.). Available from http://www.woundsinternational.com
2. CNA. (2015). Nurse professional liability exposures: 2015 claim report update. Chicago, IL: CNA Financial Corporation
3. Image: Consent on file

Pressure Injuries

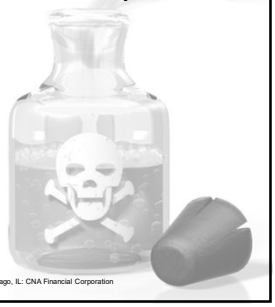
- 17,000 lawsuits/year
- Large awards/settlements ($312 million)
  - $250,000/per case
  - 87% (in favor of plaintiff)



Lyder C. (2011). Preventing heel ulcers: economic and legal implications. *Nursing Management*, 42(11), 16-19.
Image: Consent on file

Death

- 42.8% of claims = $32,649,771 total/year
- Average paid: $138,935
- Pressure injury
  - 3rd leading cause
  - 60,000 patients/year



CNA. (2015). Nurse professional liability exposures: 2015 claim report update. Chicago, IL: CNA Financial Corporation
Image: Sullivan, R. (2016). Created on presentermedia.com

Assess Risk

Prevention and Treatment of Pressure Ulcers: Clinical Practice Guideline

On behalf of International Guideline Development Group

EPUAP, Stockholm August, 2014

- Structured risk assessment
  - "ASAP" (within 8 hours)
  - Include a comprehensive skin assessment

ASSESSMENT ACCURATE?

RISKS ADDRESSED?

National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel and Pan Pacific Pressure Injury Alliance. (2014). Prevention and treatment of pressure ulcers: Quick reference guide. Emily Haesler (Ed.) Cambridge Media: Perth, Australia
Image: Consent on file

Skin Assessment

- Examine all bony prominences
- Skin folds
- Under medical devices

Admission
↓
With risk assessment
↓
Hand-off
↓
Condition change
↓
Pre, intra, and post-operatively

National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers: Clinical Practice Guideline. (2014). Emily Haesler (Ed.). Cambridge Media: Osborne Park, Western Australia.

Translate Risks Into Intervention

- Initiate risk-focused interventions[1,2]
  - Total Score of 18 or less
  - Any subscale of 2 or less



1. Ayello, E.A. (2012). Predicting pressure ulcer risks. Hartford Institute for Geriatric Nursing, New York University, College of Nursing. Retrieved from http://consultgerirn.org/uploads/File/trythis/try_this_5.pdf.
2. National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers: Clinical Practice Guideline. (2014). Emily Haesler (Ed.). Cambridge Media: Osborne Park, Western Australia.

Turn and Micro-Turn



Full Turn

- Hemodynamically stable
- 30º lateral turn
- 5-6 inches

Micro-Turn

- Hemodynamically unstable
- 15º degrees or less
- 2-3 inches

Wound, Ostomy, Continence Nurse Society. (2009). Position statement: Avoidable versus unavoidable pressure ulcers. Retrieved from http://c.ymcdn.com/sites/www.wocn.org/resource/resmgr/Publications/PS_Avoidable_vs_Unavoidable_.pdf.

Support Surfaces

- Bed and chair
- Duration of need
- Know benefits and contraindications
- Adjunct to manual positioning

National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers: Clinical Practice Guideline. (2014). Emily Haesler (Ed.). Cambridge Media: Osborne Park, Western Australia.

Medical Devices

- Know manufacturer specifications
- Correct size and fit
- Protective Interventions



National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers: Clinical Practice Guideline. (2014). Emily Haesler (Ed.). Cambridge Media: Osborne Park, Western Australia.
Image: Consent on file

ANA Statement on RN Staging

- Complete integumentary assessment
  - Identification
  - Stage
  - Differentiation
- Within nursing scope

Nurses should be recording their assessments, diagnoses, outcomes, and plans for the newly admitted patient.

Patton, R. (2010), Is diagnosis of a pressure ulcer within an RN's scope of practice? American Nurse Today, 5(1). Retrieved from http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/AmericanNurseToday/Archive/2010-ANT/JanFeb-10-ANT/JanFeb-10-ANT_1.pdf

Staging vs Describing

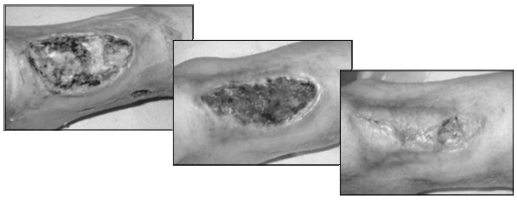
- Recruit resources to assist
- Document a clear description of the injury
- Consider photography

	10-Jun-2011					09-Jun-2011
	20:00 EDT	17:45 EDT	07:00 EDT	04:50 EDT	00:00 EDT	20:00 EDT
Complex Wound Care						
Pressure Ulcer Care						
Pressure Ulcer Coccyx						
Assessment Unchanged		Yes			Yes	
Wound Description			Granulation			Dry
Pressure Ulcer Stage	Stage 2 - Par...		Stage 3 - Full...			Stage 2 - Par...
Bed Red						

Fife, C., Yankowsky, K., Ayello, E., Capitulo, K., Fowler, E., Krasner, D., & ... Sibbald, R. (2010). Legal issues in the care of pressure ulcer patients: key concepts for healthcare providers--a consensus paper from the International Expert Wound Care Advisory Panel®. Advances In Skin & Wound Care, 23(11), 493-507. doi:10.1097/01.ASW.0000390494.20964.a5

Reverse Staging

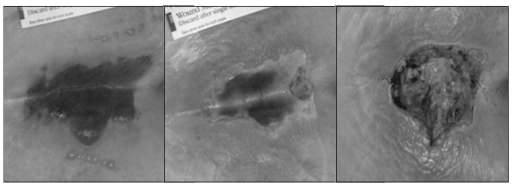
- Underlying structures not replaced
- Injury is filled with granulation (scar) tissue



National Pressure Ulcer Advisory Panel. (2013). The facts about reverse staging in 2000: The NPUAP position statement. Accessed on www.NPUAP.org.
Image: Consents on file

Perioperative Pressure Injuries

- DTPI and more severe injuries
- May not present for 48-72 hours



AORN. (2014). Recommended practices for positioning the patient in the perioperative setting. In: Perioperative standards and recommended practices. Denver, CO: AORN, Inc
Image: Consent on file

Perioperative Documentation

- Pre, intra, operative assessment findings
- Positioning and repositioning
- Prevention strategies used
- Skin injuries
- Surgeon notification
- Report to receiving nurses

AORN. (2014). Recommended practices for positioning the patient in the perioperative setting. In: Perioperative standards and recommended practices. Denver, CO: AORN, Inc

Unavoidable Skin Injuries

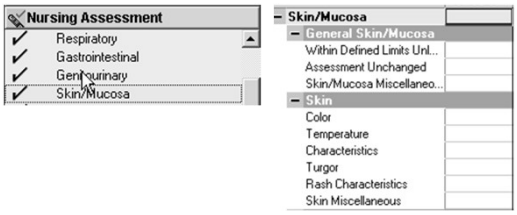
- S.C.A.L.E. (Skin Changes at Life's End)
  - Skin Failure
  - Kennedy Terminal Ulcer



Alvarez, O. M., Brindle, C. T., Langemo, D., Kennedy-Evans, K. L., Krasner, D. L., Brennan, M. R., & Levine, J. M. (2016). The VCU Pressure Ulcer Summit: The Search for a Clearer Understanding and More Precise Clinical Definition of the Unavoidable Pressure Injury. Journal Of Wound, Ostomy, And Continence Nursing: Official Publication Of The Wound, Ostomy And Continence Nurses Society, 43(5), 455-463. doi:10.1097/WON.0000000000000255
Image: Consent on file

Document Preventive Measures

- Consider standardizing location



National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel, and pan Pacific Pressure Injury Alliance. (2014). Prevention and treatment of pressure ulcers: Clinical practice guideline. Emily Haesler (ED.) Cambridge Media: Perth, Australia

Photography

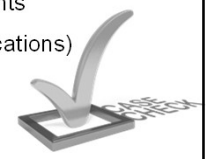
- Adjunct to written documentation
- Specific policy



Wound, Ostomy, Continence Nurse Society. (2012). Photography in wound documentation: Fact sheet. Mount Laurel, NJ: WOCN® Society
Image: Sullivan, R. (2016). Created on presentermedia.com

OSTOMY CARE

- 26 year old
- UC flare requiring TPC and ileostomy
- WOC nurse for stoma site marking
- Sitting only due to time constraints
- Extended LOS (leakage/complications)
- Infrequent leakage for a week
- Returns to work without issues



Wound, Ostomy, Continence Nurse Society®. (2014). WOCN® Society and ASCRS position statement on preoperative stoma site marking for patients undergoing colostomy or ileostomy surgery. Mount Laurel, NJ: WOCN® Society
Image: Sullivan, R. (2017). Created on presentermedia.com

Stoma Site Selection



- Certified ostomy nurses
  - Physical considerations
  - Positioning issues
  - Patient consideration
  - Surgeon considerations
- Education

Wound, Ostomy, Continence Nurse Society®. (2014). ® and ASCRS position statement on preoperative stoma site marking for patients undergoing colostomy or ileostomy surgery. Mount Laurel, NJ: WOCN® Society
Image: Sullivan, R. (2017). Created on www.presentermedia.com

CONTINENCE

- 38 year old female
- Surgery (vaginal mesh & fistula repair)
- WOC nurse consulted Friday for severe IAD
- WOC nurse consult fulfilled Monday
- Develops sepsis
- Passes away 8 months later



Pfiedler. (2015). Incontinence Associated Dermatitis. Retrieved from http://www.pfiedler.com/ce/1205/files/assets/common/downloads/Incontinence%20Associated%20Dermatitis.pdf
Image: Sullivan, R. (2017). Created on presentermedia.com

Incontinence

- Differentiate from pressure injury
- Effective treatment
- Prevent complications



Pfleder. (2015). Incontinence Associated Dermatitis. Retrieved from http://www.pfleder.com/ce/1205/files/assets/common/downloads/Incontinence%20Associated%20Dermatitis.pdf
Image: Consent on file

DOCUMENTATION

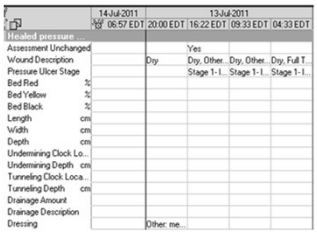
- Clear
- Concise
- Complete



Fife C, Yankowsky K, Ayello E, et al. Legal issues in the care of pressure ulcer patients: key concepts for healthcare providers: a consensus paper from the International Expert Wound Care Advisroy Panel. Adv Skin Wound Care. 2010;23(11):493-507.
Image: Sullivan, R. (2017). Created on presentermedia.com

Conscious Caution

- Cut/paste
- Check lists
- Drop downs
- Templates
- Standard phrasing



	14-Jul-2011	13-Jul-2011			
	06:57 EDT	20:00 EDT	16:22 EDT	09:33 EDT	04:33 EDT
Healed pressure ...					
Assessment Unchanged			Yes		
Wound Description		Dry	Dry, Other...	Dry, Other...	Dry, Full T...
Pressure Ulcer Stage			Stage 1-I...	Stage 1-I...	Stage 1-I...
Bed Red	%				
Bed Yellow	%				
Bed Black	%				
Length	cm				
Width	cm				
Depth	cm				
Undermining Clock Lo...					
Undermining Depth	cm				
Tunneling Clock Loca...					
Tunneling Depth	cm				
Drainage Amount					
Drainage Description					
Dressing		Other: me...			

Fife C, Yankowsky K, Ayello E, et al. Legal issues in the care of pressure ulcer patients: key concepts for healthcare providers: a consensus paper from the International Expert Wound Care Advisroy Panel. Adv Skin Wound Care. 2010;23(11):493-507.

Do NOT[1,2]

- Use absolutes
- Assign blame
- Try to cover up a mistake
- Chart for someone else



3

1. Fife C, Yankowsky K, Ayello E, et al. Legal issues in the care of pressure ulcer patients: key concepts for healthcare providers: a consensus paper from the International Expert Wound Care Advisroy Panel. *Adv Skin Wound Care*. 2010;23(11):493-507.
2. Di Leonardo, B.C. (2012). Professional documentation: Safe, effective, and legal. Retrieved from www.rncom
3. Image: Sullivan, R. (2016). Created on presentermedia.com

Your Words Matter

- Use appropriate and accurate terminology
- Avoid slang (e.g.. cheeks, crack, etc.)
- Note other relevant information

Pressure Ulcer Sacral Medial		
Assessment Unchanged		
Wound Description		Granulation
Pressure Ulcer Stage		Stage 2 - Parti...
Bed Red	%	
Bed Yellow	%	
Bed Black	%	
Length	cm	
Width	cm	
Depth	cm	
Undermining Clock Location		
Undermining Depth	cm	

Reising, D.L., Allen, P.A. (2007) Protecting yourself from medical malpractice claims. American Nurse Today. Accessed from http://www.americannursetoday.com/assets/0/434/436/440/4172/4174/4184/4186/54023d0c-d01d-4d0f-81ca-564e279249f8.pdf

Unable to Assess

- Imminent death
- Assessment contraindicated
- Patient refusal

	14-Jun-2011 06:39 EDT	20:22 EDT
Pressure Ulcer Care		
Pressure Ulcer Sacral Medial		
Assessment Unchanged		
Wound Description		Unable to As...
Pressure Ulcer Stage		Stage 3 - Full...
Bed Red %		
Bed Yellow %		
Bed Black %		
Length cm		

Wound, Ostomy, Continence Nurse Society. (2009). Position statement: Avoidable versus unavoidable pressure ulcers. Retrieved from http://c.ymcdn.com/sites/www.wocn.org/resource/resmgr/Publications/PS_Avoidable_vs_Unavoidable_.pdf.

Patient Education[1]

3

Main Components

- Topic discussed
- Persons included
- Understanding

Consider teach-back[2] – "Tell me in your own words…"

1. National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers: Quick Reference Guide. Emily Haesler (Ed.). Cambridge Media: Osborne Park, Western Australia; 2014 p. 260-263
2. Agency for Healthcare Research and Quality. (2012). Train-the-trainer instructor guide. Retrieved from http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/lep/traintrainers/lepigtrainer.html

Social Network

- HIPAA-compliant authorization required



Wound, Ostomy, and Continence Nurses Society®. (2013). Professional practice manual. Fourth Edition. Mt. Laurel, NJ: Wolters Kluwer. ISBN 978-1-4698-4717-7
Image: Sullivan, R. (2016). Created on presentermedia.com

Call to Action

- Safe and competent care
- Comply
- Intervene
- Communicate
- Document



Wound, Ostomy, and Continence Nurses Society®. (2013). Professional practice manual. Fourth Edition. Mt. Laurel, NJ: Wolters Kluwer. ISBN 978-1-4698-4717-7
Image: Sullivan, R. (2017). Created on presentermedia.com

QUESTIONS

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Image: Sullivan, R. (2016). Created on presentermedia.com

The WOCN Society's Support Surface Algorithm: Bridging Expert Opinion and Science for Clinical Decision Making in Support Surfaces

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Wound Ostomy and Continence Nurses Society®

Objective:

At the conclusion of this presentation participants will be able to:

- Demonstrate increased awareness and knowledge of and be able to use the WOCN Society's Evidence and Consensus Based Support Surface Algorithm

Disclosures

- Laurie McNichol has no relevant disclosures
- Carolyn Watts has no relevant disclosures
- Dianne Mackey has no relevant disclosures

Why Are We Talking About This?

- Current best evidence strongly supports efficacy of support surfaces for the *prevention* of PIs
- Evidence concerning use of support surfaces for the *treatment* of PIs is sparse but supportive



Why Are We Talking About This?

- Because even if we have used a decision tree in the past, it was based on our own (or some other person's own) ideas about what was best
- Because in this day and time of Evidence Based Practice (EBP), we need something more



Why Are We Talking About This?

- Because it just might be harder than it looks



Task Force

- In 2014, the Wound, Ostomy and Continence Nurses Society™ (WOCN®) appointed a 3-member Task Force to explore EBP options
  - Laurie McNichol
  - Carolyn Watts
  - Dianne Mackey

The "Deeper Dive"

- Despite limited but consistent evidence demonstrating efficacy of selective use of support surfaces for prevention and treatment of pressure ulcers, no national guidance for their use existed



The Investigation Revealed

- Decisions about selecting the right support surface for the right patient at the right time tend to be based on *reimbursement* policies, local factors, or tradition



Developing the Algorithm: The Challenge

- Provide guidance for support surface selection based on ***current best evidence***
- Create a decision making tool related to support surface selection
- Several options were discussed and the WOCN Society leadership elected to develop an algorithm for support surface selection

Project Goal

- Construct a valid, reliable, and clinically useful algorithm using ***current best evidence*** and ***consensus based best practices*** as a guide for clinical practice



Where to Begin? Identify Current Best Evidence

- Task force completed literature review to identify current best evidence essential for construction of algorithm
- Initial search of MEDLINE and CINAHL databases retrieved 1,309 references…immediate question arose, "What do we do with this mountain of information?"



The Task Force Chose…

- Integrative review method that blends the latest original research and best systematic reviews of topic
  - Step 1: Narrow literature review to latest research on use of support surfaces for pressure ulcer prevention and treatment
  - Title review of 1,309 retrieved references narrowed pool to 342 articles
  - Abstract review further narrowed pertinent references to 72



Supporting Statements

- Articles with level A or B evidence were determined to be evidence based
- Level C evidence were deemed "consensus statements"
- Task force developed statements to be reviewed and voted on at a consensus conference by panel of 20 experts
- Statements were generated from the 4 systematic reviews and key publications reviewed

Selection of the Consensus Panel: Who?

- 17 additional members for Consensus Panel (Task Force members filled the remaining 3 seats)
- All members had demonstrated expertise in support surface selection in addition to geographic and practice setting diversity
  - Advanced practice nurses
  - Certified WOC nurses
  - Physical therapists
  - Physicians
  - Researchers and engineers with expertise in design and use of support surfaces



Development of Algorithm: What types of Support Surface Products?

- The algorithm was designed for specific categories of support surfaces (overlays, mattresses, mattress replacements, and integrated bed systems) used for the prevention and treatment of pressure injuries, excluding Medical Device Related Pressure Injuries (MDRPIs).

Development of Algorithm: Are There Support Surface Product Exceptions?

- Selected surfaces were not incorporated into the algorithm
  - Seating surfaces/cushions
  - CLRT (continuous lateral rotation therapy) mattresses
  - Proning beds
  - Other specialty surfaces (used for patients with multiple fractures, unstable spines, etc.)

Development of Algorithm: Who Should Use It?

Target audience included

- Nurses
- Specialty and advanced practice nurses
- Physical therapists
- Occupational therapists
- Physicians
- Physicians assistants



Development of Algorithm: For Patients in Which Practice Settings?

- Algorithm was designed to be used with adult patients (including bariatric) in:
  - Acute care (Hospitals)
  - Long term acute care (LTAC)
  - Long term care/skilled nursing facilities (LTC/SNF/Rehab)
  - Home care (HHC)

Development of Algorithm: Which Patients Were Excluded?

- Not to be used with patients < 16 years old
- Not to be used in selected settings where LOS was < 24 hours, e.g.:
  - Operating Rooms
  - Interventional services (cath lab, GI lab, interventional radiology)

Consensus Conference

- Statements supported by Level C evidence were subjected to formal consensus validation
- Interactive software and wireless audience response system allowed for anonymous interactive voting



- Consensus criterion required 80% agreement in accordance with general principles outlined by Murphy and colleagues (1998)

Draft Algorithm: Almost Ready for Prime Time

- Reviewed in detail by consensus panel
- Modifications were made based on the evidence-based and consensus statements and additional discussion



Content Validation



- A form was developed by the task force to evaluate content validity of the algorithm
- Panel members were also asked to provide qualitative feedback (written comments and suggestions) on the comprehensiveness, omissions of essential content and suggest changes to improve clarity, parsimony and relevance
- Following revision of the algorithm during the consensus conference, panel members were asked to rank individual items on the degree of relevancy and appropriateness of the statement

Content Validation (continued)

- A content validity index (CVI) was calculated using processes described by Polit and Beck (2006)
- The CVI for the entire algorithm was 0.95, well above the minimum (0.70 or 0.80) considered acceptable



An Evidence-and Consensus-Based Support Surface Algorithm: Publication Jan/Feb 2015



- McNichol, L, Watts, C., Mackey, D., Beitz, J., Gray, M. Identifying the Right Patient for the Right Surface at the Right Time: Generation and Content Validation of an Algorithm for Support Surface Selection. J Wound Ostomy and Continence Nurs. 2015:42(1)19-37
- Terminology Related to Support Surfaces (Table 3) and Glossary (Box 4) are included in the manuscript

An Evidence-and Consensus-Based Support Surface Algorithm: Web-Based Access

- Web based version launched March 31, 2015
- Google Chrome or Mozilla Firefox
- Internet Explorer 11 if Chrome or Firefox not available
- Fully compatible with smartphone/tablet browsers (both Apple and Android)

An Evidence-and Consensus-Based Support Surface Algorithm: Uptake

- The ANA requested an article that they published in the November 2015 American Nurse Today supplement
- As of February 2017, the algorithm has been accessed more than 20,000 times by thousands of individuals



So….Enough About Process

Let's Practice!

algorithm.wocn.org

Case Scenario: Acute Care

- Ruth Ingalls, 82 years old, is admitted to an orthopedic unit in a large urban hospital with a fractured left hip due to a fall in her home. Her skin is intact. Her Braden Scale total score at admission is 13. Her Braden mobility subscale score = 3 and her moisture subscale score = 3.
- Past Medical History: Congestive heart failure, hypertension, and urinary incontinence. She is 5'2" and weighs 145 lbs.
- Admission lab values: WBC's 12.2, Hgb 10, Hct 24, electrolytes WNL. Albumin is 3.0.
- **What support surface would you recommend?**

Case Scenario: Home Health

- Ben Miller is a 75 year old gentleman who sustained a left Cerebral Vascular Accident (CVA) with significant right sided paresis. His 3-day hospital course was uneventful and he was transferred to a skilled nursing facility (SNF) for 3 weeks of rehabilitation. While in the SNF, he developed a Stage 3 pressure injury over his sacrum.
- On admission to home health, the nurse's notes reveal the above noted pressure injury along with incontinence associated dermatitis. Braden Scale Score on admission is 12 with a moisture subscale score of 2 and a mobility subscale score of 2. Patient required moderate to maximum assistance with transfers and ambulation. His 80 year old wife is the primary caregiver.
- Past medical history includes hypertension, Type II diabetes, obesity, benign prostatic hypertrophy and urinary incontinence.
- Admission lab values: WBC's 14.4, Hgb 11, Hct 23, electrolytes WNL. Prealbumin is 12.
- **What type of support surface would you recommend?**

You've Got This!



We Heard You!

- Since the development of this algorithm, the Task Force reconvened and developed a support surface formulary table to assist clinicians to provide examples of support surfaces in the various categories

Overlays

Features	Components	Examples*
Reactive/Constant Low Pressure (CLP)	Air	ROHO PRODIGY® (ROHO) SoftCare (Stryker) VersaCare P500 (Hill-Rom) WAFFLE® (EHOB) WAFFLE® Bariatric (EHOB)
Reactive/Constant Low Pressure (CLP)	Foam (Elastic)	Geo-Matt® (Span America Medical Systems Inc.)
Reactive/Constant Low Pressure (CLP)	Foam (Memory)	Tempur-Pedic® (Tempur-Pedic)
Reactive/Constant Low Pressure (CLP)	Viscous fluid	RIK Fluid Overlay® (ArjoHuntleigh)
Reactive/Constant Low Pressure (CLP)	Australian Medical Grade Sheepskin	Shear Comfort® Sheep Skin (medicalsheepskins.com.au) (Kiwi Sheep Skins)
Active/Alternating Pressure (AP)	Air	First Step® Select (ArjoHuntleigh) SPR Plus (Stryker)

*Not all-inclusive

Mattresses

Features	Components	Examples*
Reactive/Constant Low Pressure (CLP)	Air/Foam	Accumax Quantum™ VPC (Hill-Rom) BariMatt Plus (Stryker) BariMaxx™ (ArjoHuntleigh) Epic II (Stryker) Prism® (EHOB)
Reactive/Constant Low Pressure (CLP)	Foam	NP50 (Hill-Rom)
Active/Alternating Pressure (AP)	Air	Invacare microAIR® (Invacare) PressureGuard® APM² (Span America)
Reactive/Constant Low Pressure (CLP) with Low Air Loss (LAL)	Air	Bari 10A (Stryker) BariAir® (ArjoHuntleigh) DermaFloat® LAL (Joerns) First Step Tricell (ArjoHuntleigh) Go Bed II (Stryker) IsoFlex LAL™ (Stryker) P500 Therapy Surface (Hill-Rom)
Active/Alternating Pressure (AP) with Low Air Loss (LAL)	Air	DermaFloat APL (Joerns) Hill-Rom 300 (Hill-Rom) InTouch Bed (Stryker) Platinum 4000™ (Sizewise) TotalCare SpO2RT® Bed (Hill Rom)
Reactive/Constant Low Pressure (CLP) with Air Fluidized (AF)	Air	Clinitron® Bed (Hill-Rom) Clinitron Rite Hite® Air Fluidized (Hill-Rom) FluidAir® Elite (ArjoHuntleigh)
Reactive/Constant Low Pressure (CLP) with Fluid Immersion Simulation	Air	Dolphin Fluid Immersion Simulation® (FIS) (Joerns)

What's New?

- The WOCN Society partnered with HealthStream® to offer an educational module on the algorithm
- Launch date was mid-2017
- Individuals/institutions that are not customers of HealthStream are able to access the course on the WOCN Society's CEC website



The WOC Nurse Role in the Dissemination of Information



It's Time

- WOC nurses do not typically work 24/7/365
- Patients require sleep surfaces as adjunct therapy for a variety of conditions, e.g.:
  - Pressure injury prevention
  - Pressure injury treatment
  - Management of microclimate
- Delays in care can result in negative outcomes and be dissatisfiers to patients, families, physicians, and other staff members



Who can benefit?

- MDs (Hospitalists)
- Physician Assistants/Nurse Practitioners
- Staff Nurses (Acute Care/Ambulatory Care)
- Field Nurses (Home Care)
- Treatment Nurses (SNF/LTAC)
- Case Managers
- Physical & Occupational Therapists
- Risk Managers
- Attorneys
- Others



Introduction to Video

- Six hospital enterprise
- Southeast US
- Level 3 Suburban trauma center
- Four WOC nurses educated hospitalists, rehab department (PT/OT), Wound Treatment Associates (WTA), and other nurses on use of the algorithm

Support Surface Algorithm in Clinical Practice



It's Up to You

- Adopt the algorithm
- Demonstrate the algorithm and empower others to use it
- Connect people in your workplace with HealthStream to access the online training module, both for CE and practice
- Track outcomes and tell us your story



Thank you for your attention and participation

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