

Accredited Approver's Name

AA/IA-EV

**Individual Educational Activity
Applicant Eligibility Verification**

Section 1: Eligibility

Applicants interested in submitting an individual educational activity for approval must complete the Eligibility Verification and meet all Eligibility Requirements. Verification forms received from applicants that do not meet Eligibility Requirements will be rejected without substantive review.

___ Southeast Region of the WOCN® Society _____
Name of Applicant

___ 36181 East Lake Road Ste. 376 _____
Street Address

___ Palm Harbor _____ FL _____ 34685 _____ USA _____
City State Zip/Postal Country

Identify Organization Type:

- ___ Constituent Member Associations of ANA
- ___ College or University
- ___ Healthcare Facility
- ___ Health - Related Organization
- ___ Multidisciplinary Educational Group
- ___ Professional Nursing Education Group
- Specialty Nursing Organization
- ___ Other: Describe - _____

Bernhard Haberer	
Primary Point of Contact: Name and Credentials	
Association Manager	
Title/Position	
___ 727-238-5140 Office 727-309-6245 (cell) _____	bhe@serwocn.org _____
Telephone Number	E-mail Address

- A currently licensed registered nurse with baccalaureate degree or higher in nursing is actively involved, in the planning, implementing and evaluation process of this continuing education activity and accountable for adherence to all ANCC Accreditation Program criteria. Yes No (If no, the applicant is not eligible to continue the application process)

Please provide the name and credentials of the nurse responsible for this educational activity:

Nurse Planner's Name	Credentials
Elaine Rush	RN, BS, CWOCN

Section 2: Commercial Interest

The following section is intended to collect information about the applicant's corporate structure. Some applicant types are automatically exempt from ANCC's definition of a commercial interest, including:

- Blood banks,
- Constituent Member Associations,
- Diagnostic laboratories,
- Federal Nursing Services,
- For-profit and not for profit hospitals,
- For-profit and not for profit nursing homes,
- For profit and not for profit rehabilitation centers,
- Group medical practices,
- Government organizations,
- Health insurance providers,
- Liability insurance providers,
- National nurses organizations based outside the United States,
- Non-health care related companies, and
- Specialty Nursing Organizations
- A single-focused organization* devoted to offering continuing nursing education

(* The single-focused organization exists for the single purpose of providing CNE)

NOTE: 501c applicants are not automatically exempt. The ANCC Accreditation Program requires 501c applicants to be screened for eligibility.

x An "X" on this line identifies the applicant as exempt from ANCC's definition of a commercial interest. Identify the applicant's exemption type from section 2 above and enter it here: Specialty Nursing Organizations

If you checked the box above, then you have completed this questionnaire, proceed to Section 5.

Section 3 - Only complete this section if applicant organization is not exempt

 An "X" on this line identifies the applicant as not exempt from the ANCC Accreditation Program's definition of a commercial interest. The following questions must be answered, so [ANCC Accredited Approver's Name] can assess the applicant's eligibility.

- Does the applicant produce, market, re-sell, or distribute health care goods or services consumed by, or used on, patients?
 Yes **If yes, the applicant is not eligible for approval of Individual Educational Activities.**
 No **If no, complete the next bulleted question**
- Is the applicant owned or controlled by a multi-focused organization (MFO*) that produces, markets, re-sells, or distributes health care goods or services consumed by, or used on, patients?
 Yes **If yes, complete the next bulleted question**
 No **If no, this section of the questionnaire is complete, proceed to Section 5.**

- Is the applicant a separate and distinct entity from the MFO*?

Yes - **If yes**, continue to section 4

No - **If no**, the applicant is **not** a separate and distinct entity from the MFO* then the applicant is **not** eligible for approval of Individual Education Activities.

* Multi-Focused Organization (MFO) is an organization that exists for more than providing continuing nursing education.

Section 4: Commercial Interest Evaluation - Continued

- Does the multi-focused organization that owns the applicant have a 501-C Non-profit Status?
 Yes No **If no**, complete the next bulleted question

If yes, does the company that owns the applicant advocate for a commercial interest (as defined by the ANCC Accreditation Program?)

Yes **If yes**, or not sure, please describe the relationship the company that the applicant has with a commercial interest and the types of work the company that owns the applicant does for or on behalf of a commercial interest that might be considered advocacy. _____

No

- Does any component of the multi-focused organization an entity that produces, markets, re-sells, or distributes health care goods or services consumed by, or used on, patients?
 Yes **If yes**, please describe the health care good or service consumed by or used on patients and the role of the entity in producing, marketing, re-selling or distributing those healthcare goods or services. _____
- No **If no, this section of the questionnaire is complete, proceed to Section 5.**

If yes, please complete and submit the Individual Activity Eligibility Commercial Interest Addendum with this Form.

Section 5: Statement of Understanding

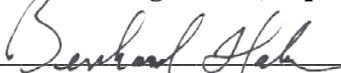
On behalf of Southeast Region of the WOCN® Society, I hereby certify that the information provided on and with this application is true, complete, and correct. I further attest, by my signature on behalf of Southeast Region of the WOCN® Society, that Southeast Region of the WOCN® Society will comply with all eligibility requirements and approval criteria throughout the entire approval period, and that Southeast Region of the WOCN® Society will notify Alabama State Nurses Association promptly if, for any reason while this application is pending or during any approval period, Southeast Region of the WOCN® Society does not maintain compliance. I understand that any misstatement of material fact submitted on, with or in furtherance of this application for activity approval shall be sufficient cause for Alabama State Nurses Association to deny, suspend or terminate Southeast Region of the WOCN® Society's approval of this individual activity and to take other appropriate action against Southeast Region of the WOCN® Society.

(Eligibility Verification forms received without a signature incur a delay in processing which will cause a delay in the review of the individual education activity application.)

An "X" in the box below serves as the electronic signature of the individual completing this form and attests to the accuracy of the information contained.

Electronic Signature (Required)

Date May 29, 2018

 **Association Manager**
Completed By: Name and Title

Please return the completed Eligibility Verification Form and, if necessary, the Individual Activity Eligibility Commercial Interest Addendum with this Form to [Alabama State Nurses Association](http://AlabamaStateNurses.org) at: CE@alabamanurses.org .

**Alabama State Nurses Association
Individual Educational Activity Application
2015 Criteria**

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 \$75 (up to 4 contact hours), \$125 (5-8 contact hours), \$200 (9-12 contact hours), and \$300 (13 and over contact hours). An expedited review is available for applications received 12-24 days before activity for an additional \$125 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 CE@alabamannurses.org

Applicants interested in submitting an individual educational activity for approval must complete:

- Individual Activity Applicant Eligibility Verification Form ([click here to access](#)),
- Commercial Interest Addendum (if applicable), [click here for form](#)
- This form - Individual Educational Activity Application

<i>SPONSOR (AGENCY) OF ACTIVITY</i> Southeast Region of the WOCN® Society™		
<i>CONTACT PERSON</i> Bernhard Haberer		
<i>ADDRESS</i> 36181 East Lake Road Suite 376		
<i>CITY</i> Palm Harbor	<i>STATE</i> FL	<i>ZIP CODE</i> 34685
<i>DAY PHONE</i> 727-238-5140 office; 727-309-6245 cell		
<i>EMAIL</i> 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.		
<i>SIGNED:</i> 		

Upon request ASNA will publish information on the Continuing Nursing Education tab of the ASNA Website: http://alabamanurses.org .			
Publish online?	X	YES	NO

Applicant's Name: Southeast Region of the WOCN® Society™;
Bernhard Haberer – Association Manager

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.

Title of Activity: Navigating the Weaves of Change – WOC Nurses Anchored in Research and Practice

Date Form Completed: May 30, 2018

Activity Type:

Provider-directed, provider-paced: Live (in person or webinar)

- Date of live activity: 9/20/2018 – 9/22/2018
- Location of activity
- Number of contact hours to be awarded and method of calculation
-

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.](#)
- Number of contact hours to be awarded and method of calculation
-

Learner-directed, learner-paced: Enduring material

- Start date of enduring material: [Click here to enter a date.](#)
- Expiration/end date of enduring material:
- Number of contact hours to be awarded and method of calculation

Blended activity

- Date(s) of prework and/or post-activity work: [Click here to enter a date.](#)
- Date of live portion of activity: [Click here to enter a date.](#)
- Number of contact hours to be awarded and method of calculation

NARS Reporting Information

This section is included to assist with NARS data entry. Below is the list of terms and all information necessary to "open" and "close" an activity in the system. Please consult the [NARS FAQs](#) page, [NARS user manual](#), and [Annual Reporting Page](#) for more information.

NARS Reporting Conversion Terms

NARS Activity Type:

Course- A course is a live educational activity where the learner participates in person.

Regularly Scheduled Series- A regularly scheduled series (RSS) as a course that is planned as a series with multiple, ongoing sessions.

Internet Live Course- An Internet live activity is an online course available via the Internet at a certain time on a certain date and is only available in real-time.

Journal Based CNE- A journal-based CNE activity includes the reading of an article (or adapted formats for special needs).

Other- (Manuscript Review, Test writing item, Committee Learning, Performance Improvement, Internet searching and learning)

Total number of nurses (Registered Nurses) Approximately 200-225

Please only include the total number of registered nurses.

Nurse Planner contact information for this activity.

Name and credentials: Elaine Rush, BS, RN, CWOCN.

Email Address: conf.plan@serwoen.org

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.

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 continence issues. However, our practice is constantly changing and requires WOC nurses, expert as well as novice, needing updates on changes in wound, ostomy, continence and professional practice to stay current.

Describe the desired 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:

There is an ongoing need for additional education for WOC nurses in all healthcare settings related to wounds, ostomy and continence practice. Provide areas of interest and learning opportunities to Advance Practice Nurses in the field of wound, ostomy and continence.

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

Survey data from stakeholders, target audience members, subject matter experts or similar

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

Evaluation data from previous education activities

Trends in literature, law and health care

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 annual conference serves as a core of our needs assessment for annual conference planning. Review of our conference evaluations from the 2017 and prior year SER Conference notes, new trends as well as new or revised practice guidelines identified by the Education Committee guided the overall development for the 2018 SER Conference agenda. 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)

Knowledge and Skill

D. Description of the target audience. (You can 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 outcome be as a result of participation in this activity?*)

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 specialties.

Area of impact (check all that apply):

- Nursing Professional Development Patient Outcome
 Other- Describe: _____

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

Through questions and answers during presentations, the learners will be encouraged to engage in dialog 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 Contact Hours) asking about the content and the speakers. In addition, there will be a survey sent to participants 3-6 months after conference asking them to relate how they took the information presented in the sessions and used them in their direct clinical areas of practice

G. Content of activity: A description of the content with supporting references or resources

- See Educational Planning Table OR
 Describe content and include time calculation for content: [Click here to enter text.](#)

Content for this educational activity was chosen from:

- 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: _____
- X Other: See references on Educational Tables

H. Learner engagement strategies

- X See Educational Planning Table OR
- 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)
- Credit awarded commensurate with participation
- Attendance at 1 or more sessions
- X 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: How will change in knowledge, skills, and/or practice be evaluated at the end of this activity? (Refer back to identified practice gap and educational need – evaluation must occur at the level of need identified in “C” above

Attendees complete an evaluation for each session attended.

Short-term evaluation options:

- Intent to change practice
- Active participation in learning activity
- Post-test
- Return demonstration
- Case study analysis
- Role-play
- Other – Describe: _____

Long-term evaluation options:

- Self-reported change in practice
- Change in quality outcome measure
- Return on Investment (ROI)
- Observation of performance
- Other – Describe: Post Conference Survey (3 – 6 months after)

Attachment 1
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. There must be 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.**

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	---
Mary Arnold Long, DNP, APRN, CRRN, CWOCN-AP, ACNS-BC	Ed. Committee Chair	Yes	None	---
Glenda Brunette, MSN, RN, CWON	Content Expert	Yes	None	
Carolyn Cuttino, BSN, RN, CWCN, CWS	Content Expert	Yes	None	
Julie Ross, BSN, RN, CWOCN	Content Expert	Yes	None	
Kimberly Smith, BS, RN, CWON	Content Expert / Presenter	Yes	None	
June Bullock, MN, RN, CWOCN	Content Expert	NO	None	
Leigh Warf, MN, RN, CWOCN	Content Expert	NO	None	
Elizabeth Jones, RN, CWOCN	Content Expert	NO	None	
Kathy Decho, BSN, RN, CWOCN	Content Expert	NO	None	
Nina E. Blanton, RN, MN, CWON	Content Expert	NO	None	
Janice Beitz, PhD, RN, CS, CNOR, CWOCN-AP, CRNP, MAPWCA,	Presenter	NO	ConvaTec, Inc	Consultant

Individual Activity Application

ANEF, FAAN				
Kevin Emmons, DrNP, RN, APN, AGPCNP-BC, CWCN	Presenter	NO	None	
Lynette Franklin, MSN, APRN, ACNS-BC, CWOCN-AP, CFCN	Presenter	NO	None	
Myra Varnado, BS, RN, CWOCN	Presenter	NO	None	
Teresa Kelechi, PhD, RN, CWCN	Presenter	NO	Marine Polymer Technologies	Past funding to conduct research
Katherine Jeter, EdD, MA, BS	Presenter	NO	None	
Sharon McCarthy, BSN, RN, CWON	Presenter	NO	None	
Leanne Richbourg, APRN-BC, MSN, CWON-AP, CCCN	Presenter	NO	None	
Eric Rovner, MD	Presenter	NO	Astellas, Medtronic, and Allergan	Advisory Boards
Eric Goodman, BSN, RN, CWOCN, CFCN, CFCS	Presenter	NO	None	
Laurie McNichol, MSN, RN, CNS, GNP, CWOCN, CWON-AP, FAAN	Presenter	NO	Coloplast, Inc.	Speaker

ATTACHMENTS

Please provide evidence of the following:

Attachment 1	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.) Completed see prior 2 pages
Attachment 2	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 OR a statement that COI documentation is not required because the content of the activity has no relationship to products or services of a commercial entity (consumed by or used on patients) – click here for form Completed – see attached 02a,b,c,d COI documents
Attachment 3	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. Completed see attached 03 Contact Hours Statement 2018
Attachment 4	Documentation of completion and/or certificate. – click here for sample completed see attached 04 2018 Sample AttendeeCertificate
Attachment 5	Commercial Support Agreement with signature and date (if applicable) – click here for form Completed see attached 05-CommercialSupportDocuments_combined
Attachment 6	Evidence of required information provided to learners prior to start of the educational activity: <ol style="list-style-type: none"> 1. Activity approval statement as issued by the accredited approver 2. Criteria for successful completion in order to receive contact hours 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) If COI is present, disclosure must include name of person, type of relationship, and name of commercial entity. 4. Commercial support (if applicable) 5. Expiration date (enduring materials only) 6. Name(s) of Joint Provider(s) (if applicable) <p>NOTE: (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) Please see attached copy of 2017 Conference Program Book which addresses these matters ... will be similar for the 2018 Conference – but is not yet complete.</p>
Attachment 7	Summative evaluation- submission after the activity has been completed per the Accredited Approver policy. Complete – see attachment 07 Post Evaluation statement

Completed by:

Date:

Title of Activity: Lower Extremity/Foot Assessment & Management

Learning Outcome (s)

- 1. Describe key components of lower extremity and foot assessment and management.**
- 2. Perform skills such as ankle brachial index, neurological and vascular examination, and compression wrap application.**

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
<ol style="list-style-type: none"> 1. Presentation of: content on anatomy and physiological of the lower leg and feet specific to conditions such as diabetes, arterial and venous diseases; assessment components such as skin, nails, circulation and nerves; management of specific conditions such as ulcers, edema, nail disorders, ulcers, skin dermatitis and tinea using topical and other approaches 2. Demonstration, via videos and in-person, skills such as ankle brachial index, monofilament, tuning fork 	90	Teresa Kelechi Myra Fields-Varnado	Powerpoint Videos Discussion Question/Answer
<ol style="list-style-type: none"> 1. Hands-on practice of skills such as ankle brachial index, application of multi-layer compression 2. Competency check-off of select skills such as vascular and neurological examination 	60	Teresa Kelechi Myra Fields-Varnado	Demonstration
<ol style="list-style-type: none"> 1. Evaluation of learning outcomes via question/answer, quiz 2. Discussion of evidence based guidelines from WOCN and nursing implications 	30	Myra Varnado Teresa Fields-Varnado	Powerpoint Videos Discussion Question/Answer

SpeakerID:# «sessSpkrID» SessionID:# «sessID»; «sessNmeShrt»_«spkrName»

SpeakerID:# «sessSpkrID» SessionID:# «sessID»; «sessNmeShrt»_«spkrName»

Title: «sessTitle»

Return form via email to bhe@serwocn.org

Educational Planning Table – Live/Enduring Material – Attachment 1

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

1. Ratliff CR, Yates S, McNichol L, Gray M. Compression for primary prevention, treatment, and prevention of recurrence of venous leg ulcers: An evidence- and consensus-based algorithm for care across the continuum. J Wound Ostomy Continence Nurs. 2016, 3(4): 347-364.
2. Kelechi TJ, Johnson JJ, et al. Guideline for the management of wounds in patients with lower-extremity venous disease: An executive summary. J Wound Ostomy Continence Nurs. 2012, 39(6): 598-606.
3. Crawford PE, Fields-Varnado M, et al. Guideline for the management of wounds in patients with lower-extremity neuropathic disease: An executive summary. J Wound Ostomy Continence Nurs. 2013, 40(1): 34-45.
4. Bonham PA, Flemister BG, et al. Guideline for the management of wound in patients with lower-extremity arterial disease (LEAD): An executive summary. J Wound Ostomy Continence Nurs. 2016, 43(1): 23-31.
5. Bleau Lavigne M, Reeves I, Sasseville MJ, Loignon C. Development of a survey to explore factors influencing the adoption of best practices for diabetic foot ulcer offloading. J Wound Ostomy Continence Nurs. 2017, 44(2): 129-137.

If Live:

Note: Time spent evaluating the learning activity may be included in the total time when calculating contact hours.

Total Minutes 180 divided by 60= 3 contact hour(s)

Estimated Number of Contact Hours to be awarded: 3

[Click or tap here to enter text.](#)

Completed By: Name and Credentials

Teresa Kelechi, PhD, RN, CWCN
Myra Fields-Varnado, MSN, CWOCN

[Click or tap to enter a date.](#)

Date 3-16-18

Lower Extremity/Foot Assessment & Management

Teresa Kelechi, PhD, RN, CWCN
Professor
Medical University of South Carolina
College of Nursing

Myra Fields-Varnado, MSN, CWOCN
Director of Clinical Services
Corstrata

Problem - Prevalence

- Affects 1 – 2% of population worldwide
- 2 – 3 million individuals in U.S. have a venous leg ulcer (VLU)
- 600,000 new case each year
- VLUs account for ~70% of all lower leg ulcers
 - recurrence reported as high as 97%
 - 30% within the first 12 months
- 50% of VLUs become chronic – open for 4 to 6 weeks or more
 - 60% have a biofilm

Objectives

- Describe key components of lower extremity and foot assessment and management
- Perform skills such as ankle brachial index, neurological and vascular examination, and compression wrap skills.

Negative impact on QoL

- Fatigue #1 complaint associated with CVLUs
- Depression and social isolation
- Frequent visits to clinic
- Economic impact \$25 billion
 - Per person costs > \$40,000

There are no disclosures

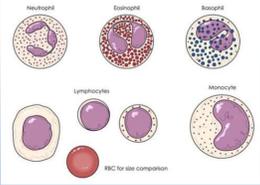
Pathological processes: Structural disorders

- Venous hypertension
- Incompetent perforator veins
- Weak valves
- Calf muscle pump dysfunction
- Vein injury from external and internal trauma (i.e., blunt force, surgery, venous thromboembolism, inflammation)
- Co-morbid conditions: obesity



Pathological processes

- Molecular mechanisms:
 - Fluid shear stress alterations
 - Leukocyte entrapment (adhesion, activation, and migration through the vessel endothelium)
 - Dermal tissue fibrosis
 - Altered levels and distribution of certain growth factors (proteins that stimulate cellular growth)

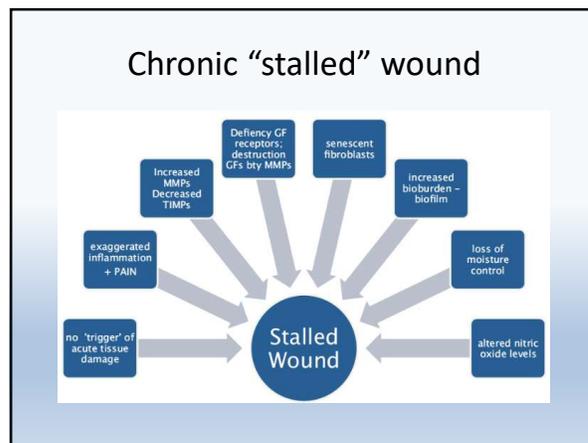


Cellular

- Aberrant fibroblast function
- Increased expression of intercellular adhesion molecules
- Abnormalities in certain matrix metalloproteinases (MMPs) and tissue inhibitors of matrix metalloproteinases (TIMPs)
- Chronic bioburden/biofilm

Pathological processes

- Microcirculation (microangiopathy):
 - Dilated, elongated and tortuous capillaries
 - High microvascular blood flow in dermis
 - Decreased blood flow and reduction in number of nutritive vessels (fibrin cuffs form)
 - Microedema
 - Inflammation



Venous leg ulcer pathology

- Cellular
 - Fibrin cuffs develop due to deposition of fibrinogen
 - Overabundance of activated neutrophils
 - Secrete high levels of proteases that kill growth factors
 - Leads to a chronic inflammatory state and contributes to the chronicity of the ulcer



Risk factors for CVEd

<p>Modifiable</p> <ul style="list-style-type: none"> • Physical inactivity • Higher body mass index • Injection drug use <p>Non-modifiable</p> <ul style="list-style-type: none"> • Venous thromboembolism • Trauma/surgery to leg • Venous insufficiency • Varicose veins – 25% develop ulcers if untreated • Impairment of calf muscle • Restricted ankle ROM 	<p>Non-modifiable</p> <ul style="list-style-type: none"> • Older age • Deep or perforator vein reflux, deep vein obstruction, or combination of both • Diabetes • Hypertension • Joint/skeletal disease (e.g., rheumatoid arthritis) • Family history
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Standard terminology

- Chronic venous disorders (CVDs)
 - Encompasses a full spectrum of morphological and functional abnormalities of the venous system
 - Disorders such as venous thromboembolism (VTE)
 - Chronic venous disease (CvD) leads to:
 - Chronic venous insufficiency
 - Lower extremity venous disease (LEVD) (WOCN Society)
 - Classification: (Eklof, 1994, 2004)
 - Clinical, Etiological, Anatomical, Pathophysiological (CEAP) staging criteria

CEAP severe classes

- 5 = skin changes (as defined in 4) in conjunction with healed ulcer
- 6 = skin changes (as defined in 4) in conjunction with active ulcer

Leg assessment

Stage C1- spider/reticular



CEAP clinical classification

- 0 = no visible or palpable signs (achiness)
- 1 = teleangiectases, reticular veins, malleolar flare
- 2 = varicose veins, diameter ≥ 3 mm
- 3 = edema without skin changes
- 4 = skin changes
 - 4a – hyperpigmentation
 - 4b – venous eczema
 - 4c – lipodermatosclerosis
 - 4d – atrophie blanche

Spider/reticular – under the skin



Ankle flare



Stage C3 - edema



Varicose veins
Stage C2 - varicosities



Stage C4 - hyperpigmentation



Torturous veins



Edema



Hyperpigmentation



C4 – venous eczema



Hyperpigmentation



C4 - lipodermatosclerosis



C4 - atrophy blanche



Assess symptoms

- Heaviness or achiness of legs
 - at end of day or with prolonged dependency
 - may be improved with elevation
- Calf, thigh or buttocks pain/discomfort
 - venous claudication
- Tingling, itching, burning, stinging
- Feeling of tightness
- Sensation of “hot” skin
- Skin irritation – dry, scaliness

Symptom clusters for CVeD

- Clusters of symptoms associated with CVeD:
 - Women: pain, heavy legs, aching legs, heat/burning sensation, tingling, itching, restless legs, throbbing, irritable
 - Men: heat/burning sensation, tingling, heavy legs, aching legs, restless legs, irritable, throbbing, itching, pain
 - 47% of men report swelling compared to 34% of women
 - 50% of women report more night cramps compared to 37% of men

Cellulitis



Symptoms

- Clusters of symptoms associated with CVLUs:
 - Pain: pain, depression, sleep disturbance, fatigue
 - Inflammation: fatigue, swelling/edema, eczema, exudate



Assess factors impeding healing

- Pain
- Co-morbid conditions
 - Cardiac, rheumatoid arthritis, lymphedema, obesity, lower extremity arterial disease, depression
- Ulcer deeper than 2 cm
- History of debridement
- Presence of multiple VLU's
- Below normal hemoglobin counts
- Short walking distance
- Smoking
- Higher disease severity including lipodermatosclerosis

Triggers

- External events or exacerbating factors associated with ~75% of VLUs:
 - Cellulitis
 - Penetrating injury/trauma
 - Contact dermatitis
 - Rapidly aggravating leg edema
 - Burns
 - Dry skin with itching
 - Insect bites

Factors impeding healing

- Medications: corticosteroids and immunosuppressive agents
- Older age
- Ulcer chronicity > 4 weeks
- Venous refill time < 20 seconds
- Poor adherence to compression therapy

Factors contributing to ulcer recurrence

- Body mass index (BMI) $\leq 20 \text{ kg/m}^2$
- Malnutrition
- Depression
- Decreased physical activity
- Lack of leg elevation
- Not wearing compression
- Cardiac disease

Technology assessment

Goniometer



Photoplethysmography



Physical assessment

- Four key areas:
 - limb
 - skin
 - circulation
 - ulcer

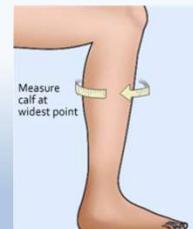


Technology assessment

Dynamometer



Calf circumference



Limb

- ↓ range of motion of ankle; dorsiflexion/ plantar flexion and eversion/inversion measured with goniometer
- ↓ size ratio of ankle to calf circumference measured with standard tape measure
- ↓ calf muscle pump function; ↓ ejection fraction measured with air plethysmography (APG)
 - ↑ venous refill time measured with photo plethysmography (PPG)

Limb

- Range of motion of ankle
 - Severe CVI: $\sim 28^\circ$ (normal is $47-69^\circ$) (dorsi/plantar)
 - Severe CVI: $\sim 15^\circ$ (normal is $20-55^\circ$) (inver/ever)
- Causes:
 - Occurs early in CVI
 - Poor calf pump function
 - Prolonged inactivity = muscle atrophy/weakness
 - Pain, edema, lipodermatosclerosis

Foot changes and assessment

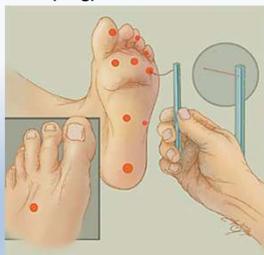
- Peripheral neuropathy – 89% of individuals with stages C5-6 (severe)
 - Sensory testing - 10-g monofilament
 - Vibratory testing - Tuning fork
 - Temperature discrimination – tip therm
 - Achilles tendon reflex – reflex hammer
 - Neuropathy Symptom Score and Neuropathy Disability Score scales

Circulation

- Concomitant arterial disease is associated with chronic venous insufficiency
 - Cardio-ankle vascular index (CAVI) measure of arterial stiffness) > 7.9 predicts presence of CVI
 - Lower ankle brachial index, higher mean arterial pressure, female sex, lower HDL are independent predictors of CVI

Technology

5.07 (10 g) monofilament



128 Hz tuning fork



Assessment

- Ankle brachial index
- Toe brachial index
- Skin temperature assessment with infrared thermometers
- Temperature monitoring with thermal camera

Foot changes

- Causes
 - Microangiopathy leads to peripheral nerve ischemia

Technology

Toe brachial index



Ankle brachial index



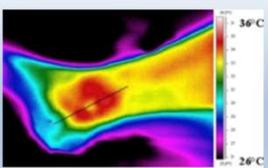
Technology

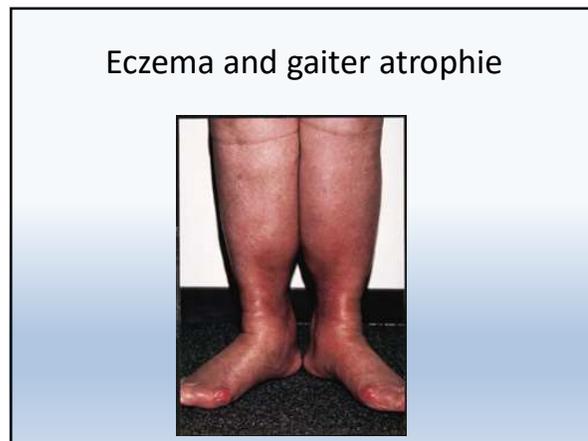
Camera



Images



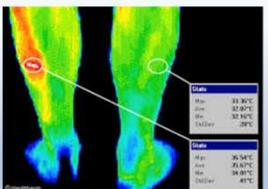


Technology

Thermometers



Self monitor "hot spot"



Date	
Time	11:20:12
Dist	12.00715
Temp	32.19012
Wavelength	10.6171

- ### Treatment
- Life long moisturizing
 - Compression
 - Pharmacotherapeutics:
 - Short term corticosteroids beneficial
 - Oral doxycycline 100 mg (anti-collagenase, anti-inflammatory and immunomodulatory) with topical tacrolimus 0.1% (inhibits T cells) for 4 weeks (Maroo, et al., 2012)

- ### Skin
- Venous dermatitis
 - Eczema
 - Elevated homocysteine (Hcy) levels (hyperhomocysteinemia)
 - Associated with increase severity of disorder and VLUs
 - Result of increased pressure in the skin
 - Pressure in the microcirculation (capillaries is 8 to 10 mmHg higher compared to normal tissue)
 - Often misdiagnosed as cellulitis
 - Patients often complain of itching, stabbing or needle prick sensations

- ### Hemosiderosis Hyperpigmentation
- Forms after leakage of cells into the extracellular space
 - Red blood cells die, hemoglobin is released and digested by macrophages, producing hemosiderin
 - Hemosiderin has iron, which remains "deposited" in the skin
 - Discoloration (brown or bluish) can lead to chronic skin inflammation

Hemosiderin



Lipodermatosclerosis (LDS)

- Inflammation and hardening (sclerosis) of the subcutaneous fat under the dermis
- Higher incidence of LDS in obese patients
- Associated with abnormal coagulation or deficient proteolytic processes

Hemosiderin



LDS



Treatment

- Oral ascorbic acid
- Calcium supplementation
- Compression

Treatment

- Some evidence to suggest aspirin therapy and pentoxifylline may be beneficial in the disease process
 - Reduce leg ulcer recurrence
 - Reduce pain, edema, erythema and hardness

http://www.cochrane.org/CD009432/WOUNDS_oral-aspirin-venous-leg-ulcers

http://www.cochrane.org/CD001733/WOUNDS_pentoxifylline-for-treating-venous-leg-ulcers

Atrophie blanche

- Whitish or ivory colored fibrous tissue or “scars” that appear after skin ulcers where there is inadequate circulation; related to long-term inflammation
- Begin as painful purpuric papules that evolve into ulcers
- Some have hyperpigmented borders and telangiectasis
- Can be associated with venous/varicose eczema and hemosiderosis
- Highly prone to trauma

Other assessment instruments

- Augment health history, assess risk, symptoms, quality of life, function, severity, treatment outcomes, and healing prediction (used mainly in research):
 - Cardiff Wound Impact Scale, Charring Cross Venous Ulcer Questionnaire, Freiburger Questionnaire of Quality of Life, Venous Clinical Severity Score, Venous Insufficiency Epidemiologic and Economic Study (VEINES-QOL/Sym)

Atrophie blanche



Diagnostic testing

- There is no single test that can provide all of the information needed to make clinical decisions and plan management strategies:
 - Color duplex scanning with ultrasound
 - First-line and most reliable
 - Noninvasive to diagnose anatomical and hemodynamic abnormalities
 - detect reflux in any venous segment
 - identify vessels, elucidate presence and direction of blood flow
 - detect venous reflux or obstruction and identify its anatomic location

Treatment

- Low potency topical steroids
- Compression
- Injury prevention – protect area (socks)

Findings inform treatment

- 3 – 6 months of standard of care often required before surgical options are considered
 - Compression mainstay of VLU prevention
 - Vein ablation procedures
- If history of VLU or VLU is present with treatment failure of 6 months, surgical interventions should be considered

Wound healing prediction

Initial healing rate and percent wound surface area reduction

- 30% overall or 10 – 15% per week in days 1 – 28 regardless of treatment
 - Early healing is the most powerful predictor of complete wound healing at 24 weeks

Parker CN, Finlayson KJ, Edwards HE. Ulcer area reduction at 2 weeks predicts failure to heal by 24 weeks in the venous leg ulcers of patients living alone. J Wound Care. 2016, 25(11):626-634.

Prevention of VLU and progression of CVDs

- Compression:
 - Recurrence rates are lower in persons wearing high-compression (e.g., 40–50 mm Hg) hosiery compared to medium (e.g., 30–40 mm Hg) compression hosiery; therefore, individuals should be offered the strongest compression they can tolerate
 - Adherence rates are significantly higher with moderate compression than with high-compression hose and bandages

Ratliff CR, Yates S, McNichol L, Gray M. Compression for primary prevention, treatment, and prevention of recurrence of venous leg ulcers: An evidence- and consensus-based algorithm for care across the continuum. J Wound Ostomy Continence Nurs. 2016, 3(4): 347-364.

Prevention of VLU and progression of CVDs

• Aggressive treatment of:

- Varicosities
 - Weight management, physical activity, sclerotherapy
- Cellulitis and acute dermatitis
- Pain
- Depression
 - SSRIs first line treatment



Compression

- Multi-layer (multicomponent) static systems are more effective than single-layer systems for healing.
 - There is recent evidence to suggest that an elastic layer in two and three layer systems compared to inelastic systems may be more effective.
 - Documentation of wraps should describe whether a single-component or multi-component system is used
- Intermittent pneumatic compression (IPC) (dynamic system) may be used for patients who are immobile or who need higher levels of compression than that which can be provided with stockings or wraps, such as those with extremely large legs or who are intolerant of stockings or wraps.
 - It is not known whether IPC, when used after a VLU heals, prevents ulcer recurrence.

O'Meara S, Cullum N, Nelson EA, Dumville JC. Compression for venous leg ulcers. Cochrane Database Syst Rev. 2012, 11:CD000265.

Standards of care

- S_sex_{ee}
 - Stockings (compression)
 - Skin care
 - Exercise
 - Elevation
 - Edema management

Compression

Multi layer wrap “no-no’s”



Intermittent pneumatic



Stockings



Exercises

Calf pump



Resistance



Wraps



Range of motion - conditioning

Pedal



Stretch



Elevation

- Leg elevation alone is inadequate for the management of severe CVeD
 - four, 30-minute sessions is recommended or 1 – 2 hours per day



Skin care

- Good skin care
 - Wash skin daily with mild soap and dry well
 - Apply moisturizers



Edema Management HCSE

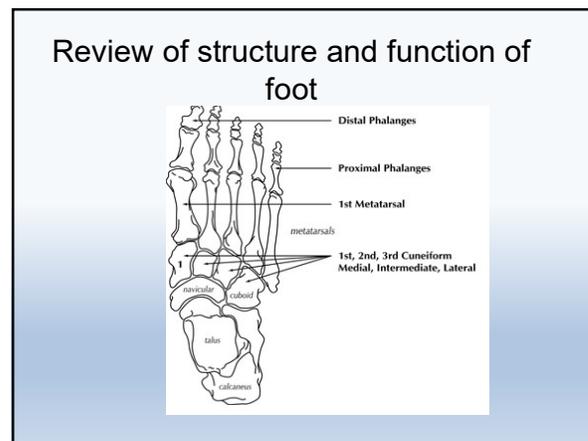
- Medication
 - Horse chestnut seed extract
 - Venastat 300 mg (1 capsule) twice a day reduces swelling and achiness – can get this from the drug store – ask physician, nurse practitioner, and pharmacist




Adjunctive therapies

- Subfascial endoscopic perforator (SEPS) surgery
 - there is some positive evidence about the effects of surgical interventions such as SEPS on preventing VLU recurrence
 - Minimally invasive techniques include ultrasound guided foam sclerotherapy, radiofrequency ablation, endovenous laser therapy, endovenous thermal ablation

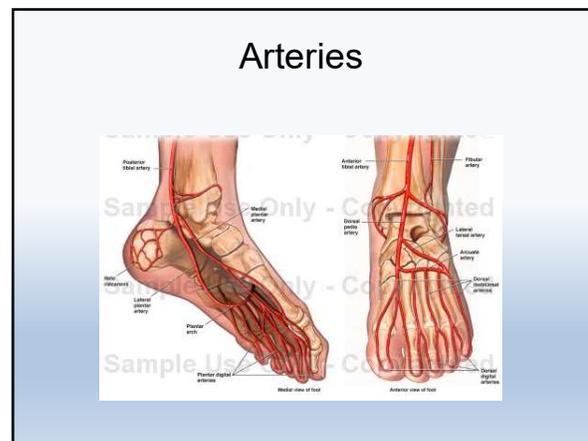
Van Gent W, Wittens C. Influence of perforating vein surgery in patients with venous ulceration. *Phlebology*. 2015, 30(2):127-132.



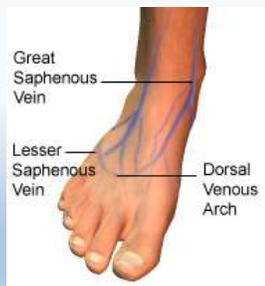
Medications for CVeD

- Venoactive therapy
 - Horse chestnut seed oil (*Aesculus hippocastanum* L); Butcher's Broom
 - Improves leg pain and reduces edema
 - May reduce eczema
- Micronized purified flavonoid fraction (MPFF)

Bush R, Comerota A, Meissner M, Raffetto JD, Hahn SR, Freeman K. Recommendations for the medical management of chronic venous disease: The role of Micronized Purified Flavonoid Fraction (MPFF) *Phlebology*. 2017, 32(1_suppl):3-19.



Veins



Modifiable

- Overall diabetes disease management
 - HgA1C - >7.0% predicts DFUs
 - Blood pressure - ↑ pulse pressure
 - Creatinine - ↑
 - Smoking cessation -1 cigarette ↓ local circulation 30% for 1 h
 - Weight/diet – BMI > 45 are 85% more like to develop foot ulcers; waist circumference: men ≥ 40 in; women ≥ 35 in
 - Exercise – linked to reduction in DFU risk
 - Diabetes distress, depression, anxiety

Non-modifiable risk factors: Age changes

- Ligament laxity
- Fat pad atrophy
- Toenails thicken or thin, color changes
- Skin thins on dorsum of foot
- Bones stiffen, especially toes

Assessment of diabetic foot ulcers Classification systems

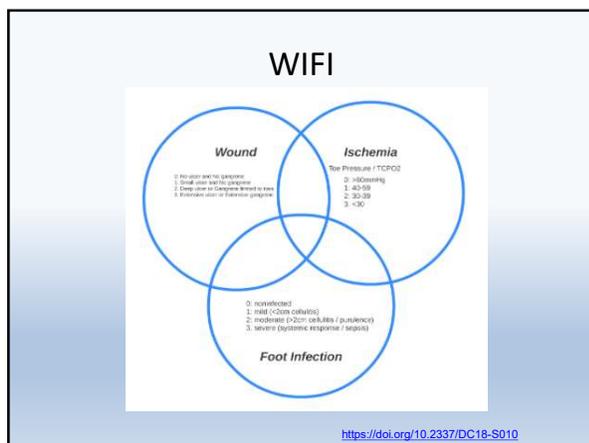
- Wagner scale
- Society for Vascular Surgery (WIFI)
- University of Texas Diabetic Foot Classification System
- International Working Group on the Diabetic Foot Risk Classification System
- UPPER/LOWER

Non-modifiable concomitant disorders

- Neuromuscular diseases
 - Parkinson's disease
- Raynaud's disease/scleroderma/Sjogrens disease

Wagner Grading Scale

- 0 - Intact Skin
- 1 - Superficial ulcer of skin or subcutaneous tissue
- 2 - Ulcers extend into tendon, bone, or capsule
- 3 - Deep ulcer with osteomyelitis, or abscess
- 4 - Gangrene of toes or forefoot
- 5 - Midfoot or hindfoot gangrene



Establish risk: History

- Peripheral vascular disease – LEAD, PAD
- History of ulcers or amputation
 - 70% of healed ulcers recur within 5 years
 - ulcers precede 85% of amputations
- Severe nail pathology
- Repeated trauma from abnormal load distribution on the foot (plantar surface, heels)

<https://doi.org/10.2337/DC18-S010>

Principles of management

- Prevent thermal, mechanical, and chemical injuries to the feet
- Detect problems
 - Neuropathy, repetitive mechanical stress
- Promote prompt interventions
- **PREVENTION!!!!!!!**

Establish risk

- Peripheral neuropathy with loss of protective sensation (LOPS)
- Autonomic neuropathy that causes fissuring of the integument and osseous hyperemia
- Biomechanic instability (in the presence of neuropathy)
 - evidence of increased pressure (erythema, hemorrhage under a callus)
 - foot deformities that cause areas of high focal pressure
 - limited joint mobility

Evidence based guidelines

- American Diabetes Association/Educators
- Orthopedic
- National Guidelines Clearinghouse
- Wound Ostomy Continence Nurses Association* (2012) – Management of Wounds in Patients with Lower-Extremity Neuropathic Disease

Physical assessment

- Limitation in joint mobility (active/passive range of motion) - goniometer
- Temperature testing – plantar surface with infrared thermometer
- Problems with gait and balance
- Footwear:
 - condition
 - proper fit

Assessment

Physical findings:

- quantitative somatosensory threshold test with Semmes-Weinstein 5.07 (10-g) monofilament to determine (LOPS)
- other sensory: tuning fork/hammer
- check skin: between toes
 - under metatarsal heads; fissures
- bony deformities - prominent metatarsal heads



Thermal imaging



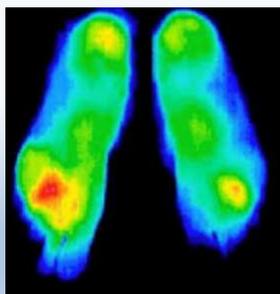
Sensory testing



Evaluate arterial flow: Ankle brachial index



Thermal image



Diagnostic tests

Test (Reference Values)	Evidence	Comments
Palpable pedal pulse (80 mm Hg)	<ul style="list-style-type: none"> • Absent or reduced pedal pulses increases the likelihood of PVD (LR, 4.70; 95% CI, 2.20-9.90)³¹ • PPP compared with color duplex imaging PWD with PVD (sensitivity = 81%, specificity = 56%, PPV = 42%)³² • Absence of foot pulses Risk of new DFU (RR, <4.72; 3.29-6.76)³³ 	<ul style="list-style-type: none"> • Palpable pulses can be misleading because of noncompressible blood vessels associated with advanced atherosclerosis
Ankle-brachial pressure index (ABI) (>0.5 and <1.2)	<ul style="list-style-type: none"> • Outside reference range, PVD identified (sensitivity = 90%; specificity = 95%)³³ • ABPI compared with color duplex imaging PWD with PVD (sensitivity = 53%; specificity = 95%; PPV = 80%)³² 	<ul style="list-style-type: none"> • False elevation in patients with calcified vessels³² • The accuracy of ABI-toe brachial index is poor if ABI 1.3³⁴ • Risk of ulceration if ABI dorsal pedal artery <0.9 (OR, 3.00; P < .0000)¹⁸
Transcutaneous oxygen tension (>30 mm Hg)	<ul style="list-style-type: none"> • Below-the-knee values of <30 mm Hg predict the need for above-the-ankle amputation in diabetic patients (sensitivity = 78.6%; specificity = 83%)³⁵ • >30 mm Hg predicts healing of DFU (sensitivity = 15%; specificity = 97%; PPV = 79%; NPV = 94%)³⁶ 	<ul style="list-style-type: none"> • Expensive equipment and labor intensive • 15 mm Hg higher dorsal foot transcutaneous P_{O2} 0.8 (0.7-0.9)¹⁴
Toe pressure (>55 mm Hg)	<ul style="list-style-type: none"> • >55 mm Hg has the ability to predict healing of arterial ulcers (sensitivity = 75%; specificity = 86%)³⁷ • >55 mm Hg compared with color duplex imaging in diagnosed PVD in PWD (sensitivity = 100%; specificity = 61%; PPV = 48%)³² 	<ul style="list-style-type: none"> • Large toe is of a small caliber without a fully developed adventitial layer to allow circumferential calcium deposits • Cannot be calibrated if there is previous toe amputation

<https://www.nhbi.nih.gov/health-topics/peripheral-artery-disease>

Common problems that require treatment to prevent DFUs

- Dry skin and tinea pedis - Athlete's foot
- Severe nail pathology - onychomycosis - fungal infection of the toenails
- Claudication benchmarks: walking speed (1-2 mph), walking distance (limited)



Common problems that require treatment to prevent DFUs

- Evidence of increased plantar pressure – calluses
- Neuropathy (types and stages)
 - bony deformities – gait and balance



Skin and nail pathology



Clinical management of DFUs



Skin and nail pathology



Off loading

- Reduction of focal pressure from a specific foot site with redistribution of pressure over the larger foot surfaces
 - Bedrest
 - Total contact casting (gold standard)
 - Walking splints/removable cast shoes
 - Custom modified healing shoe with insoles that have removable pegs
 - Padding

Contact cast



Ulcer debridement

- Autolysis
- Enzymatic (chemical)
- Larval (biologic or biodebridement)*
- Hydrogels*
- Not whirlpool**

*Moderate evidence to support their use

** No supporting evidence

Removable inserts



Conservative sharps



Ulcer debridement

- Several options are determined by amount and type of avascular tissue (e.g., callus, necrotic, slough)
 - Surgical
 - Conservative sharp
 - Mechanical
 - High pressure fluid irrigation
 - Ultrasound mist

Topical therapies

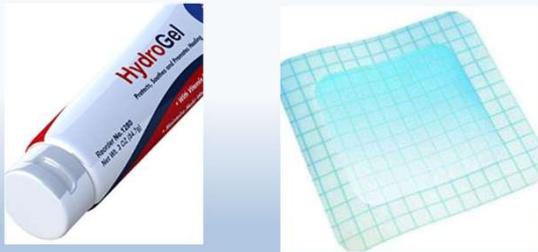
Hydrogels

- Hydrated polymer (hydrogel) contain 90% water in a gel base, which helps regulate fluid exchange from the wound surface.
- Hydrogel dressing are usually clear or translucent and vary in viscosity or thickness. They're available in three forms:
 - amorphous hydrogel—free-flowing gel, packaged in tubes, foil packets, and spray bottles
 - impregnated hydrogel—amorphous hydrogel saturated onto a gauze pad, nonwoven sponge ropes and/or strips
 - sheet hydrogel—a gel supported by a thin fiber mesh. The dressing can overlap onto intact skin
- For use in ulcers that are not heavily draining

Autologous platelet-rich plasma (PRP)

- Type of topical growth factor
 - Produced from patient's own blood
 - Portion of the plasma fraction of autologous blood having a platelet concentration above baseline
 - Serve as a growth factor agonist
 - Easy to produce
 - "Favorable outcomes" but data are limited

Hydrogels



Cell therapies

- Cultured keratinocytes - the predominant cell type in the epidermis
- Stem cells

Biological wound coverings

- Engineered human skin or dermal replacements
- Granulocyte-colony stimulating factors
- Tissue engineered skin substitutes
- Human fibroblast-derived dermal substitutes
 - Cost of care needs to be considered if using these

Newer technologies

- Human Amnion/ Chorion Membrane (dHACM) allograft
 - multiple layers including a single layer of epithelial cells, a basement membrane and an avascular connective tissue matrix
 - preserves and delivers multiple extracellular matrix proteins, growth factors, cytokines, and other specialty proteins present in amniotic tissue to help regenerate soft tissue.

New therapies

- Poly-N-acetyl-glucosamine nanofibers (sNAG) (e.g., Talimed)
 - increases angiogenesis, cell migration and proliferation
 - sNAG is an effective antimicrobial against *S. aureus*
 - increase the kinetics of wound healing by stimulating innate immunity thus providing anti-bacterial activity

Negative Pressure Wound Therapy

- uses a vacuum dressing to promote healing
- controlled application of sub-atmospheric pressure to the local wound environment
- a sealed wound dressing connected to a vacuum pump



Other therapies

- Electrophysical therapy
 - electrical stimulation, low-level laser therapy, therapeutic ultrasound and electromagnetic therapy
 - Limited evidence except for ultrasound

Monochromatic infrared photo energy (MIRE)

- Light therapy
 - Enhances circulation
 - Anti-inflammatory
 - Improves peripheral neuropathy
 - Treatment for painful conditions



Hyperbaric Oxygen (HBO)

- inhalation of 100% oxygen in a total body chamber, where atmospheric pressure is increased and controlled



Virtual Foot Clinic

What's your assessment

Arterial



Dry "mummy"



Arterial



Neuropathic



Arterial



Oh goodness: what to do?



Gosh!



Plantar ulcer



Cellulitis or dermatitis



What is this?



Plantar ulcer



Poor hygiene/corn



Pseudomonas



Neuropathic



C-shaped nail with paronychia



Charcot arthropathy



Charcot arthropathy

- Demineralization
- Bony destruction
- Fractures
- Soft tissue damage
- Rocker bottom (bowing) of foot
- Ulcers

Charcot arthropathy with ulcer



Bowing of bottom of foot



Yes!



Standards of Care

- Stabilize bones
- Off-load pressure areas
- Immobilize
- Prevent trauma

Is this an ulcer?



Is this an ulcer?



6 Ps of critical limb ischemia

- Pulseless
- Poikilothermia -Polar (cold)
- Pallor
- Paresthesia
- Paralysis
- Pain

Standards of Care

- Evaluate flow
 - Prevent injury to tissue
 - Protect ulcers
 - Exercise
 - Medications and devices

My toe is itching me



Skin and nail care standards

- Keep it dry – treat maceration
 - Skin sealants (barrier)
 - Nexcare, New-Skin, Skin Shield
 - Skin antiperspirants/deodorants
 - Drysol, Driclor, Odaban
 - Powders
 - Zeasorb AF, Dr. Sholl's Foot Powder with Zinnoxol
- Separate toes
- Proper footwear and socks



You never know what you will see!!!



I have a "risen" on my ankle

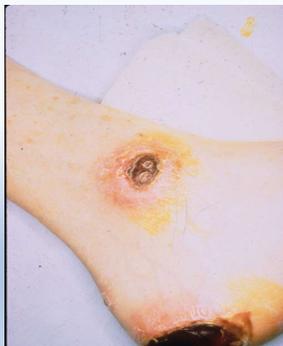


What do I do for cottage cheese between my toes?

- Macerated toeweb spaces
 - Painful
 - Itching
 - Damp
 - Odor



My foot feels cold



Maceration with fungus infection



Something bit me



Overall health promotion

- Prevention
 - Wear proper shoes
 - Be active
 - Manage weight



Not this!!!



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References

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7. Blume P, Wu S. Updating the diabetic foot treatment algorithm: Recommendations on treatment using advanced medicine and therapies. *Wounds.* 2018, 30(2): 29-35.
8. Bush R, Comerota A, Meissner M, Raffetto JD, Hahn SR, Freeman K. Recommendations for the medical management of chronic venous disease: The role of Micronized Purified Flavanoid Fraction (MPFF) *Phlebology.* 2017, 32(1_suppl):3-19.
9. Dominic SK, Vivovsky C, Rice J. A nurse's guide to the prevention of neuropathic ulcers in patients with diabetes. *Medsurg Nurs.* 2015, 24(5): 299-303.

Thank you!



2018 SER Conference Schedule

Date	Time	Title	Room
THURSDAY 9/20/18			
9/20/2018	5:30 AM	Registration PreCon; 9:00 AM General Sessions; 11:30 AM Exhibitors	PreFunc/Lobby
9/20/2018	7:00 AM - 8:00 AM	Pre-Conference Breakfast	PreFunc/Lobby
9/20/2018	8 AM - 11 AM	WOC Pharmacology	MR 102-103
9/20/2018	8 AM - 11 AM	Lower Extremity/Foot Assessment & Management	MR 106-017
9/20/2018	11:15 AM - 12:15 PM	Lunch Symposia	BR-ABC
9/20/2018	12:30 PM - 12:45 PM	Welcome & Introductions	BallRm D
9/20/2018	12:45 PM - 1:45 PM	Keynote Address - How We Built Our Fleet	BallRm D
9/20/2018	1:45 PM - 2:45 PM	What's That Funny Lookin' Thing in My Spyglass? Atypical Wounds	BallRm D
9/20/2018	2:45 PM - 3:00 PM	Break	PreFunc/Lobby
9/20/2018	3:00 PM - 4:00 PM	When the Ship is No Longer Seaworthy: The WOC Nurse Role in Palliative Care	BallRm D
9/20/2018	4:15 PM - 7:00 PM	Exhibits and Appetizers	Exhibit Hall A
9/20/2018	7:00 PM	Free night - dinners with vendors	
FRIDAY 9/21/18			
9/21/2018	6:00 AM	Registration	PreFunc/Lobby
9/21/2018	7:00 AM - 8:00 AM	Breakfast Symposia	BR-ABC
9/21/2018	8:15 AM - 9:15 AM	Battling the Bilge: Fistula Management	BallRm D
9/21/2018	9:15 AM - 10:15 AM	Batten the Hatches - Parastomal Hernia Management	BallRm D
9/21/2018	10:15 AM - 12:30 PM	Exhibits	Exhibit Hall A
9/21/2018	12:45 PM - 1:45 PM	Lunch symposia	BR-ABC
9/21/2018	2:00 PM - 3:00 PM	More Than Signal Flags – Telehealth for Wound & Ostomy Patient Success Across the Care Continuum	BallRm D
9/21/2018	3:00 PM - 3:15 PM	Break	PreFunc/Lobby
9/21/2018	3:15 PM - 4:15 PM	Two Holes in the Same Hull: Managing a Wound Near an Ostomy	BallRm D
9/21/2018	4:15 PM - 5:15 PM	No More Shiver Me Timbers: Neurogenic Bowel and Bladder	BallRm D
9/21/2018	5:30 PM - 7:30 PM	Dinner Symposia	BR-ABC
SATURDAY 9/22/18			
	6:00 AM	Registration	PreFunc/Lobby
9/22/2018	7:00 AM - 8:00 AM	Breakfast Symposia	BR-ABC
9/22/2018	8:15 AM - 9:15 AM	Who Will Sponsor the Voyage? Funding Challenges Across the Continuum	BallRm D
9/22/2018	9:15 AM - 10:15 AM	Aye, Captain! Review of Current Research Topic Related to Lower Extremity Wounds	BallRm D
9/22/2018	10:15 AM - 10:30 AM	Break	PreFunc/Lobby
9/22/2018	10:30 AM - 11:30 AM	Fighting the Waves: MASD	BallRm D
9/22/2018	11:30 AM - 12:45 PM	Business Meeting and Awards	BallRm D
9/22/2018	12:45 PM - 1:45 PM	Sailing Successfully from Port to Port: Using the WOCN® Tool for Peristomal Skin Assessment	BallRm D
9/22/2018	1:45 PM - 2:45 PM	Proving YOU are the MVS (Most Valuable Sailor) on Your Ship!	BallRm D
9/22/2018	2:45 PM - 3:00 PM	Closing Remarks	BallRm D
On Going Poster Viewing			
9/20 - 9/22	Thurs 4 PM through Sat Noon	WOC Nursing Poster Session	PreFunc/Lobby

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

*(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)*

Yes No **if yes,** complete the table below for all actual, potential or perceived conflicts of interest**:

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

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

Section 3: Statement of Understanding

Completion of this section serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

Nancy Scott BSN,RN,CWOCN

1-22-2018

Type Name and credentials

Date Completed

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

This page to be completed by Director of Conference Planning only

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:

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

Type Name and credentials

1-27-2018

Date Completed

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

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

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

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

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

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

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

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

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

Yes No

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

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

** All conflicts of interest, including potential ones, must be resolved by the Nurse Planner 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.

Typed or Electronic Signature: Name and Credentials (Required)

Elaine Rush RN BS CWOCN

Date 1/21/2018

THIS SECTION TO BE COMPLETED BY THE NURSE PLANNER ONLY

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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- 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

Typed or Electronic Signature: Name and Credentials (Required)

Date 1/24/2018

Mary Arnold Long, DNP, APRN, CRRN, CWOCN-AP,
ACNS-BC

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

*(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)*

Yes No **If yes,** complete the table below for all actual, potential or perceived conflicts of interest**:

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

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

Section 3: Statement of Understanding

Completion of this section 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.

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

JANUARY 20, 2018

Type Name and credentials

Date Completed

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

This page to be completed by Director of Conference Planning only

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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- Other - Describe:

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

Type Name and credentials

1/26/2018

Date Completed

Southeast Region of the WOCN® Society Board Member Conflict of Interest Form

Title of Educational Activity: Navigating the Waves of Change. WOC Nurses Anchored in Research and Practice.

Educational Activity Date: September 20 – 22, 2018

Role in Educational Activity: (Check all that apply) Nurse Planner Content Expert

Faculty/Presenter/Author Content Reviewer Other Board member responsible for approving SER
Describe: of the WOCN® Society Conference

Section 1: Demographic Data

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

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

Address: 1608 Tyne Blvd

Phone main: 615-596-6505

Phone cell: 615-596-6505

Email Address: ser.treasurer@outlook.com

Email secondary:

Current Employer: Vanderbilt Medical Center

Position / Title: CWOCN

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?

*(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)*

Yes No **If yes,** complete the table below for all actual, potential or perceived conflicts of interest**:

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

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

Section 3: Statement of Understanding

Completion of this section 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 W. Davidson MN, BSN, RN, CWOCN

1/25/2018

Type Name and credentials

Date Completed

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

This page to be completed by Director of Conference Planning only

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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- Other - Describe:

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

Type Name and credentials

1-27-2018

Date Completed

Southeast Region of the WOCN® Society Board Member Conflict of Interest Form

Title of Educational Activity: Navigating the Waves of Change. WOC Nurses Anchored in Research and Practice.

Educational Activity Date: September 20 – 22, 2018

Role in Educational Activity: (Check all that apply) Nurse Planner Content Expert

Faculty/Presenter/Author Content Reviewer Other Board member responsible for approving SER
Describe: of the WOCN® Society Conference

Section 1: Demographic Data

Name with Credentials/Degrees: Angela Graham BSN RN CWOCN

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

Address: 310 West Main Street

Phone main: 2562180217

Phone cell: 2562180217

Email Address: agraham@alacare.com

Email secondary:

Current Employer: Alacare Home Health & Hospice

Position / Title: Manager of Education Support Services

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?

*(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)*

Yes No **If yes,** complete the table below for all actual, potential or perceived conflicts of interest**:

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

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

Section 3: Statement of Understanding

Completion of this section 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

1/22/2018

Type Name and credentials

Date Completed

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

This page to be completed by Director of Conference Planning only

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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- Other - Describe:

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

Type Name and credentials

1/26/2018

Date Completed

Southeast Region of the WOCN® Society Board Member Conflict of Interest Form

Title of Educational Activity: Navigating the Waves of Change. WOC Nurses Anchored in Research and Practice.

Educational Activity Date: September 20 – 22, 2018

Role in Educational Activity: (Check all that apply) Nurse Planner Content Expert

Faculty/Presenter/Author Content Reviewer Other Board member responsible for approving SER
Describe: of the WOCN® Society Conference

Section 1: Demographic Data

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

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

Address: 1837 Winn Arthur dr, Valrico, FL 33594

Phone main: 813 495-0075

Phone cell: 813 495-0075

Email Address: nancy.scott@moffitt.org

Email secondary: nenawocn@gmail.com

Current Employer: Moffitt Cancer Center, Tampa , FL

Position / Title: RN, CWOCN

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?

*(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)*

Yes No **If yes,** complete the table below for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
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Section 3: Statement of Understanding

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Nancy Scott BSN,RN,CWOCN

1-22-2018

Type Name and credentials

Date Completed

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

This page to be completed by Director of Conference Planning only

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.
- 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:

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

Type Name and credentials

1-27-2018

Date Completed

Southeast Region of the WOCN® Society Board Member Conflict of Interest Form

Title of Educational Activity: Navigating the Waves of Change. WOC Nurses Anchored in Research and Practice.

Educational Activity Date: September 20 – 22, 2018

Role in Educational Activity: (Check all that apply) Nurse Planner Content Expert

Faculty/Presenter/Author Content Reviewer Other Board member responsible for approving SER
Describe: of the WOCN® Society Conference

Section 1: Demographic Data

Name with Credentials/Degrees: **Laura Shafer RNC,BSN CWON**

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

Address: 4550 Thicket Trail Snellville,GA 30039

Phone main: Phone cell: 404-694-4870

Email Address: **Ishafer833@gmail.com** Email secondary:

Current Employer: **Molnlycke Health Care**

Position / Title: **Regional 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>)

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?

*(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)*

Yes No **If yes,** complete the table below for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
<input checked="" type="checkbox"/>	Salary	Employed by Molnlycke Health Care as a Clinical Specialist
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	Other	

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

Section 3: Statement of Understanding

Completion of this section 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

1/28/2018

Type Name and credentials

Date Completed

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

This page to be completed by Director of Conference Planning only

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.
- 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: There is no conflict of interest since she does not plan or evaluate any program items in this job capacity.

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

Type Name and credentials

2/13/2018

Date Completed

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

(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)

Yes No **If yes,** complete the table below for all actual, potential or perceived conflicts of interest**:

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

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

Section 3: Statement of Understanding

Completion of this section 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.

Janice M. Beitz, PhD, RN, APNC, CWOCN-AP

3/25/2018

Type Name and credentials

Date Completed

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

This page to be completed by Director of Conference Planning only

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.
- 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: no conflict in this presentation noted

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

Type Name and credentials

3/26/2018

Date Completed

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

(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)

Yes No **If yes,** complete the table below for all actual, potential or perceived conflicts of interest**:

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

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

Section 3: Statement of Understanding

Completion of this section 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.

Kevin R. Emmons DrNP

24March2018

Type Name and credentials

Date Completed

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

This page to be completed by Director of Conference Planning only

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.
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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:

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

Type Name and credentials

3/25/2018

Date Completed

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

(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)

Yes No **If yes,** complete the table below for all actual, potential or perceived conflicts of interest**:

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

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

Section 3: Statement of Understanding

Completion of this section 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, ACNS-BC,CWOCN-AP

4-6-2018

Type Name and credentials

Date Completed

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

This page to be completed by Director of Conference Planning only

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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- 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.
- 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:

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

Type Name and credentials

4/6/2018

Date Completed

Southeast Region of the WOCN® Society SPEAKER Conflict of Interest Form

Title of Educational Activity: Navigating the Waves of Change. WOC Nurses Anchored in Research and Practice.

Educational Activity Date: September 20 – 22, 2018

Role in Educational Activity: (Check all that apply) Nurse Planner Content Expert

Faculty/Presenter/Author Content Reviewer Other
Describe:

Section 1: Demographic Data

Name with Credentials/Degrees: **Eric Goodman, BSN, RN, CWOCN, CFCN, CFCS**

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

Address: 418 Otis Ave., Downers Grove, IL 60515

Phone main: 630-235-1108

Phone cell: 630-235-1108

Email Address: ericgoodman@wocrn.com

Email secondary: woundnurse@gmail.com

Current Employer: Home Health WOCRN, LLC



Position / Title: Owner, WOC Nurse Consultant

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?

(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)

Yes No **If yes,** complete the table below for all actual, potential or perceived conflicts of interest**:

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

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

Section 3: Statement of Understanding

Completion of this section 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.

Eric Goodman,BSN,RN,CWOCN,CFCN,CFCS

4/2/2018

Type Name and credentials

Date Completed

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

This page to be completed by Director of Conference Planning only

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:

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

Type Name and credentials

4/3/2018

Date Completed

Southeast Region of the WOCN® Society SPEAKER Conflict of Interest Form

Title of Educational Activity: Navigating the Waves of Change. WOC Nurses Anchored in Research and Practice.

Educational Activity Date: September 20 – 22, 2018

Role in Educational Activity: (Check all that apply) Nurse Planner Content Expert

Faculty/Presenter/Author Content Reviewer Other
Describe:

Section 1: Demographic Data

Name with Credentials/Degrees: **Katherine Jeter, EdD, MA, BS**

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

Address: **212 Club Meadows Ct., Spartanburg, SC 29302**

Phone main: **864-706-9701**

Phone cell: **864-706-9701**

Email Address: **katherine.jeter1@gmail.com**

Email secondary:

Current Employer: **Retired**

Position / Title:

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?

(You must disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it must be disclosed here)

Yes No If yes, complete the table below for all actual, potential or perceived conflicts of interest**:

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

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

Section 3: Statement of Understanding

Completion of this section 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.

Katherine F. Jeter

Type Name and credentials

March 30, 2018

Date Completed

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

This page to be completed by Director of Conference Planning only

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:

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

Type Name and credentials

4/2/2018

Date Completed

Southeast Region of the WOCN® Society
SPEAKER Conflict of Interest Form

Title of Educational Activity: Navigating the Waves of Change. WOC Nurses Anchored in Research and Practice.

Educational Activity Date: September 20 – 22, 2018

Role in Educational Activity: (Check all that apply) Nurse Planner Content Expert

Faculty/Presenter/Author Content Reviewer Other
Describe:

Section 1: Demographic Data

Name with Credentials/Degrees: **Teresa Kelechi, PhD, RN, CWCN**

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

Address: 855 Parrot Creek Way, Charleston, SC 29412

Phone main: 843-792-4602

Phone cell: 843-810-3157

Email Address: kelechtj@musc.edu

Email secondary: teresakelechi@gmail.com

Current Employer: Medical University of South Carolina



Position / Title: **Professor of Nursing**

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?

(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)

Yes No **If yes,** complete the table below for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input checked="" type="checkbox"/>	Consultant	For Marine Polymer Technologies; have had funding to conduct research from this company in the past
<input type="checkbox"/>	Other	

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

Section 3: Statement of Understanding

Completion of this section 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.

Teresa Kelechi, RN

Type Name and credentials

3-16-18

Date Completed

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

This page to be completed by Director of Conference Planning only

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.
- 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: **There is no conflict of interest associated with this presentation**

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

Type Name and credentials

3/19/2018

Date Completed

Southeast Region of the WOCN® Society SPEAKER Conflict of Interest Form

Title of Educational Activity: Navigating the Waves of Change. WOC Nurses Anchored in Research and Practice.

Educational Activity Date: September 20 – 22, 2018

Role in Educational Activity: (Check all that apply) Nurse Planner Content Expert

Faculty/Presenter/Author Content Reviewer Other
Describe:

Section 1: Demographic Data

Name with Credentials/Degrees: **Sharon McCarthy, MSN, RN, CWOCN**

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

Address: Pinson, AL 35126

Phone main: 205-514-1482

Phone cell: 205-514-1482

Email Address: hughes5118@yahoo.com

Email secondary: sharonwhite@uabmc.edu

Current Employer: UAB Hospital



Position / Title: CWOCN

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?

(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)

Yes No **If yes,** complete the table below for all actual, potential or perceived conflicts of interest**:

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

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

Section 3: Statement of Understanding

Completion of this section 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.

SharonD McCarthy,MSN, RN, CWOCN

3/16/2018

Type Name and credentials

Date Completed

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

This page to be completed by Director of Conference Planning only

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.
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- Other - Describe:

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

Type Name and credentials

3/21/2018

Date Completed

Southeast Region of the WOCN® Society SPEAKER Conflict of Interest Form

Title of Educational Activity: Navigating the Waves of Change. WOC Nurses Anchored in Research and Practice.

Educational Activity Date: September 20 – 22, 2018

Role in Educational Activity: (Check all that apply) Nurse Planner Content Expert

Faculty/Presenter/Author Content Reviewer Other
Describe:

Section 1: Demographic Data

Name with Credentials/Degrees: Laurie McNichol, MSN, RN, CNS, GNP, CWOCN, CWON-AP, FAAN

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

Address: 11 Bluff Ridge Court, Greensboro, NC 27455

Phone main: (704) 906-5548

Phone cell: (704) 906-5548

Email Address: laurie.mcnichol@conehealth.com

Email secondary: lauriemcnichol@gmail.com

Current Employer: Cone Health, Wesley Long Hospital



Position / Title: Clinical Nurse Specialist/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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****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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- 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?

(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)

Yes No **If yes,** complete the table below for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
<input checked="" type="checkbox"/>	Other	I am periodically contracted for the provision of education on this topic by Coloplast, Inc.

**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 this section 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.

Laurie McNichol, MSN, RN, CNS, GNP, CWOCN, CWON-AP, FAAN

3/30/18

Type Name and credentials

Date Completed

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

This page to be completed by Director of Conference Planning only

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.
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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: **No conflict in this session**

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

Type Name and credentials

4/1/2018

Date Completed

Southeast Region of the WOCN® Society SPEAKER Conflict of Interest Form

Title of Educational Activity: Navigating the Waves of Change. WOC Nurses Anchored in Research and Practice.

Educational Activity Date: September 20 – 22, 2018

Role in Educational Activity: (Check all that apply) Nurse Planner Content Expert

Faculty/Presenter/Author Content Reviewer Other
Describe:

Section 1: Demographic Data

Name with Credentials/Degrees: Leanne Richbourg, APRN-BC, MSN, CWON-AP, CCCN

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

Address: 5319 Memory Lane, Durham, NC 27712

Phone main: 919-389-4359

Phone cell: 919-389-4359

Email Address: lrichbourg@gmail.com

Email secondary: leanne.richbourg@duke.edu

Current Employer: Duke University Hospital

Position / Title: Wound & Ostomy Clinical Nurse 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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- 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?

(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)

Yes No **If yes,** complete the table below for all actual, potential or perceived conflicts of interest**:

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

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

Section 3: Statement of Understanding

Completion of this section 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.

Leanne Richbourg

3-30-2018

Type Name and credentials

Date Completed

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

This page to be completed by Director of Conference Planning only

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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- 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:

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

Type Name and credentials

4/1/2018

Date Completed

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

(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)

Yes No **If yes,** complete the table below for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input checked="" type="checkbox"/>	Consultant	I have served on Advisory Boards for Astellas, Medtronic, and Allergan
<input type="checkbox"/>	Other	

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

Section 3: Statement of Understanding

Completion of this section 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.

Eric Rovner, MD

Type Name and credentials

March 19, 2018

Date Completed

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

This page to be completed by Director of Conference Planning only

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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- 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: **No conflict noted in this role for the conference**

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

Type Name and credentials

3/21/2018

Date Completed

Southeast Region of the WOCN® Society SPEAKER Conflict of Interest Form

Title of Educational Activity: Navigating the Waves of Change. WOC Nurses Anchored in Research and Practice.

Educational Activity Date: September 20 – 22, 2018

Role in Educational Activity: (Check all that apply) Nurse Planner Content Expert

Faculty/Presenter/Author Content Reviewer Other
Describe:

Section 1: Demographic Data

Name with Credentials/Degrees: **Kimberly Smith, BS, RN, CWON**

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

Address: 1406 Iroquois Street, North Charleston, NC 29405

Phone main: 864-590-1955

Phone cell: 864-590-1955

Email Address: kimberly.smith@amedisys.com

Email secondary: kssmith1406@gmail.com

Current Employer: Amedisys Home Health



Position / Title: Regional Wound Care Program Manager

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?

(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)

Yes No **If yes,** complete the table below for all actual, potential or perceived conflicts of interest**:

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

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

Section 3: Statement of Understanding

Completion of this section 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.

Kimberly Smith BS, RN, CWON

3/30/2018

Type Name and credentials

Date Completed

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

This page to be completed by Director of Conference Planning only

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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- Other - Describe:

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

Type Name and credentials

4/1/2018

Date Completed

Southeast Region of the WOCN® Society SPEAKER Conflict of Interest Form

Title of Educational Activity: Navigating the Waves of Change. WOC Nurses Anchored in Research and Practice.

Educational Activity Date: September 20 – 22, 2018

Role in Educational Activity: (Check all that apply) Nurse Planner Content Expert

Faculty/Presenter/Author Content Reviewer Other
Describe:

Section 1: Demographic Data

Name with Credentials/Degrees: **Myra Varnado, BS, RN, CWOCN**

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

Address: PO Box 703, Roseland, LA 70456

Phone main: 985-687-3971

Phone cell: 985-687-3971

Email Address: myra.varnado@corstrata.com

Email secondary: myravarnado@outlook.com

Current Employer: Corstrata



Position / Title: Clinical Director

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?

(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)

Yes No **If yes,** complete the table below for all actual, potential or perceived conflicts of interest**:

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

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

Section 3: Statement of Understanding

Completion of this section 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.

Myra Varnado, BS RN CWON

4/2/18

Type Name and credentials

Date Completed

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

This page to be completed by Director of Conference Planning only

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.
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- Other - Describe:

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

Type Name and credentials

4/4/2018

Date Completed

Southeast Region of the WOCN® Society Committee Conflict of Interest Form

Title of Educational Activity: Navigating the Waves of Change. WOC Nurses Anchored in Research and Practice.

Educational Activity Date: September 20 – 22, 2018

Role in Educational Activity: (Check all that apply) Nurse Planner Content Expert

Faculty/Presenter/Author Content Reviewer Other **Poster Committee**
Describe:

Section 1: Demographic Data

Name with Credentials/Degrees: **Nina E. Blanton, RN, MN, CWON**

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

Address: **221 Char Oak Drive, Columbia, SC 29212**

Phone main: **893-781-2324**

Phone cell: **803-348-6895**

Email Address: **blan7982@hotmail.com**

Email secondary:

Current Employer: **Palmetto Health**



Position / Title: **Clinical Practice 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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- 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?

(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)

Yes No **If yes,** complete the table below for all actual, potential or perceived conflicts of interest**:

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

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

Section 3: Statement of Understanding

Completion of this section 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.

Nina E. Blanton, RN,

April 2, 2018

Type Name and credentials

Date Completed

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

This page to be completed by Director of Conference Planning only

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:

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

Type Name and credentials

3/26/2018

Date Completed

Southeast Region of the WOCN® Society Committee Conflict of Interest Form

Title of Educational Activity: Navigating the Waves of Change. WOC Nurses Anchored in Research and Practice.

Educational Activity Date: September 20 – 22, 2018

Role in Educational Activity: (Check all that apply) Nurse Planner Content Expert

Faculty/Presenter/Author Content Reviewer Other Poster Committee
Describe:

Section 1: Demographic Data

Name with Credentials/Degrees: June Bullock RN MN CWOCN

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

Address: 430 Horse Cove Road, Gilbert SC 29054

Phone main: 803 7912019

Phone cell: 8038734629

Email Address: jebullock@lexhealth.org

Email secondary:

Current Employer: Lexington Medical Center

Position / Title CWOCN, Clinical Specialist II

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?

(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)

Yes No **If yes,** complete the table below for all actual, potential or perceived conflicts of interest**:

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

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

Section 3: Statement of Understanding

Completion of this section 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.

June Bullock RN MN CWOCN

3/26/18

Type Name and credentials

Date Completed

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

This page to be completed by Director of Conference Planning only

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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- Other - Describe:

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

Type Name and credentials

3/26/2018

Date Completed

Southeast Region of the WOCN® Society Committee Conflict of Interest Form

Title of Educational Activity: Navigating the Waves of Change. WOC Nurses Anchored in Research and Practice.

Educational Activity Date: September 20 – 22, 2018

Role in Educational Activity: (Check all that apply) Nurse Planner Content Expert

Faculty/Presenter/Author Content Reviewer Other Poster Committee
Describe:

Section 1: Demographic Data

Name with Credentials/Degrees: Kathy Decho, BSN, RN,CWOCN

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

Address:

Phone main:

Phone cell:

Email Address:

Email secondary:

Current Employer:

Position / Title:

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?

(You **must** disclose any potential or perceived conflict, and the Director of Conference Planning will review and resolve accordingly. For example, if you speak for a commercial interest as defined above, it **must** be disclosed here)

Yes No **If yes**, complete the table below for all actual, potential or perceived conflicts of interest**:

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

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

Section 3: Statement of Understanding

Completion of this section 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.

Kathy Decho, BSN, RN, CWO CN

4/2/18

Type Name and credentials

Date Completed

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

This page to be completed by Director of Conference Planning only

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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- Other - Describe:

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

Type Name and credentials

4/2/2018

Date Completed

Southeast Region of the WOCN® Society Committee Conflict of Interest Form

Title of Educational Activity: Navigating the Waves of Change. WOC Nurses Anchored in Research and Practice.

Educational Activity Date: September 20 - 22, 2018

Role in Educational Activity: (Check all that apply) Nurse Planner Content Expert

Faculty/Presenter/Author Content Reviewer Other Poster Committee
Describe:

Section 1: Demographic Data

Name with Credentials/Degrees: Elizabeth S. Jones RN, CWOCN

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

Address: 758 Cross Hill Rd Columbia SC 29205

Phone main: 803 935 8503

Phone cell: 803 201 0019

Email Address: e5jones@khealth.org Email secondary: e.jones.wocn6@hotmail.com

Current Employer: Lexington Medical Center

Position / Title: WOC Nurse / Clinical Nurse 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?

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Yes No **If yes**, complete the table below for all actual, potential or perceived conflicts of interest**:

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

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Section 3: Statement of Understanding

Completion of this section 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.

Elizabeth S. Jones RN, WCC

Type Name and credentials

3-26-18

Date Completed

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

This page to be completed by Director of Conference Planning only

Or document separately

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

Type Name and credentials

3/26/2018

Date Completed

Southeast Region of the WOCN® Society Committee Conflict of Interest Form

Title of Educational Activity: Navigating the Waves of Change. WOC Nurses Anchored in Research and Practice.

Educational Activity Date: September 20 – 22, 2018

Role in Educational Activity: (Check all that apply) Nurse Planner Content Expert

Faculty/Presenter/Author Content Reviewer Other Poster Committee
Describe:

Section 1: Demographic Data

Name with Credentials/Degrees: Leigh Warf RN MN CWOCN

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

Address: 159 Swanhaven Drive

Phone main: 803-960-6475

Phone cell: Same

Email Address: llwarf@lexhealth.org

Email secondary:

Current Employer: Lexington Medical Center

Position / Title: Clinical Specialist II/ CWOCN

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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Yes No **If yes, complete the table below for all actual, potential or perceived conflicts of interest**:**

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

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Section 3: Statement of Understanding

Completion of this section 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.

Leigh Warf RN MN CWOCN

03/26/18

Type Name and credentials

Date Completed

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

This page to be completed by Director of Conference Planning only

Or document separately

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

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- Other - Describe:

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

Type Name and credentials

3/26/2018

Date Completed

Southeast Region of the WOCN® Society
2018 Biographical and Conflict of Interest Form



Title of Educational Activity: **Navigating the Waves of Change. WOC Nurses Anchored in Research and Practice**
Education Activity Date: **September 20 – 22, 2018**

Role in Educational Activity: (Check all that apply) Nurse Planner Content Expert
 Faculty/Presenter/Author Content Reviewer

Other – Describe:

Section 1: Demographic Data

Name with Credentials/Degrees: Elaine Rush RN BS CWOCN

Address: 246 Sheffield Rd Greer SC 29651

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

Current Employer Retired

Position/Title: NA

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.)

CWOCN for 26 years graduated from Emory WOCN program, BS from University of South Carolina, RN Greenville Technical College



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

A check 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

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 No

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

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

** All conflicts of interest, including potential ones, must be resolved by the Nurse Planner 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.

Typed or Electronic Signature: Name and Credentials (Required)

Elaine Rush RN BS CWOCN

Date 1/21/2018

THIS SECTION TO BE COMPLETED BY THE NURSE PLANNER ONLY

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 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:

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

Typed or Electronic Signature: Name and Credentials (Required)

Date 1/24/2018

Mary Arnold Long, DNP, APRN, CRRN, CWOCN-AP,
ACNS-BC

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

Title of Educational Activity: **Navigating the Waves of Change. WOC Nurses Anchored in Research and Practice**
Education Activity Date: **September 20 – 22, 2018**

Role in Educational Activity: (Check all that apply)

- Nurse Planner Content Expert
 Faculty/Presenter/Author
 Content Reviewer
 Other – Describe: 2018 Conference Chair

Section 1: Demographic Data

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

Address: 1719 Parr Road Little Mountain SC 29075

Phone Number: 803-331-1273 Email Address: alma.epting@palmettohealth.org

Current Employer Palmetto Health

Position/Title: Manager and Clinical Practice Specialist for WOC 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.)

Graduate of Emory University's WOCNEP; recertified in WOC Nursing by exam 4 times; current WOC Nurse manager over 11 employees who serve 3 campuses, an outpatient ostomy clinic, Level 1 trauma center, free standing Childrens' Hospital, and free standing Heart Hospital (over 1100 beds).

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

- A check 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.)

Certified WOC Nurse for 18 years. I've worked in the field of woe Nursing for 20 years. I write policies and procedures for WOC nursing practice. Member of the WOCN for my career. Currently serving on the Board of Directors for the Southeast Region of the WOCN Society.

Section 4: Conflict of Interest

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- 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

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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
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	Other	

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Section 5: Statement of Understanding

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Typed or Electronic Signature: Name and Credentials (Required)

A. Renee' Epting, MN, RN, CWOCN

Date 12-22-17

THIS SECTION TO BE COMPLETED BY THE NURSE PLANNER ONLY

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- Not applicable since no conflict of interest.
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- Other - Describe:

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Typed or Electronic Signature: Name and Credentials (Required)

Date 1-22-2018

Elaine Rush RN BS CWOCN

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

Title of Educational Activity: **Navigating the Waves of Change. WOC Nurses Anchored in Research and Practice**
Education Activity Date: **September 20 – 22, 2018**

Role in Educational Activity: (Check all that apply)

- Nurse Planner Content Expert
 Faculty/Presenter/Author
 Content Reviewer
 Other – Describe: Ed. Committee Member

Section 1: Demographic Data

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

Address: 709 Clearview Drive Charleston SC 29412

Phone Number: 843-509-7862 Email Address: brunette@musc.edu

Current Employer MUSC

Position/Title: Wound & Ostomy 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.)

I have been a WOC nurse for 20 years and have spoken at conferences as well as assisted in the planning of them in prior years. More recently, I've been involved with regional conference planning and execution through board involvement at the regional level

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

- A check 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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- Nursing homes (for profit and not for profit)
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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
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	Other	

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Section 5: Statement of Understanding

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Typed or Electronic Signature: Name and Credentials (Required)

Glenda Brunette, MSN, RN, CWON

Date 12/6/2017

THIS SECTION TO BE COMPLETED BY THE NURSE PLANNER ONLY

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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- Other - Describe:

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

Typed or Electronic Signature: Name and Credentials (Required)

Date 1-22-2018

Elaine Rush RN BS CWOCN

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

Title of Educational Activity: **Navigating the Waves of Change. WOC Nurses Anchored in Research and Practice**
Education Activity Date: **September 20 – 22, 2018**

Role in Educational Activity: (Check all that apply)

- Nurse Planner Content Expert
 Faculty/Presenter/Author
 Content Reviewer
 Other – Describe: Ed. Committee Member, speaker introductions

Section 1: Demographic Data

Name with Credentials/Degrees: Carolyn Cuttino, BSN,RN,CWCN,CWS

Address: 895 Farm Quarter Road Mt Pleasant SC 29464

Phone Number: 843 884 9509 Email Address: cuttnoe@aol.com

Current Employer Carolina Wound Care

Position/Title: Owner/Wound Care Consultant

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 had over 35 years of practicing as a WOC nurse in acute care and long term care settings; +

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

- A check 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.)

Lectured throughout country; authored several articles relative to wound care; faculty for wound certification prep course for 3 years.

Section 4: Conflict of Interest

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- Liability insurance providers
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- Acute care hospitals (for profit and not for profit)
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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
<input type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input checked="" type="checkbox"/>	Speakers Bureau	Smith and Nephew Biotherapeutics
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	Other	

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Section 5: Statement of Understanding

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Typed or Electronic Signature: Name and Credentials (Required)

Carolyn Cuttino, BSN,RN,CWCN,CWS

Date January 24, 2018

THIS SECTION TO BE COMPLETED BY THE NURSE PLANNER ONLY

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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Other - Describe:

Ms. Cuttino will be introducing the speakers, so there is no conflict of interest in her role.

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

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Typed or Electronic Signature: Name and Credentials (Required)

Date 1/24/2018

Elaine Rush RN BS CWOCN

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

Title of Educational Activity: **Navigating the Waves of Change. WOC Nurses Anchored in Research and Practice**
Education Activity Date: **September 20 – 22, 2018**

Role in Educational Activity: (Check all that apply)

- Nurse Planner Content Expert
 Faculty/Presenter/Author
 Content Reviewer
 Other – Describe: Ed. Committee Member

Section 1: Demographic Data

Name with Credentials/Degrees: Kimberly Smith BS, RN, CWON

Address: 1406 Iroquois Street North Charleston SC 29405

Phone Number: 8645901955 **Email Address:** kimberly.smith@amedisys.com

Current Employer Amedisys Home Health

Position/Title: Regional Wound Care Program Manager

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.)

Wound and Ostomy Certified -- 8 years

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

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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)
- Blood banks
- Diagnostic laboratories

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

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

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

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

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

Yes No

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

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

** All conflicts of interest, including potential ones, must be resolved by the Nurse Planner 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.

Typed or Electronic Signature: Name and Credentials (Required)

Kimberly Smith BS, RN , CWON

Date 11/30/2017

THIS SECTION TO BE COMPLETED BY THE NURSE PLANNER ONLY

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 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.
- 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:

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

Typed or Electronic Signature: Name and Credentials (Required)

Date 1-22-2018

Elaine Rush RN BS CWOCN

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

Title of Educational Activity: **Navigating the Waves of Change. WOC Nurses Anchored in Research and Practice**
Education Activity Date: **September 20 – 22, 2018**

Role in Educational Activity: (Check all that apply)

- Nurse Planner Content Expert
 Faculty/Presenter/Author
 Content Reviewer
 Other – Describe: Ed. Committee Chair

Section 1: Demographic Data

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

Address: 817 Duck Hawk Retreat Charleston SC 29412

Phone Number: 937-304-5642

Email Address: skinhorse2011@hotmail.com

Current Employer: Roper Hospital

Position/Title: WOC CNS

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.)

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

- A check 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.)

WOC Certified since 1994 with AP certification since 2009. Served on National WOCN Conference Planning committee in multiple roles. Have presented locally, nationally & internationally on a variety of wound, ostomy & continence topics.

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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- 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
<input checked="" type="checkbox"/>	Salary	WOCN
<input type="checkbox"/>	Royalty	
<input checked="" type="checkbox"/>	Stock	3M; DaVinci
<input checked="" type="checkbox"/>	Speakers Bureau	3M; Molnlycke; ConvaTec
<input checked="" type="checkbox"/>	Consultant	3M; Molnlycke
<input type="checkbox"/>	Other	

** All conflicts of interest, including potential ones, must be resolved by the Nurse Planner 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.

Typed or Electronic Signature: Name and Credentials (Required)

Dr. Mary Arnold Long, DNP, APRN, CRRN, CWOCN-AP, ACNS-BC

Date 11/28/2017

THIS SECTION TO BE COMPLETED BY THE NURSE PLANNER ONLY

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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- 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:

In this role as Committee Chair, there is no conflict of interest

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

Typed or Electronic Signature: Name and Credentials (Required)

Date 1-22-2018

Elaine Rush RN BS CWOCN

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

Title of Educational Activity: **Navigating the Waves of Change. WOC Nurses Anchored in Research and Practice**
Education Activity Date: **September 20 – 22, 2018**

Role in Educational Activity: (Check all that apply)

- Nurse Planner Content Expert
 Faculty/Presenter/Author
 Content Reviewer
 Other – Describe: Ed. Committee Member

Section 1: Demographic Data

Name with Credentials/Degrees: Julie E. Ross BSN,RN,CWOCN

Address: 169 Ashley Avenue Charleston SC 29425

Phone Number: 843-792-3233 **Email Address:** rossje@musc.edu

Current Employer Medical University of South Carolina

Position/Title: Wound care Nurse II

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 RN for 9 years and a Certified Wound, Ostomy and Continence Nurse for 5 years. I work in an acute care facility, provide education to patients and families daily about wound, ostomy and continence care. I also provide education to nurses, patient care technician's, 4th year medical students and physicians. I created the 4th year medical student Intern 101 session called "Introduction to Wound Care." Review research articles frequently. I have assisted in creating a poster that was accepted at an international WOCN and CAET conference.

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

- A check 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.)

I have presented a poster at the International WOCN & CAET conference in Montreal. I review multiple articles to continue improving my techniques. I have taught 4 sessions of "Introduction to Wound Care," over the last two years to 4th year Medical Students. I have taught one group of 1st year General Surgery residents "Wound V.A.C. 101."

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)

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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 No

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

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

** All conflicts of interest, including potential ones, must be resolved by the Nurse Planner 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.

Typed or Electronic Signature: Name and Credentials (Required)

Julie E. Ross BSN,RN,CWOCN

Date 12/5/2017

THIS SECTION TO BE COMPLETED BY THE NURSE PLANNER ONLY

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 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.
- 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:

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

Typed or Electronic Signature: Name and Credentials (Required)

Date 1-22-2018

Elaine Rush RN BS CWOCN

2018 ASNA Accreditation Application

Attachment 5 – Contact hours

Total Contact Hours Available: 17

- Pre-Conference: 3
- Educational Sessions: 13
- 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.

Contact Hours Calculation:

Pre Conference (only one): 180 minutes = 3 hours

Sessions (up to 13): 13 x 60 minutes = 780 min = 13 hours

Posters (must view 10) 60 minutes = 1 hour

Maximum Hours available per attendee: 17

Complete Agenda: (see next page)

Southeast Region



of the
Wound, Ostomy and
Continence Nurses Society®

36181 East Lake Road, Ste. 376

Palm Harbor, FL 34685

Phone: 727-238-5140

Fax: 727-269-5760

bhe@serwocn.org

Session	sessTitle	CE type
PreCon1	Wound, Ostomy and Continence Pharmacology	W, O, C, PHM
PreCon2	Lower Extremity/Foot Assessment & Management	W, FC
201801	Keynote Address - How We Built Our Fleet	PP
201802	What's That Funny Lookin' Thing in My Spyglass? Atypical Wounds	W, PHM
201803	When the Ship is No Longer Seaworthy: The WOC Nurse Role in Palliative Care	W, PHM
201804	Battling the Bilge: Fistula Management	W, O
201805	Batten the Hatches - Parastomal Hernia Management	O
201806	More Than Signal Flags – Telehealth for Wound & Ostomy Patient Success Across the Care Continuum	W, O
201807	Two Holes in the Same Hull: Managing a Wound Near an Ostomy	C
201808	No More Shiver Me Timbers: Neurogenic Bowel and Bladder	W, O
201809	Who Will Sponsor the Voyage? Funding Challenges Across the Continuum	W, O
201810	Aye, Captain! Review of Current Research Topic Related to Lower Extremity Wounds	W, FC, PP
201811	Fighting the Waves: MASD	W, O, C
201812	Teaching others to Navigate the Tides of Peristomal Skin Health	O
201813	Proving YOU are the MVS (Most Valuable Sailor) on Your Ship!	PP
Poster	WOC Nursing Poster Session	W, O, C

SER of the WOCN® Society 2018 Annual Conference Certificate of Completion

Navigating the Waves of Change
WOC Nurses Anchored in Research and Practice
9/20/2018 - 9/22/2018 - Myrtle Beach, SC

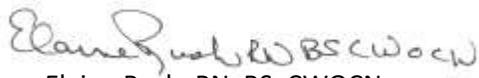
This continuing nursing education activity was approved by the Alabama State Nurses Association (ASNA), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation (ANCC).

This activity has been approved by ASNA for up to 17 contact hours of continuing education, Course #xxxxxxx, and is valid through xxxxxxxxxx.

Date	Session	Hrs. Earned
9/20/2017	2018pc1 Wound, Ostomy and Continence Pharmacology (W,O,C,PHM)	3
9/20/2017	201801 Keynote Address - How We Built Our Fleet, (PP)	1
9/20/2017	201802 What's That Funny Lookin' Thing in My Spyglass? Atypical Wounds (W, PHM)	1
9/21/2017	201804 Battling the Bilge: Fistula Management (W,O)	1
9/21/2017	201805 Batten the Hatches - Parastomal Hernia Management (O)	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 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.

Navigating the Waves of Change – WOC Nurses Anchored in Research and Practice	
Activity Location (if live): Myrtle Beach, SC (Sheraton Myrtle Beach Hotel and Convention Center)	Activity Date: Sept. 20-22, 2018
Name of Commercial Interest Organization:	
Name of Accredited Provider: Southeast Region of the WOCN® Society	
Total amount of Commercial Support:	
Area(s) of activity Commercial Interest organization would like to support:	
<input type="checkbox"/> Unrestricted <input type="checkbox"/> Restricted* <ul style="list-style-type: none"> <input type="checkbox"/> Speaker honoraria <input type="checkbox"/> Speaker expenses <input type="checkbox"/> Meal <input type="checkbox"/> Other (please list): 	

** 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 <i>ANCC Content Integrity Standards for Industry Support in Continuing Educational Activities</i> which is available on the ANCC Accreditation web page.
2.	This activity is for educational purposes only and will not promote any proprietary interest of 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: <ul style="list-style-type: none"> ▪ Assessment of learning needs ▪ Determination of objectives ▪ Selection or development of content

	<ul style="list-style-type: none"> ▪ 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:
Completed By: (Name and Credentials)	Bernhard Haberer, Association Manager	

Commercial Interest Name:	
Address:	
Name of Representative:	
Email Address:	
Phone Number:	
Fax Number:	
<input type="checkbox"/> Electronic Signature (Required) <i>(click checkbox in lieu of signature)</i>	
Date:	
Completed By: (Name and Credentials)	

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.

Navigating the Waves of Change – WOC Nurses Anchored in Research and Practice	
Activity Location (if live): Myrtle Beach, SC (Sheraton Myrtle Beach Hotel and Convention Center)	Activity Date: Sept. 20-22, 2018
Name of Commercial Interest Organization: Coloplast	
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:	
<input checked="" type="checkbox"/> Unrestricted <input type="checkbox"/> Restricted* <ul style="list-style-type: none"> <input type="checkbox"/> Speaker honoraria <input type="checkbox"/> Speaker expenses <input type="checkbox"/> Meal <input type="checkbox"/> 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 <i>ANCC Content Integrity Standards for Industry Support in Continuing Educational Activities</i> which is available on the ANCC Accreditation web page.
2.	This activity is for educational purposes only and will not promote any proprietary interest of 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: <ul style="list-style-type: none"> ▪ Assessment of learning needs

	<ul style="list-style-type: none"> ▪ 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

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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: 05/03/18
Completed By: (Name and Credentials)	Bernhard Haberer, Association Manager	

Commercial Interest Name:	Coloplast Corp	
Address:	1601 West River Road North Minneapolis, MN 55411	
Name of Representative:	Tara Farrington	
Email Address:	ustmf@coloplast.com	
Phone Number:	612-749-5419	
Fax Number:	612-344-2408	
<input checked="" type="checkbox"/> Electronic Signature (Required) <i>(click checkbox in lieu of signature)</i>		
		Date: 05/03/18
Completed By: (Name and Credentials)	See attached letter	

VIA E-MAIL AND UPS

Elaine Rush
Director of Conference Services
Southeast Region of WOCN Society
246 Sheffield Road
Greer, SC 29651

May 3, 2018

Coloplast Corp
1601 West River Road North
Minneapolis, MN 55411
United States

Tel: 612.372.7400
Toll Free Number:
1.800.788.0293
www.coloplast.us

Re: Educational Grant Request / 2018 Annual Conference

Dear Elaine,

Tara Farrington
Coloplast Grants Committee

Coloplast is honored to have received the Educational Grant Request for the support of the upcoming SER WOCN 2018 Annual Conference being held September 20-22, 2018, in the amount of \$2,000.00.

Dir. tel. 612.337.7981
Mob. 612.749.5419
Fax 612.344.2408
grants@coloplast.com

This request has been approved by the Coloplast Grant Committee in the amount of \$2,000.00 (two thousand dollars), with payment expected to be sent via UPS the week of May 28, 2018.

Thank you again for providing Coloplast with the opportunity to provide financial support for this most worthwhile educational experience. Please do not hesitate to contact us if you have questions.

Best Regards,



Tara Farrington

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.

Navigating the Waves of Change – WOC Nurses Anchored in Research and Practice	
Activity Location (if live): Myrtle Beach, SC (Sheraton Myrtle Beach Hotel and Convention Center)	Activity Date: Sept. 20-22, 2018
Name of Commercial Interest Organization: ConvaTec	
Name of Accredited Provider: Southeast Region of the WOCN® Society	
Total amount of Commercial Support: \$3000	
Area(s) of activity Commercial Interest organization would like to support:	
<input checked="" type="checkbox"/> Unrestricted <input type="checkbox"/> Restricted* <ul style="list-style-type: none"> <input type="checkbox"/> Speaker honoraria <input type="checkbox"/> Speaker expenses <input type="checkbox"/> Meal: Dinner Symposium <input type="checkbox"/> 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 <i>ANCC Content Integrity Standards for Industry Support in Continuing Educational Activities</i> which is available on the ANCC Accreditation web page.
2.	This activity is for educational purposes only and will not promote any proprietary interest of 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: <ul style="list-style-type: none"> ▪ Assessment of learning needs ▪ Determination of objectives ▪ Selection or development of content

	<ul style="list-style-type: none"> ▪ 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: 04/25/18
Completed By: (Name and Credentials)	Bernhard Haberer, Association Manager	

Commercial Interest Name:	ConvaTec / Office of Ethics & Compliance	
Address:	CenterPointII, Suite 304 1160 Route 22 East Bridgewater, NJ 08807	
Name of Representative:	Gretchen Reyes Cseplo	
	Grants.charitables@convatec.com	
Phone Number:	Click here to enter text.	
Fax Number:	Click here to enter text.	
<input type="checkbox"/> Electronic Signature (Required) <i>(click checkbox in lieu of signature)</i>		
		Date: 05/01/18
Completed By: (Name and Credentials)	See attached letter	



Office of Ethics & Compliance
CenterPointe II, Suite 304
1160 Route 22 East
Bridgewater, NJ 08807
grants.charitables@convatec.com

April 30, 2018

Mrs. Elaine W. Rush
RN BS CWOCN Director of Conference
Planning
Southeast Region WOC Nursing Society
36181 East Lake Road Ste 376
Palm Harbor, Florida 34685
E-mail: elainewr@bellsouth.net

ConvaTec Educational Grant Request No.: **US-2018-006**
Event Name: **Navigating the Waves of Change WOC Nurses Anchored in Research and Practice**
Event Date: **September 20-22, 2018**
Event Location: **Sheraton Myrtle Beach Convention Center Hotel, 2101 N. Oak St., Myrtle Beach, SC 29577**

Dear Mrs. Rush:

On behalf of ConvaTec, we are pleased to award the educational grant amount listed above.

Please find the check enclosed and contact us via grants.charitables@convatec.com for any questions.

We wish your organization well and thank you again for improving the lives of the people we touch.

Sincerely,

Gretchen Reyes Cseplo
Compliance Officer, U.S., Canada & Compliance Operations



Convatec Inc.
 1160 Route 22 East
 Suite 201
 Bridgewater, NJ 08807
 908 904 2734

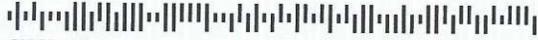
00001197600000119760

PAGE: 1 of 1

DATE: April 20, 2018
 CHECK NUMBER: 0000119760
 AMOUNT PAID: \$3,000.00
 ACCOUNT NUMBER: 777144643

US-2018-006

DIRECT INQUIRIES TO: 908 904 2734



01172 CKS NB 18106 - 0000119760 NNNNNNNNNNN 1065100006207 X600A1 C

SOUTHEAST REGION OF THE WOCN
 36181 EAST LAKE ROAD, SUITE 376
 PALM HARBOR FL 34685



DATE	INVOICE NUMBER	DESCRIPTION	GROSS AMOUNT	DISCOUNT	NET AMOUNT
04/11/18	US-2018-006	EDUCATIONAL GRANT DEDUCTIONS MAY NOT REFLECT WITHHOLDING TAX IF APPLICABLE	\$3,000.00	\$0.00	\$3,000.00
		TOTALS	\$3,000.00	\$0.00	\$3,000.00

RECEIVED
 MAY 01 2018
 BY: _____

PLEASE DETACH BEFORE DEPOSITING CHECK

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.

Navigating the Waves of Change – WOC Nurses Anchored in Research and Practice	
Activity Location (if live): Myrtle Beach, SC (Sheraton Myrtle Beach Hotel and Convention Center)	Activity Date: Sept. 20-22, 2018
Name of Commercial Interest Organization: Hartmann USA	
Name of Accredited Provider: Southeast Region of the WOCN® Society	
Total amount of Commercial Support: \$1900	
Area(s) of activity Commercial Interest organization would like to support:	
<input type="checkbox"/> Unrestricted <input checked="" type="checkbox"/> Restricted* <ul style="list-style-type: none"> <input type="checkbox"/> Speaker honoraria <input type="checkbox"/> Speaker expenses <input type="checkbox"/> Meal <input checked="" type="checkbox"/> Other (please list): Tote Bag Sponsorship and supplies 	

** 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 <i>ANCC Content Integrity Standards for Industry Support in Continuing Educational Activities</i> which is available on the ANCC Accreditation web page.
2.	This activity is for educational purposes only and will not promote any proprietary interest of 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: <ul style="list-style-type: none"> ▪ Assessment of learning needs ▪ Determination of objectives ▪ Selection or development of content

	<ul style="list-style-type: none"> ▪ 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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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: 04/04/18
Completed By: (Name and Credentials)	Bernhard Haberer, Association Manager	

Commercial Interest Name:	HARTMANN USA	
Address:	481 Lakeshore Parkway, Rock Hill, NC 29730	
Name of Representative:	R.J. Vanhoy	
Email Address:	rj.vanhoy@hartmann.info	
Phone Number:	919-808-8825	
Fax Number:		
<input type="checkbox"/> Electronic Signature (Required) <i>(click checkbox in lieu of signature)</i>		
		Date:
Completed By: (Name and Credentials)		

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.

Navigating the Waves of Change – WOC Nurses Anchored in Research and Practice	
Activity Location (if live): Myrtle Beach, SC (Sheraton Myrtle Beach Hotel and Convention Center)	Activity Date: Sept. 20-22, 2018
Name of Commercial Interest Organization: Smith & Nephew	
Name of Accredited Provider: Southeast Region of the WOCN® Society	
Total amount of Commercial Support: \$3,500.00	
Area(s) of activity Commercial Interest organization would like to support:	
<input checked="" type="checkbox"/> Unrestricted <input type="checkbox"/> Restricted* <ul style="list-style-type: none"> <input type="checkbox"/> Speaker honoraria <input type="checkbox"/> Speaker expenses <input type="checkbox"/> Meal <input type="checkbox"/> Other (please list): 	

** 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	
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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: <ul style="list-style-type: none"> ▪ Assessment of learning needs ▪ Determination of objectives ▪ Selection or development of content

	<ul style="list-style-type: none"> ▪ Selection of planners, presenters, faculty, authors and/or content reviewers ▪ Selection of teaching/learning strategies ▪ Evaluation methods
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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.
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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: 03/29/18
Completed By: (Name and Credentials)	Bernhard Haberer, Association Manager	

Commercial Interest Name:	Smith & Nephew	
Address:		
Name of Representative:	Patricia Burns	
Email Address:		
Phone Number:		
Fax Number:		
<input type="checkbox"/> Electronic Signature (Required) <i>(click checkbox in lieu of signature)</i>		
		Date: 03/29/18
Completed By: (Name and Credentials)	See attached letter	

**GRANT LETTER AGREEMENT FOR
SUPPORT OF MEDICAL EDUCATION**

THIS GRANT LETTER AGREEMENT FOR SUPPORT OF MEDICAL EDUCATION (the "Agreement"), effective as of the date the last party signs this Agreement, is by and between Smith & Nephew, Inc. ("Sponsor" or "S&N") of 5600 ClearFork Main Street Ste. 600, Fort Worth, TX 76109 and Wound Ostomy & Continence Nurses Society (WOCN), of 36181 East Lake Road, Ste 376, Palm Harbor, FL 34685 ("Recipient").

S&N and Recipient may at times be referred to herein individually as a "Party" or collectively as the "Parties"

Title of Activity (Program) Southeast Region of the WOC Nursing Society		
Location: Sheraton Myrtle Beach Convention Center Hotel		Date: Sept 20-22, 2018
Address: 2101 North Oak Street		
City: Myrtle Beach	State: SC	Zip: 29577
Telephone: 843-918-5000	Fax:	
Email:		

Subject to Recipient's compliance with the terms of this Agreement, S&N agrees to provide support for the Program described above by means of:

An unrestricted educational grant in the amount of (see Proposal attached hereto).	Three Thousand -Five Hundred	\$3500.00
	Written Dollar Amount Above	\$0.00 USD Above

- 1. Statement of Purpose:** The Program is for scientific and educational purposes only and will not promote S&N's or any other third-party's products, directly or indirectly. This grant is not being given in exchange for any explicit or implicit agreement to purchase, prescribe, recommend, influence or provide favorable formulary status for any S&N products or any other third-party's products.
- 2. Control of Content & Selection of Presenters & Moderators:** The Recipient will ensure that the Program will be independent, objective, fair, balanced, and scientifically rigorous, so that it will not be viewed as, nor in fact be promotional. Accordingly, Recipient is solely responsible for control of content and selection of presenters and moderators (if any). S&N will not control in any way the planning, content, speaker selection or execution of any activity that is funded pursuant to this Agreement.
- 3. Disclosure of Financial Relationships:** Recipient will ensure disclosure to the audience of: (a) S&N funding; and (b) any significant relationship between the Recipient and S&N or between individual speaker(s) and/or moderator(s) and S&N. The Recipient will acknowledge support from S&N in any material which describes the program.
- 4. Involvement in Content:** There will be no "scripting," targeting points for emphasis, or other actions designed to influence content by S&N or its agents.
- 5. Ancillary Promotional Activities:** In the event that the activity to be funded includes commercial exhibits as part of the overall activity, such exhibits will neither influence planning nor interfere with the presentation of the activity. No promotional activities will be permitted in the same room as an educational activity. The element of promotional activities is in no way a condition of the making of this grant.
- 6. Objectivity & Balance:** The Program will be independent, non-promotional, and free from commercial influence or bias. If S&N products are mentioned in the course of this activity, the Recipient will ensure that data regarding S&N products (and competing products) are presented, with favorable and unfavorable information and balanced discussion of prevailing information on the product(s) and/or alternate treatments. The title of the Program will fairly and accurately represent the scope of the presentation(s). The Program will present discussion of multiple treatment options, and will not focus on a single product or therapy.

7. Limitations of Data: Recipient will ensure, to the extent possible, disclosure of limitations of data, e.g., ongoing research, interim analyses, preliminary data, and/or unsupported opinions.
8. Discussion of Unapproved Uses: Meaningful disclosure is required when a product is not approved in the United States for the use under discussion. Off-label use is neither promoted nor condoned by Sponsor. Sponsor recommends that products which are the subject of discussion at the referenced conference be only used in or for approved indication.
9. Opportunities for Debate: Recipient will ensure opportunities for meaningful questioning or scientific debate.
10. Independence of Recipient in the Use of Contributed Funds and the Conduct of the Program:
 - a. Funds will be in the form of an unrestricted educational grant made payable to the Recipient. S&N's financial responsibility is limited to the amount of the grant set forth in this Agreement. Any other claims for payment are the sole responsibility of the Recipient.
 - b. All other support associated with this activity (e.g., distributing brochures, preparing slides) must be given with the full knowledge and approval of the Recipient. S&N will not have editorial or dissemination control of any educational material associated with the program.
 - c. No additional funds from S&N will be paid to the program director, faculty, or others involved with the activity (additional honoraria).
 - d. No funds from S&N will be used to reimburse or defray the costs of travel, lodging, or other personal expenses including meals and/or receptions of non-faculty healthcare professionals attending the Program, whether directly to the individuals attending the conference or indirectly to the conference sponsor. In addition, no funds from S&N will be used to compensate non-faculty healthcare professionals for the time spent attending the Program. No funds from S&N will be used to subsidize recreational events, entertainment, extravagant meals, or receptions.
 - e. Invitations and/or mailing lists pertaining to the activity will not be generated in a manner to reflect sales or marketing goals of S&N. Final control of mailing lists rests exclusively with Recipient. Recipient shall be independently responsible for the content of any enduring materials.
11. Multiple Letters Agreements: If the Recipient requires a separate Letter of Intent that it needs signed in order to proceed with this Program, this Agreement will control if the two documents are inconsistent with one another.
12. Reconciliation of Expenses: Recipient will furnish S&N within sixty (60) days of completing the Program: (a) a certified report concerning the expenditure of funds associated with this program, (b) a copy of all outcomes measurement documentation created for the event by Recipient, if any, and (c) the number of healthcare providers who received CME credits for the program, if applicable. In the event that the Program is cancelled through no fault of S&N or the specific funds granted by S&N are not used for the Program, Recipient will notify S&N in writing of such cancellation or non-use of funds and then Recipient will return to S&N all funds not used for the Program as described above, within sixty (60) days of the date of the Program.
13. Compliance with all Applicable Laws and Industry Standards: The Recipient agrees to abide by all applicable and relevant laws and standards including, but not limited to: (a) ACCME's Standards for Commercial Support of Continuing Medical Education) or other governing accrediting body standards; (b) U.S. Food and Drug Administration's Guidance for Industry; Industry-Supported Scientific and Educational Activities; (c) PhRMA Code on Interaction with Healthcare Professionals; (d) AdvaMed Code of Ethics on Interactions with Health Care Professionals; (e) AMA guidelines; and (f) the Health Insurance Portability and Accountability Act, as amended (HIPAA). S&N will not be responsible for any deviation or departure from relevant standards. If the grant is for a CME/IEP program, the Accredited Provider and Partner, if any, certifies that it is fully accredited

and in good standing with applicable accrediting body. Further, Recipient certifies that they have not been the subject of any regulatory enforcement actions.

14. Choice of Law: The parties agree that this Agreement will be governed by and interpreted under the laws of the State of Texas without regard to its conflict of laws rules
15. Integrated Agreement: The parties agree that this Agreement, and the proposal attached hereto, sets forth the entire understanding regarding the subject matter hereof and supersedes all prior agreements or understandings, whether written or oral, between the Recipient and S&N and may only be modified upon the mutual written agreement of the Recipient and S&N.
16. Assignment: This Agreement may not be assigned or otherwise transferred by Recipient without the prior written consent of S&N.
17. List of Excluded Individuals/Entities: The Recipient certifies that none of its invited speakers, employees or subcontractors is on the OIG's List of Excluded Individuals/Entities, which would bar them from participation in Federal Healthcare programs; or is debarred by the FDA pursuant to sections 306(a) and (b) of the Federal Food, Drug and Cosmetic Act (21 U.S.C. 335(a) and (b)).
18. Counterparts: This Agreement may be executed in one or more counterparts and each such counterpart will be deemed an original copy and the counterparts will, when taken together, constitute and be one and the same instrument. This Agreement and any SOW must be manually signed and may be delivered by: (a) by US mail or courier (with proof of delivery); (b) facsimile, with proof of transmission; or (c) email (scanned and in PDF format) with evidence of transmission. Upon such delivery the originals, facsimile or PDF will be deemed to have the same effect as if the original signature had been delivered to the other Party.

IN WITNESS WHEREOF, S&N and Recipient have duly executed this Agreement intending to be bound thereby.

RECIPIENT	SMITH & NEPHEW, INC.
By: (Signature) <i>Elaine Rush BSC Waco</i>	By: (Signature) <i>Patricia Burns</i>
Printed Name: <i>Elaine Rush</i>	Printed Name: Patricia Burns
Title: <i>Director of Conference Planning</i>	Title: VP of Professional Affairs-Education
Date: <i>3/30/18</i>	Date: <i>3/27/18</i>

Southeast Region of the WOCN® Society 2018 Conference Attendee Brochure



Sheraton Myrtle Beach Convention Center Hotel
2101 North Oak Street • Myrtle Beach • SC • 29577

MYRTLE BEACH • SC
SEPTEMBER 20 - 22, 2018



Southeast Region
of the



Wound, Ostomy and
Continence Nurses Society®

2018 CONFERENCE INFORMATION



EXHIBIT HOURS

Thursday September 20

4:15 - 7:00 PM • Grand Opening Reception / Exhibits

Friday September 21

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**

Please visit our website www.serwocn.org/posters for more information and instructions on how to access the electronic poster submission form. Contact the Poster Committee Chair, **June Bullock** at posters@serwocn.org if you have questions. Submissions are due by August 1, 2018 (midnight EDT)

Thursday September 20

11:00 AM • Poster Set Up

Posters will be located outside Convention Center lobby 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 22

12:00 PM • Pick up Posters

THERE ARE TWO CONCURRENT PRE-CONFERENCE SESSIONS!

PRE-CONFERENCE #1 (3 HOURS)

WOUND, OSTOMY AND CONTINENCE PHARMACOLOGY

Seating limited to 50 attendees

PRE-CONFERENCE #2 (3 HOURS)

LOWER EXTREMITY/FOOT ASSESSMENT & MANAGEMENT (HANDS ON)

Seating limited to 50 attendees

Breakfast will be served in the Lobby of the Convention Center at 7:00 AM on Thursday, Sept. 20th for Pre-Conference Attendees

For additional information contact:

Bernie Haberer

727-238-5140 (phone) • 727-269-5760 (fax)

bhe@serwocn.org • www.serwocn.org

2018 CONFERENCE AGENDA

ON-SITE REGISTRATION HOURS

Thursday September 20

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 21

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

Saturday September 22

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: 17
Pre-Conference: 3
Educational Sessions: 13
Poster Session: 1

(W) – Wound
(O) – Ostomy
(C) – Continence
(PP) – Professional Practice
(FC) – Foot Care
(PHM) – Pharmacy

All sessions are for one contact hour unless stated otherwise.

THURSDAY, SEPTEMBER 20

**Agenda subject to change

7:00 AM - 8:00 AM	PRE-CONFERENCE BREAKFAST <i>Sponsored Event</i>
8:00 AM - 11:00 AM	PRE-CONFERENCE #1 (3 HOURS) WOUND, OSTOMY AND CONTINENCE PHARMACOLOGY (W, O, C, PHM) <i>Kevin Emmon, DrNP, RN, APN, AGPCNP-BC, CWCN; Lynette Franklin, MSN, APRN, ACNS-BC, CWOCN-AP, CFCN; Janice Beitz, PhD, RN, CS, CNOR, CWOCN-AP, CRNP, MAPWCA, ANEF, FAAN</i>
8:00 AM - 11:00 AM	PRE-CONFERENCE #2 (3 HOURS) LOWER EXTREMITY/FOOT ASSESSMENT & MANAGEMENT (HANDS ON) (W, FC) <i>Myra Varnado, BS, RN, CWOCN, CFCN; Teresa Kelechi, PhD, RN, CWCN</i>
11:15 AM - 12:15 PM	LUNCH SYMPOSIA (NON CE) <i>Sponsored by KCI / Acelity</i>
12:30 PM - 12:45 PM	WELCOME & INTRODUCTIONS <i>Reneé Epting, MN, RN, CWOCN - 2018 Conference Chair Jennifer Anderson, MBA, MSN, RN, CWCN, CFCN, CWS - President, Southeast Region of the WOCN® Society</i>
12:45 PM - 1:45 PM	KEYNOTE ADDRESS – HOW WE BUILT OUR FLEET (PP) <i>Moderated by Katherine Jeter, EdD, MA, BS</i>
1:45 PM - 2:45 PM	WHAT'S THAT FUNNY LOOKIN' THING IN MY SPYGLASS? ATYPICAL WOUNDS (W, PHM) <i>Janice Beitz, PhD, RN, CS, CNOR, CWOCN-AP, CRNP, MAPWCA, ANEF, FAAN</i>
2:45 PM - 3:00 PM	BREAK
3:00 PM - 4:00 PM	WHEN THE SHIP IS NO LONGER SEAWORTHY: THE WOC NURSE ROLE IN PALLIATIVE CARE (W, PHM) <i>Kevin Emmon, DrNP, RN, APN, AGPCNP-BC, CWCN</i>
4:15 PM - 7:00 PM	GRAND OPENING RECEPTION WITH EXHIBITS APPETIZERS AND CASH BAR

2018 CONFERENCE AGENDA

FRIDAY, SEPTEMBER 21

7:00 AM - 8:00 AM	BREAKFAST SYMPOSIA (NON CE) <i>Sponsored by BSN Medical</i>
8:15 AM - 9:15 AM	BATTLING THE BILGE: FISTULA MANAGEMENT (W, O) <i>Sharon McCarthy, MSN, RN, CWOCN</i>
9:15 AM - 10:15 AM	BATTEN THE HATCHES - PARASTOMAL HERNIA MANAGEMENT (O) <i>Leanne Richbourg, APRN-BC, MSN, CWON-AP, CCCN</i>
10:15 AM - 12:30 PM	EXHIBITS
12:45 PM - 1:45 PM	LUNCH SYMPOSIA (NON CE) <i>Sponsored by Mölnlycke</i>
2:00 PM - 3:00 PM	MORE THAN SIGNAL FLAGS – TELEHEALTH FOR WOUND & OSTOMY PATIENT SUCCESS ACROSS THE CARE CONTINUUM (W, O) <i>Myra Varnado, BS, RN, CWOCN, CFCN; Carolyn Cuttino, BSN, RN, CWCN, CWS; Kimberly Smith, BS, RN, CWON</i>
3:00 PM - 3:15 PM	BREAK
3:15 PM - 4:15 PM	TWO HOLES IN THE SAME HULL: MANAGING A WOUND NEAR AN OSTOMY (W, O) <i>Sharon McCarthy, MSN, RN, CWOCN</i>
4:15 PM - 5:15 PM	NO MORE SHIVER ME TIMBERS: NEUROGENIC BOWEL AND BLADDER (C) <i>Eric Rovner, MD; Lynette Franklin, MSN, APRN, ACNS-BC, CWOCN-AP, CFCN</i>
5:30 PM -	DINNER SYMPOSIUM (NON CE) <i>Sponsored by ConvaTec</i>

SATURDAY, SEPTEMBER 22

7:00 AM - 8:00 AM	BREAKFAST SYMPOSIA (NON CE) <i>Sponsored by TBD</i>
8:15 AM - 9:15 AM	WHO WILL SPONSOR THE VOYAGE? FUNDING CHALLENGES ACROSS THE CONTINUUM (W, O) <i>Eric Goodman, BSN, RN, CWOCN, CFCN, CFCS</i>
9:15 AM - 10:15 AM	AYE, CAPTAIN! REVIEW OF CURRENT RESEARCH TOPIC RELATED TO LOWER EXTREMITY WOUNDS (W, FC, PP) <i>Teresa Kelechi, PhD, RN, CWCN</i>
10:15 AM - 10:30 AM	BREAK
10:30 AM - 11:30 AM	FIGHTING THE WAVES: MASD (W, O, C) <i>Laurie McNichol, MSN, RN, CNS, GNP, CWOCN, CWON-AP, FAAN</i>
11:30 AM - 12:45 PM	LUNCH - BUSINESS MEETING AND AWARDS
12:45 PM - 1:45 PM	TEACHING OTHERS TO NAVIGATE THE TIDES OF PERISTOMAL SKIN HEALTH (O) <i>Laurie McNichol, MSN, RN, CNS, GNP, CWOCN, CWON-AP, FAAN</i>
1:45 PM - 2:45 PM	PROVING YOU ARE THE MVS (MOST VALUABLE SAILOR) ON YOUR SHIP! (PP) <i>Katherine Jeter, EdD, MA, BS</i>
2:45 PM - 3:00 PM	CLOSING REMARKS <i>Reneé Epting, MN, RN, CWOCN - 2018 Conference Chair Jennifer Anderson, MBA, MSN, RN, CWCN, CFCN, CWS - President, Southeast Region of the WOCN® Society</i>

HOTEL & REGISTRATION

HOTEL ACCOMODATIONS

SER WOCN rate is: \$125/day - double
 A limited number of rooms are being held until Monday, August 20, 2018, at 5:00 PM EST. If the room block is sold out earlier, regular hotel rates may apply.
 Check in: 4:00 PM • Check out: 11:00 AM
 Parking - \$8.00 / day
 Reservation link (*also on our website*):
<https://www.starwoodmeeting.com/Book/SERWOCN18>



For additional information contact:

Bernie Haberer
 727-238-5140 (*phone*)
 727-269-5760 (*fax*)
 bhe@serwocn.org

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.

Sheraton Myrtle Beach Convention Center Hotel 2101 North Oak Street • Myrtle Beach • SC • 29577

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 BHe Management
 36181 East Lake Road Ste. 376
 Palm Harbor, FL 34685

Registration Type	Early Bird Pricing*	Starting July 13th
Member - with Pre-Conference (<i>includes Awards Luncheon</i>)	\$ 300	\$ 375
Member - Conference Only (<i>includes Awards Luncheon</i>)	\$ 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 (<i>includes Awards Luncheon</i>)	\$ 375	\$ 450
Non-Member - Conference Only (<i>includes Awards Luncheon</i>)	\$ 275	\$ 325
Non-Member - Pre-Conference Only	\$ 100	\$ 125
*TO QUALIFY FOR EARLY BIRD PRICING, PAYMENT MUST BE RECEIVED BY <u>JULY 12, 2018</u>		
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, 2018, and are subject to a \$50 processing fee. No refunds will be approved after August 15, 2018.

Southeast Region

of the



Wound, Ostomy and
Continence Nurses Society®

c/o BHe Management
36181 East Lake Road Ste. 376
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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 20 - 22, 2018

WOCN® Society is a not-for-profit corporation. Its tax ID number is 25-1251887. W-9 form provided upon request.

[Home](#)[Attendees ▾](#)[Exhibitors](#)[Hotel/ConventionCenter](#)[Posters](#)[Past/Future ▾](#)[Contact](#)

[Attendee Brochure](#)

Pre-Conference: There are TWO Concurrent 3 hour Pre-Conference Sessions!

- #1: Wound, Ostomy and Continence Pharmacology
- #2: Lower Extremity Foot Assessment & Management (hands on)

Breakfast will be served at 7:00 AM for Pre-Conference attendees.

Seating is limited - [register NOW!](#)

WiFi: There will be complimentary WiFi available for guests staying at the Sheraton in the guest rooms, session rooms and exhibit hall.

SER of the WOCN® Society Annual Conference

September 20 - 22, 2018 • Myrtle Beach, SC

Myrtle Beach, SC

Contact Hours:

There will be 17 contact hours available including:

- 3 hours Pre-Conference (choice of 2 sessions)
- 13 General Sessions
- 1 hour for Poster Viewing

Objectives: Upon completion of this conference, participants should be able to: Discuss advances in theoretical and clinical knowledge impacting individuals affected by wound, ostomy, or continence issues. Describe examples of evidence-based practice and multidisciplinary approaches to enhance outcomes in various health care settings. Describe examples of evidence-based practice as it pertains to WOC nursing specialties.

[REGISTRATION FORMS](#)

Early Bird Discount through July 12,
2018

[Exhibitors click here](#)

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.

Southeast Region of the WOCN® Society 2017 Annual Conference Program



***CHOOSE TO SHINE . . .
CHANGE THE WORLD!***

***WOC NURSES –
LEADING THE WAY!***

Southeast Region

of the



Wound, Ostomy and
Continence Nurses Society®

Knoxville, TN

Sept. 28 - 30, 2017

**Holiday Inn World's Fair Park
Knoxville Convention Center**

WORLDS FAIR PARK

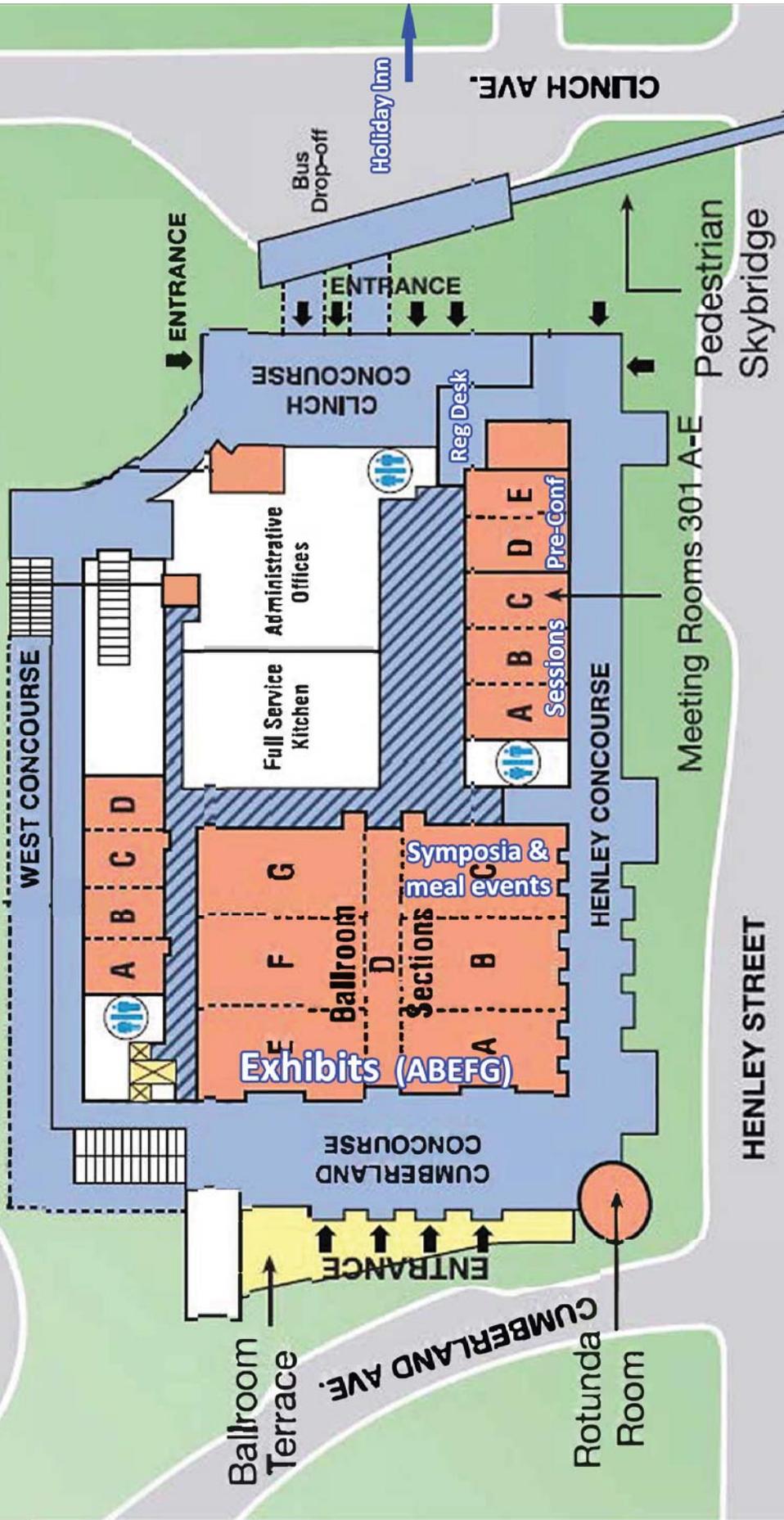
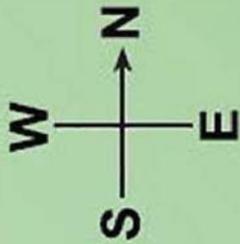


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Southeast Region of the WOCN® Society Disclosure

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.

**“CHOOSE TO SHINE,
CHANGE THE WORLD,**

**WOC NURSES
LEADING THE WAY”**



Tennessee WOC nurses welcome you to the great state of Tennessee and to Knoxville for our 41st Annual 2017 SER of the WOCN Society Conference. Tennessee is known as the "Volunteer" state and when I think of all the wonderful individuals who volunteered and committed to make this conference a success, I know we are indeed living up to our name as a "Volunteer".

Nelson Mandela stated that "Education is the most powerful weapon which you can use to change the world". WOC nurses face challenges on a daily basis and our conference goal is to not only provide a platform to network with fellow WOC nurses, but to also have access to experts, with innovative lectures; vendors, exhibiting new products and posters; sharing trials and successful outcomes. I hope the educational opportunities offered will provide a broad range of new ideas and ways for the WOC nurse to provide better care for our patients and be a catalyst for change in your practice of wound, ostomy and continence nursing.

I want to thank the Southeast Region of the WOCN Society® Board and all the committee members who made this Conference possible through their dedication, tireless support and guidance. Elaine Rush, Director of Conference Planning, has been the guiding light to keep us focused; her knowledge and expertise has been invaluable. Also, Bernie Haberer has played a major role in our conference being a success, keeping a tight rein on our timelines.

It has been an honor to serve as the chair of the 2017 SER of the WOCN Society® Conference. I thank each of you who made the commitment to attend our conference and hope you enjoy not only the Conference but also your time spent in Knoxville.

Anne M. Rodgers BSN RN CWOCN
Anne M. Rodgers, BSN, RN, CWOCN
2017 Conference Chair
Southeast Region of the WOCN® Society

WELCOME TO KNOXVILLE!

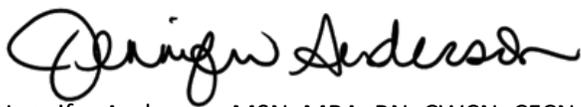
On behalf of the Southeast Region of the Wound, Ostomy and Continence Nurses Society™ board of directors, it is my great pleasure to welcome you to the Convention Center in exciting downtown Knoxville, Tennessee, for our 41st Annual SER of the WOCN® Conference. This year's theme is "Choose to Shine, Change the World – WOC Nurses Leading the Way." Margaret Mead once said, "Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has." I cannot think of a more expressive quote for our profession. Our daily work shines, as we improve life - one patient at a time.



I thank each of you for your attendance at this conference. Thank you for your tenacity in finding ways around our unforeseen rooming challenge. Each of you is creative in your practice and it is evident you carry this over to your life. All of you here are either the Type A's who booked your rooms early or found creative solutions to come to conference despite the obstacles of our beloved SEC football schedule changes! Thank you all for your dedication to our Society, your education and your patients! It is the Board's sincere hope you enjoy your time networking, the educational opportunities and come away energized about our profession.

Thank you to the Tennessee Conference Planning Team for your hard work and dedication. The educational sessions will provide an awesome opportunity to enhance our knowledge, strengthen our skills and have our WOC nursing profession shine!

Please enjoy your conference experience in Knoxville!



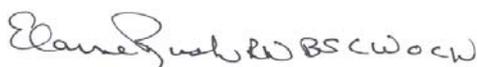
Jennifer Anderson, MSN, MBA, RN, CWCN, CFCN, CWS
President, Southeast Region of the WOCN® Society

TO OUR EXHIBITORS

WELCOME to Knoxville, Tennessee for the 2017 SER of the WOCN Society Conference "Choose To Shine...Change The World! WOC Nurses - Leading the Way!" Each one of you are a valuable part of making this conference not only be successful by providing an educational opportunity for our clinicians. We are honored to have you in Knoxville this year. Your support makes our conference possible each year. You provide us with the newest product information and modalities to enhance our practice in WOC nursing. We know you have planned and made yourselves available to us for this conference and we are ready and excited about spending some time with each of you in your booths. You have been gracious and helpful in the planning of your part in the conference and we hope that you will find your time here enjoyable as well as fruitful. We have provided five hours during conference to spend with you in the Exhibit Hall and have planned an opening reception in the Exhibit Hall to honor and thank you. So, enjoy the conference and have some fun with us. We are looking forward to seeing you next year in Myrtle Beach, South Carolina for our 2018 conference "Navigating The Waves of Change, WOC Nurses Anchored in Research and Practice", September 20-22 at the Sheraton Myrtle Beach Convention Center. Please mark that date on your calendar. Your care and concern for what we do, your partnership in caring for the patients we serve, and on-going help each day to our clinicians is a valuable part of our practice and we could not do it without you.



WITH GRATITUDE,



Elaine Rush, RN, BS, CWOCN
Director of Conference Planning
SER of the WOCN® Society

Southeast Region Wound, Ostomy & Continence Nurses Society™

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past.pres@serwocn.org

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nominations@serwocn.org

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Director of Conference Planning

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Barbara Dale
Lindsey Cooley
Yi Yang

A huge **THANK YOU** goes out to all these dedicated volunteers for their efforts and dedication in making our Conference a Success!

~ from the Board of Directors and the Management Staff

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 **18.0** contact hours (**3.0** Pre-Conference and **15.0** Conference) and is valid through August 1, 2019. 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 event 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.

All other nurses: you are responsible for reporting the contact hours as required by your State's Licensing Authority.

INSTRUCTIONS to RECEIVE YOUR CONTACT HOURS CERTIFICATE

1. Log in to the Attendee Portal using the instructions provided by email and in your attendee packet
2. Using the links provided, submit an Evaluation for EACH session you attended; be sure to enter your unique ID as shown on your badge
3. At the end of the conference, submit the overall Conference Evaluation last. (Required to generate your Certificate of Attendance)
4. Deadline for all submissions is:
Sunday, **October 15, 2017**
5. Monitor your email - most certificates will be sent within a week of receiving your overall Conference Evaluation

For any questions regarding contact hours, please contact our Association Manager, Bernie Haberer at: bhe@serwocn.org

CONFERENCE SPONSORS

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

Sponsorship level is determined by the total \$ amount contributed by an exhibitor including registration fees, sponsored events and their associated costs.

Through the support of our generous Sponsors and Exhibitors, we can continue providing this important educational activity for our members at an affordable cost. Please visit these exhibitors and thank them for their support.

DIAMOND SPONSORS: \$10,000 or greater

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

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

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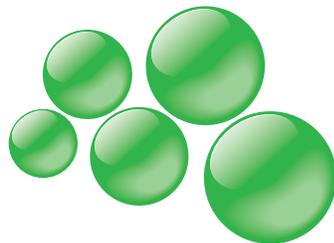
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Join us for the Coloplast Breakfast Symposium

Friday, September 29 at 7:00 AM

Dorothy, You're not in Arizona Anymore

Presenter: Karen Lou Kennedy-Evans*, RN, FNP, APRN-BC

Moisture-Associated Skin Damage (MASD) is often misclassified as a pressure ulcer/injury. While urinary and fecal incontinence can be a common cause of wounds, this session will help the clinician differentiate wounds caused by pressure and those caused by moisture (incontinence/perspiration). Best practice strategies to manage wounds caused by moisture will be covered.

*Karen-Lou Kennedy-Evans will receive compensation for presenting on behalf of Coloplast.

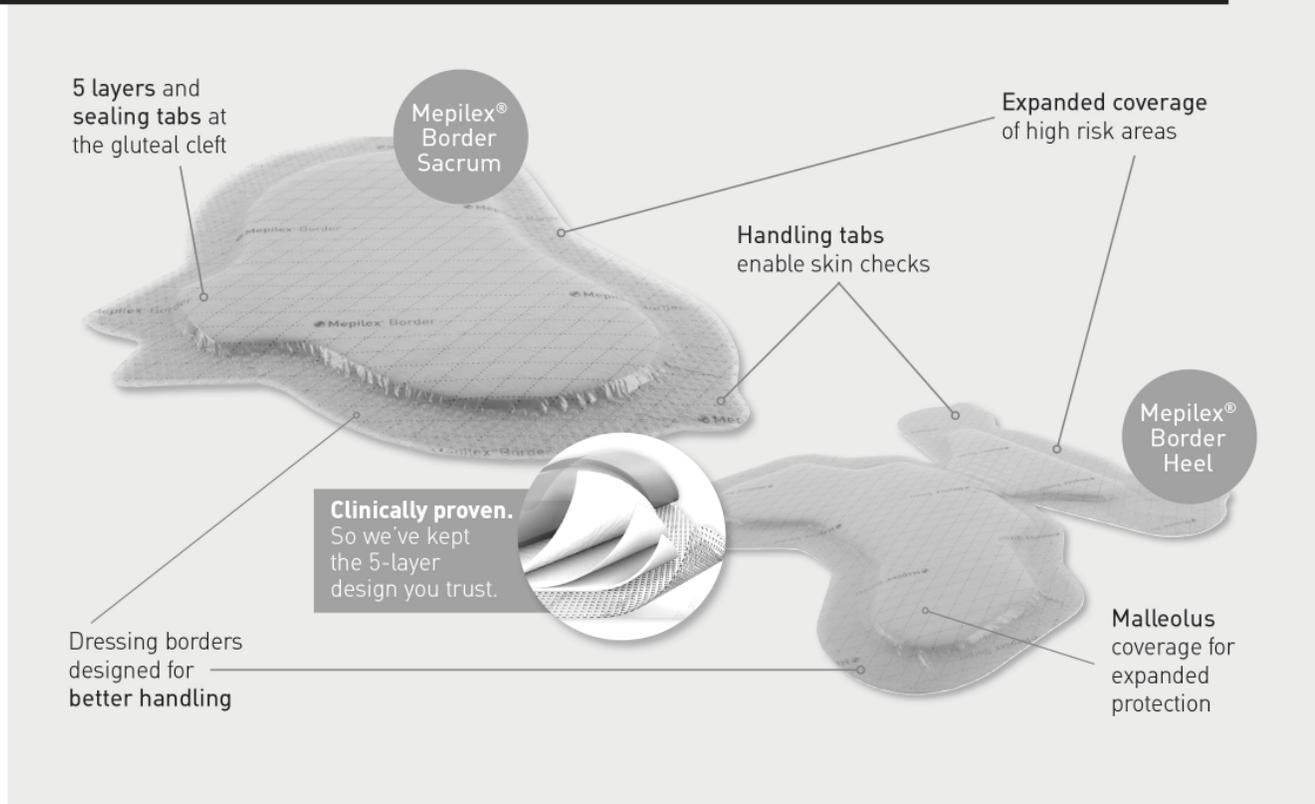
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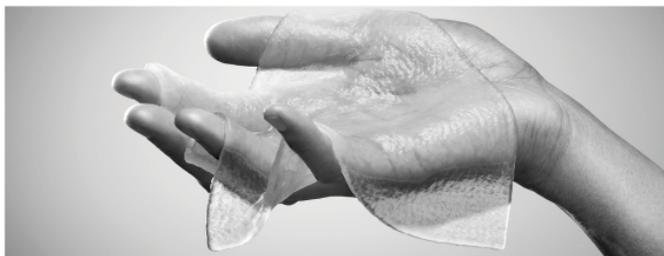
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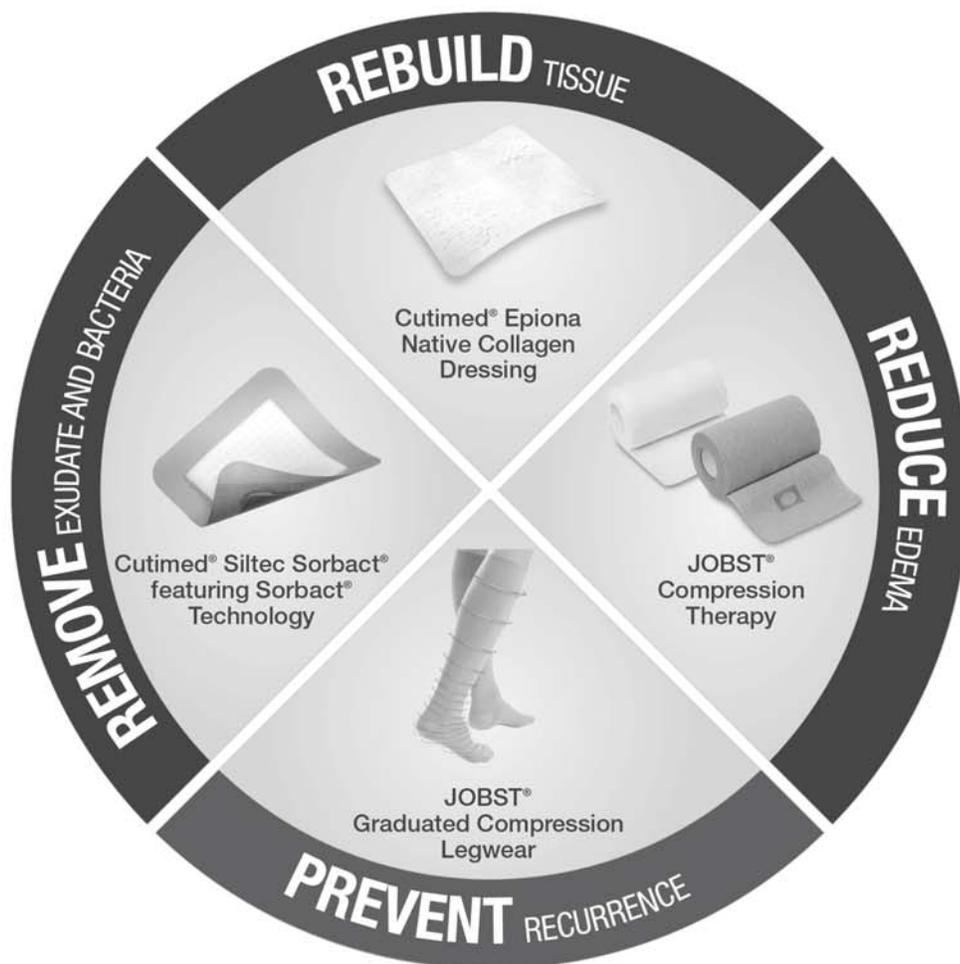


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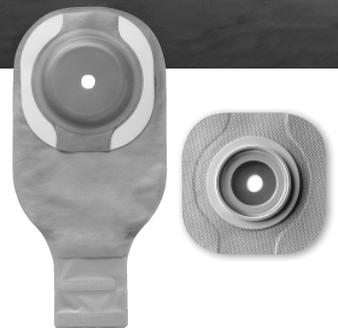
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Poster Abstracts

POSTER SESSION SCHEDULE

Posters will be available to view in the Henley Concourse

Thursday, September 28 at 4:15 PM through

Saturday, September 30 at 12:30 PM.

Posters are also available on our website at

www.serwocn.org/AnnualPosters/2017/

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. It's Still Just Osto(ME)!: An Education Booklet for School-Age Children with Ostomies

Author: Amanda Eltz, BSN, RN, CWOCN

Affiliation: Duke Raleigh Hospital, Four Oaks, NC

Abstract: The goal of this project was to create a booklet to educate school-age children (7-12 years) on the expectations of ostomy surgery, and how to begin adjusting to life with a colostomy. The pediatric population undergoes ostomy surgery for varying disease processes including: anorectal malformations, Hirschsprung's disease, inflammatory bowel disease, and trauma. The research recommends educating school-age children for better health care outcomes, however few age appropriate instructive materials exist. A literature review revealed the successful use of storybooks as an educational tool for school-age children with healthcare needs. Storybooks offered an enjoyable and economical intervention for decreasing anxiety, increasing knowledge, and promoting self-care habits.

Jean Piaget's cognitive theory of development was used for the theoretical foundation, with the concrete operational stage as the primary basis for the booklet. Children in the concrete operational stage are eager to take on new responsibilities, and easily take instructions. With concise and explanatory educational material, they can learn ostomy care. The booklet has the following three objectives for children anticipating the placement of a colostomy. Children will:

1. Recognize the need for, and function of a colostomy.
2. Describe permitted activities with a colostomy.
3. Discuss how to manage ostomy care at home.

The instructive tone of the booklet reflects the concrete thoughts of a school-age child and their ostomy journey; beginning with surgery, and ending with self-care. Real and illustrated pictures are used throughout the book to create an inspiring story for the reader.

The booklet enables school-age children with a colostomy to apply health-related knowledge to everyday life, and helps the nurse take a proactive approach to ostomy care by presenting the child with essential information. The ostomy storybook requires future testing within this population to ensure validity and reliability.

2. The Use of Anti-Microbial Gel as an Ancillary Treatment of Necrotizing Fasciitis

Authors: Erin Koprince, DPM, MSW; Thomas Bernik, MD; Alexander Perez, DPM; Jack Yuan, DPM

Affiliation: Englewood Hospital and Medical Center, Englewood, NJ

Abstract: Necrotizing Fasciitis (NF) is a rare and complicated disease with a mortality rate between 25-35%, even with optimal treatment. In this case study, we examine the use of a novel antimicrobial formula in the treatment of the disease. The patient in this study presented with NF and an elevated white blood cell count (WBC). The WBC remained elevated throughout the period of multiple debridements and IV antibiotics until

application of antimicrobial gel. WBC markedly decreased following the application of the antimicrobial gel. After use of this ancillary treatment infection abated, limb was salvaged, and the patient achieved wound closure and return to work by 6 weeks post op thus providing support for the use of topical antimicrobial therapy in NF infections as ancillary treatment for limb salvage. Our results suggest the use of topical antimicrobial therapy as ancillary therapy on NF yields better outcomes than traditional treatment methods alone.

3. Competency of Champions of Skin Integrity (CSI) in Staging of Pressure Ulcers and Identification of Other Types of Wounds

Author: Aileen Ankrom, BSN, RN, CWOCN; Cynthia Timms, BSN, RN, CWOCN; Angela Dye, BSN, RN, CWOCN

Affiliation: Emory University, Atlanta, GA

Abstract: Our facility identified a need to assure accurate classification of pressure and non-pressure ulcer wounds and accurate staging of pressure ulcers by Champion of Skin Integrity (CSI) nurses. Every bedded unit in our facility has a CSI, who acts as a resource nurse on their own unit/floor. One of the CSI's responsibilities is to participate in the quarterly NDNQI Prevalence Study. All RNs in our facility have an annual requirement to complete NDNQI modules 1 and 2, Pressure Ulcer Prevention video, and take the test on our Healthstream Learning Center. The WOC nurses sought to improve CSIs accuracy in wound classification and pressure ulcer staging by conducting Inter-rater Reliability testing of wound identification and pressure ulcer staging prior to each quarterly NDNQI survey for over 1 year. Each test was followed by discussion and clarification. The reliability test consisted of pictures of different stages of pressure ulcers, and non-pressure wounds such as venous and arterial ulcers, diabetic ulcers, moisture associated dermatitis, and skin tears. After the test, each wound was discussed in terms of characteristics, types, and stage (for pressure ulcers). Baseline test results showed an average of 78.25% competency in April 2014. By July 2015, scores increased to an average of 86.02% competency. These data indicate that simple strategies can be effective in improving staff nurse accuracy in wound classification and pressure ulcer staging. However, we are working to further advance CSI proficiency in identification of pressure ulcers and other types of wounds through ongoing education and use of our online resources.

4. Relationship between Amount of Post-Op Ambulation and Return of Bowel Function in Patients Undergoing Major Abdominal Surgery

Authors: Perla Swindall, BSN, RN, CMSRN; Gail Whatley, MSN, RN; Aileen Ankrom, BSN, RN, CWOCN

Affiliation: Emory University, Atlanta, GA

Abstract: Post-op ileus (POI) is a ubiquitous side effect of major abdominal surgery, particularly for procedures involving bowel resection and ostomy creation. POI is a source of considerable clinical challenge, health care expense and patient discomfort. Accelerated clinical pathways intended to shorten length of stay and duration of POI are becoming widely used. Ambulation has long been thought to contribute to return of bowel function, yet there has been little research to support this notion. This study attempted to isolate the effect of ambulation as an independent variable in stimulating return of bowel function and preventing or mitigating POI, toward establishing an evidence-based rationale for this traditional nursing intervention. The study investigated the relationship between amount of post-op ambulation and speed of return of bowel function after major abdominal and colorectal surgery. **METHODS:** A prospective, observational, correlation study of 73 adult patients undergoing major abdominal surgery, including bowel resection, cystectomy, pelvic exenteration, and other procedures involving colostomy, ileostomy and urostomy. Predictor variables included step count per pedometer and number of laps walked around the unit. Outcome variables included time to first post-op flatus and BM, length of stay, and 14-day readmission for complications related to POI. **RESULTS:** There were no statistically significant relationships between amount of post-op ambulation and any outcome variables, even after controlling for patient demographics and type of surgery. **DISCUSSION:** These results were consistent with most previous studies. Negative findings may reflect the complex multifactorial nature of POI, as well as challenges experienced in measuring post-op ambulation in the clinical setting. **CONCLUSION:** This study illuminated the challenges of primary nursing research in an active clinical setting. Despite inconclusive findings, early ambulation remains a key contributor to preventing other, equally significant respiratory and circulatory complications, and should continue as the standard of care for post-op patients.

5. Utilizing Silver-Plated Fabric with Negative Pressure Wound Therapy: Improving Outcomes and Reducing costs in Healing Acute and Chronic Wounds

Author: Tina Baum, MS, CNS, ACNS-BC, CWON

Affiliation: Florida Hospital North Pinellas, Tarpon Springs, Florida

Abstract: CLINICAL PROBLEM: Acute and chronic wounds pose numerous challenges, including microbial load, healing efficacy, patient comfort, and costs to healthcare systems. PROJECT OBJECTIVE: Traditionally, Negative Pressure Wound Therapy (NPWT) has required dressing changes three times per week. Based on one previous study (Siegel et al, 2013), the author investigated whether utilizing a 7-day silver-plated fabric specifically designed for use under NPWT would improve patient outcomes and result in cost savings for her facility. CLINICAL APPROACH: NPWT with the silver-plated fabric was used for 14 patients aged 29 to 88 who experienced a broad range of wound types (e.g., surgical, pressure ulcers, leg ulcers and trauma), some with previously poor treatment responses. Dressings were usually changed only once per week instead of the conventional three times. CASE SERIES: This poster presents the dramatic results of 3 patients treated with this therapy. OUTCOMES: The patients' wounds granulated well, and in most cases, far better than with traditional NPWT. In one 88-year-old, a massive wound decreased in volume by 2/3 (from 2760 cm³ to 969 cm³) in 6 weeks, salvaging a limb-threatening injury. Another patient achieved healthy granulation that had not occurred with 3 weeks of previous NPWT. None of the patients experienced new infections, and there was no bleeding, even when on Warfarin. Further, all patients reported less pain during dressing changes. Finally, because dressings were usually changed only once per week, the author's facility saved on both supply costs and nursing labor. CONCLUSION: The silver-plated fabric has transformed the author's management of patients requiring NPWT, and has become part of the NPWT standard of care at her facility.

6. Pouching Road Blocks: Dips and Holes Everywhere!

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

Affiliation: West Tennessee Healthcare – Jackson Madison County General Hospital, Jackson, Tennessee

Abstract: PROBLEM: Difficulty maintaining a pouching system and wound care options. The patient's abdomen had an infected, dehisced surgical wound that was in close proximity of the high output ileostomy. The peri-wound and peri-stomal skin had severe denudation. The surgeon wanted the wound and ostomy maintained separately to keep the wound free of stool. The care was additionally complicated by the lack of family support, patient's blindness, patient's compliance and significant weight loss. PURPOSE: To find a solution that met all requirements: keeping wound stool free, keeping a pouching system intact for at least a day, heal/protect the peri-stomal/wound skin and make the process as easy as possible to encourage family participation. METHODS: Attempted various techniques in an attempt to separate the wound from the ostomy, which were unsuccessful. Ultimately, began pouching the entire area but isolating the wound to keep stool out of wound. RESULTS: Pouching system was maintained allowing the peri-stoma/wound skin to heal and the surgical wounds to heal to a point that allowed the surgeon to take down the ileostomy and close the surgical wound.

7. Save Our Skin: Time to Get Our Hands Dirty!

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

Affiliation: West Tennessee Healthcare – Jackson Madison County General Hospital, Jackson, Tennessee

Abstract: PROBLEM: There is a lack of education provided in local nursing schools regarding protecting patient's skin in the acute care setting. Thus, nurses feel ill-prepared when providing care for the at risk patient population. PURPOSE: To establish a curriculum that prepares nurses with a focus on practical rather than theoretical knowledge by teaching what will impact the care provided at the bedside leading to a decrease in skin breakdown. METHODS: Original curriculum was presented to the inaugural group. Survey results from that group indicated the desire/need for more hands on stations/activities to increase understanding and comfort level. The curriculum was revised to incorporate additional hands on experiences and was presented to a second

group. RESULTS: The results from the second class survey indicate that hands on/practical education delivered in conjunction with theoretical education contribute to increased knowledge and comfort level in care for this population of patients.

8. Perioperative Pressure Injury Prevention (PIPP) Toolkit

Authors: Susan Scott, MSN, RN, WOC Nurse; Debra Fawcett, PhD, RN; Deena Guren, MSN, RN, CNOR, CNS-CP; Cassandra Munro, MSN, RN, CNOR

Affiliations: University of Tennessee Health Science Center, Office of Graduate Medical Education, Memphis, TN

Abstract: The incidence of perioperative pressure injury (ulcers) (PPI) over the past 5 years has NOT decreased but increased (Chen, 2012). According to a 2014 publication from the National Pressure Ulcer Advisory Panel, the incident rate for PI attributed to the operating room range from 5% to 53.4%. As a result, substantial patient harm has been reported leading to complications such as disfigurement, disability, and death. Despite operating room (OR) specific guidelines significant knowledge, practice, and research gaps exist. The Association of Perioperative Registered nurses (AORN) has collaborated with membership from the Wound, Ostomy and Continence Nurses Society (WOCN) to bring evidence based practices, knowledge, and expertise to the forefront. AORN has created a PPIP online toolkit for all organization members. This online toolkit will contain The Perioperative Pressure injury (ulcers) Prevention Program (PPUPP) strategy, SWOT and gap analysis, handoff communication script, surgical specific evidence-based risk assessment tools and trigger systems, current references, patient safety investigation and root cause analysis checklists. Several downloadable slide decks are available on topics including 1. Surgical positioning 2. Risk assessment 3. Quality improvement programs 4. Skin assessment and documentation. The presentation will describe the toolkit components and illustrate a strategic plan to raise awareness, improve communication, and competency around a vision of eliminating patient harm from pressure injury (ulcers) in the high-risk surgical population.

9. Nursing Driving Excellence: Wound Treatment Utilizing a Gelling Fiber Dressing with Polyvinyl Alcohol (PVA) Fibers

Authors: Gennifer Baker, DNP, RN, CCNS; Stephanie Lee, ADN

Affiliation: Decatur Morgan Hospital, Decatur, AL

Abstract: For decades, gelling fiber dressings have been used to fill deep wounds and treat exudative chronic ulcers. Current product options can leave residue in the wound thus requiring more aggressive wound cleansing resulting in increased discomfort for the patient. To date, there have been limited options in this primary dressing category however, an innovative technology based on polyvinyl alcohol (PVA) fiber construction is reported to stay intact so the dressing can be removed in one piece. This project evaluates a change in practice from a carboxymethyl cellulose-based (CMC) product to the new PVA fiber dressing to assess whether wound condition as well as patient and nurse satisfaction can be improved over the current CMC gelling fiber dressing. An organizational decision was made to trial the PVA gelling fiber dressing on adult/geriatric, acute care, in-patients with exudative traumatic, vascular, diabetic, arterial, or mixed ulcers. All PVA gelling fiber dressings were placed by the certified wound nurse. Prior to the application of the primary dressing, wounds were measured and wound/periwound condition assessed. The PVA gelling fiber dressing was then covered with an appropriate secondary dressing. Dressing changes occurred every five to seven days or per physician order. Nine patients with 12 wounds were evaluated over 27 dressing applications. All nine wounds showed progressive healing without dressing-induced insult. The dressing was able to be removed in one piece without leaving residue. The PVA gelling fiber fully retained all exudate with minimal strike through noted to secondary dressing. No periwound maceration was noted and the dressing did not migrate under compression. The product evaluation is ongoing to further assess dressing wear time, absorptive capacity with compression, wound and periwound condition on product removal, ease of caregiver use, and impact on patient pain and quality of life.

10. Utilizing Cryopreserved Human Amniotic Suspension Allograft (CASA) and Dehydrated Human Amniotic Membrane Allograft (DAMA) in the Veteran population to reduce the incidence of amputation.

Author: Cathy Wogamon, DNP, MSN, FNP-BC, CWON, CFCN

Affiliation: Veteran's Administration, Live Oak, FL

Abstract: OBJECTIVE: Diabetes mellitus type 2 impacts the lives of one in four Veterans and a 10- to 20-fold increased risk of lower-limb amputation. In 2010, the economic burden of among Veteran clients requiring lower limb amputation was more than \$206 million not to mention the physical, mental and emotional impact to the Veteran. Cryopreserved Human Amniotic Liquid Allograft and Dehydrated Human Amniotic Membrane Allograft can speed healing of lower extremity wounds by stimulating essential natural proteins, cytokines and growth factors. METHOD: Four patient cases were reviewed to illustrate the effectiveness of CASA and DAMA for lower extremity wounds that had the potential to digress to amputation. Three of the four patients were recommended amputation but opted advanced wound care. All wounds were initially treated with standard dressings and offloading. Two patients were treated with DAMA with closure of both wounds. The other two patients received a combination of CASA and DAMA to complete closure of both wounds. There were no reported side-effects. RESULTS: CASA and DAMA was utilized to closure on four lower extremity wounds with time to healing averaging 26.5 weeks without the need for amputation or other adjunctive therapies and without reported side-effects. CONCLUSION: CASA and DAMA expedites healing rates in the patient with hard to heal lower extremity wounds at risk for amputation; therefore, reducing cost of care, and improving quality of life in the Veteran population.

11. Biosurgery (Maggot Debridement Therapy) as an Underutilized Alternative to Surgical Debridement in Chronic Wound Care

Author: Judith Turner, DNP, NP-BC, CWCN, COCN-AP

Affiliation: Piedmont Hospital Outpatient Wound & Hyperbaric Center, Atlanta, GA

Abstract: Healthcare in the United States is constantly changing with new technology emerging daily. Budget restrictions force the wound care specialist to think outside of the box when managing chronic wounds. Debridement of non-viable tissue is key for wound bed preparation. Surgical or sharp debridement is the fastest way to debride a wound however, healthy tissue is at risk for damage during debridement. Despite using anesthetics, surgical or sharp debridement can be painful. Elderly and immunocompromised are at a higher risk of developing chronic non-healing wounds, which often progress to limb amputation. This group of patients are often poor surgical candidates. Biosurgery or Maggot Debridement Therapy (MDT) is an effective, painless, and cost effective alternative to surgical debridement in all patients. Additionally, MDT is selective debridement with no viable healthy tissue disturbed. Currently, two methods are available for use, "traditional larval therapy" and "containment larval therapy". Traditional larval therapy applies the maggot directly to the wound bed and containment larvae therapy is a heat-sealed polyester bag containing the number of larvae needed for the treatment. Insurance providers and hospitals can see cost savings by reducing surgical costs, readmission rates and faster healing time. Two elderly patients with large chronic wounds who were successfully debrided with MDT allowing for split thickness skin grafting. Patient A is 96 years old living with a non-healing necrotic wound post radiation of squamous cell carcinoma of the left lower leg. Patient B is a 75-year-old male with a renal transplant and history of peripheral arterial disease, who had direct water inoculation of Aeromonas hydrophilia of the right lower leg. Below the knee amputation was recommended in both cases. Utilization of MDT providing fast, effective and painless debridement. Following successful split thickness skin grafting, both limbs healed thus avoiding amputation.

12. A Study of the Facebook Phenomenon and the Ostomy Community

Authors: Anita Prinz, MSN, RN, CWOCN and Joy Hooper, BSN, RN, CWOCN

Affiliation: No Affiliation, Boynton Beach, Florida

Abstract: Social media is changing the way people communicate. As of June 2016, Facebook (FB) had 1.71 billion monthly active users. As the general public embraces social media, the healthcare community must as well. Ostomy patients are increasingly using social media as part of their disease management. Ostomy clinicians have an obligation to be current on all community resources available to the public. The purpose of this descriptive study was to discover who the users are in FB ostomy groups and common themes. Subsequently ostomy clinicians can learn what the current needs are of the ostomy community and take this information back to improve practice. A quantitative descriptive research study was conducted using 7 large FB ostomy groups comprising 48,238 members. Statistical analysis was limited to descriptive statistics to demonstrate age frequency distribution and identification of themes. Data was collected by observation of members' posts over a one-month period in November 2016 and sorted into 6 topics. Age was qualified by 145 member's response to an online FB survey. One thousand forty seven ostomy groups were discovered on FB. The age demographic of 145 users showed 17% aged 15-35, 57% were 36-55 years old, and 26% were 56 and older. Six themes emerged from 227 discussion threads; activities of daily living, fun and feelings, activities of daily living, supplies and insurance, stoma and pouch complications, medications, surgery. Expressing feeling was the most prevalent topic followed by activities of daily living. Members of social media demonstrate empathy, compassion, and courage in sharing their experiences and knowledge. FB super users have organized meetings, fundraisers, lobbying events, and built ostomy pantries. Ostomy clinicians need be aware of how social media can be used to improve patient care and enhance the rehabilitation of the ostomate.

13. Simple Tool to Ensure Effective Enzymatic Debridement

Author: Glenda Brunette, MSN, RN, CWON

Affiliation: Medical University of South Carolina, Charleston, SC

Abstract: In today's rapidly changing healthcare arena, ensuring evidence based, efficacious practice can be challenging. Miniscule print on lengthy package inserts compounds this issue. Currently, there is only one enzymatic debriding agent (Clostridium collagenase ointment) available which, if used appropriately, can be effective in removing necrotic tissue from wounds. However, there are many product interactions including wound cleansers and commonly used topical treatments which can render the Clostridium collagenase debriding agent partially to completely inactive. For example, in our academic medical center located in the Southeast, both the floor stocked wound cleanser and antimicrobial roll gauze used negate the enzymatic activity by one hundred percent and were frequently noted to be used in conjunction with this product. In addition to rendering the product useless, this practice was fiscally irresponsible as the Clostridium collagenase is quite expensive at nearly \$200 per 30-gram tube. Based on a research study published in 2012, a one-page visual reference guide was created to help guide clinician practice in selecting appropriate topical management when using Clostridium collagenase ointment (Jovanovic, et al, 2012). Our product formulary was reviewed in relation to the published research on product interactions and using a one page stop light type visual guide, products with no interaction were denoted using green. Products with 0-10% negative impact on product effectiveness were denoted using yellow. Those products noted to negate enzymatic activity by 10-25% were highlighted in a light orange and any products which impacted effectiveness by greater than 25% were highlighted in red. This guide was shared with colleagues, posted on unit bulletin boards and included in our intranet wound resources for staff reference. This simple tool has been useful in translating research into practice, thereby promoting better patient outcomes and avoiding wasteful, in effective product utilization.

14. Deep Tissue Injury vs All Things Purple

Author: Mary Applegate, BSN, RN, CWOCN

Affiliation: Catholic Health System – Kenmore Mercy Hospital, Buffalo, NY

Abstract: End of life patients are at risk of being misdiagnosed as having a Pressure injury (specifically DTI). This project presents at least three (3) case studies of patients that the CWOC nurse assessed after receiving referrals for deep tissue injuries (DTI) which were actually not only end of life skin changes (SCALE) but also, moisture associated skin damage (MASD) and in one case included Fournier’s Gangrene (FG). The goals were to educate staff on how to differentiate between the three, especially when one or more of these conditions may be present at the same time and/or share some of the same characteristics. It is a common tendency for nurses to call everything they see on the buttocks a pressure injury. Background: DTI and skin failure have similar but distinct presentations. Every time the WOC nurse received a consult for a DTI and upon seeing it her first thought was “Is this patient dying?”, and then it became apparent that every patient but one did die within weeks of admission. The WOC nurse began to get consent, take a photo, and collect data in order to prepare these case studies on the visual and palpable differences such as deep vs superficial, pain vs. painless, co-morbidities and cues using NPUAP staging guidelines. Correct identification of these wounds is important for several reasons. First, each condition comes with its own set of treatment requirements. If nurses become more proficient in correctly identifying what they are seeing, they will benefit not only the patient but the providers and the hospital by helping to prevent lawsuits, morbidity, patient suffering, and delay in treatment and re-imburement shortfalls. What I will present are 3 case studies to compare and differentiate between PI, SCALE, MASD and FG. All the cases were patients at a 184-bed Magnet hospital.

15. Applying the Pressure

Authors: Bonita Terry, BSN, RN, CWCN; Paula Shrader, BSN

Affiliation: Amedisys Home Health, Ringgold, Georgia

Abstract: The gold standard treatment for the venous leg ulcer patient is graduated compression therapy, defined as 30mm/Hg - 40 mm/Hg compression at the gaiter aspect of the lower extremity. The goal of this study was to assess the home health nurse’s ability to obtain accurate therapeutic compression in a standardized patient. The Piezoelectric compression-measuring device, utilized for this study consisted of a conductive thread sleeve with sensor to measure the mm/Hg pressure applied to the ankle of a standardized patient. Thirty nurses, both RNs and LPNs with varying years of experience applied four different types of compression to a standardized patient. A 2 layer wrap, a 4 layer wrap, a combination sleeve with an edema reactive wrap and a compression garment were used for this study. Nurses participating in the study used the same leg model and were instructed to apply as their normal practice. The screen of the reader was not visible and no performance evaluation was given. The results from this study were used to evaluate therapeutic level inconsistencies in compression therapy modalities as applied by home health nurses. As measured by the piezoelectric device, the average pressure obtained for a 2-layer wrap was calculated at less than 24mm/Hg. The 4 layer wrap had an average of 46mm/Hg pressure but with wide variations. The edema reactive wrap averaged 30 mm/Hg pressure and the compression garment using a calibration tool measured 38mm/Hg pressure. Sixty percent (60%) of the nurses failed to achieve the prescribed levels of therapeutic pressure in this study. However, there was no direct correlation between the accuracy of application and the years of work experience in Home Health or the licensure level of the participating nurses. CONCLUSION: Nurses were unable to obtain consistent compression without additional instruction or the use of a calibration tool.

16. Avoiding Indwelling Urinary Catheters Using External Urinary Device for Females

Authors: Ann Taylor, MS, RN, CWOCN; Krista Doline, BS, MT (ASCP), CIC, FAPIC

Affiliation: WellStar Spalding Regional Hospital, Griffin, Georgia

Abstract: PURPOSE: Joint Commission reports that at any given time 15% to 29% of hospitalized patients are catheterized with an indwelling urinary catheter (IUC). Inappropriate use of IUCs has been reported in acute care at a 21%-63% rate. Often there is no documented need for the catheter. In wound care, a Stage 3 or 4 Pressure Injury is an indication for use of an IUC yet it is not appropriate for skin damage related to Incontinence

Associated Dermatitis (IAD). **OBJECTIVE:** The best practice to avoid Catheter Acquired Urinary Tract Infection (CaUTI) is to never place the IUC in the first place. Strict I&O can make this especially challenging in the Intensive Care Unit. Value-based purchasing monitors CaUTI rates and those rates are also on hospital report cards. Despite having a nurse driven IUC removal protocol, patients often remained catheterized in the ICU. Diaper weights were not successful. Condom catheters helped with the male population but the female population had no good alternative. The ICU staff trialed a new external collection device as an alternative for the IUC in females over a 30-day period. **OUTCOMES:** Nursing satisfaction with the system was high. Patient feedback was positive. IUC days in the ICU were under the triple digits for the first time since 2014. Strict I&O was attainable for many patients. The system provided adequate, measurable urinary containment.

Anecdotally, the CWOCN noted improved perineal skin integrity in several patients. Due to the ICU success, the system was extended into the med-surg units. Surveillance of CaUTI rates and device days will continue to be evaluated for anticipated rate reductions. Further, more formal evaluation of skin integrity is needed when the external containment device is used as part of the treatment plan for IAD.

17. The Use of Cryopreserved Human Umbilical Cord (cUC) in the Treatment of an Irradiated Tissue Wound Post Treatment for Basal Cell Carcinoma

Authors: Carolyn Hewett, ASN, RN, CWOCN; Amesh Patel, MD

Affiliation: Innovative Healing Systems, Tarpon Springs, FL

Abstract: A 47-year-old male presented to the wound center on July 21st, 2016 for a compromised surgical flap after Basal Cell Carcinoma removal and radiation treatment. The Basal Cell Carcinoma started out 17 years ago approximately 1 cm in size and grew over the years. Initially, it was thought to be fungal, but diagnosed as Basal Cell Carcinoma in October 2015. The patient was treated in November 2015 with 30 radiation treatments and conservative wound care consisting of debridement and dressing changes. The second biopsy detected Basal Cell Carcinoma, at which time he was sent for surgical removal and flap on 6/22/16. Cancer persisted and second excision was done 7/11/16. He presented to Wound Center with dehiscence of surgical flap. History includes daily smoking. On first assessment, the wound measured 15cm x 18.50cm x 0.6cm, with 50% slough. Treatment plan included hyperbaric oxygen therapy which patient refused, debridement, and dressing changes. Products used included: honey based wound gel, dressings with debriding agents, silver based products, foam, collagen powder, & other advanced dressings. On 9/2/16, the wound measured 8cm x 7cm x 0.2cm. An umbilical cord graft, 4x3 inches, was cut into strips and applied around the wound bed and secured with adhesive strips, alginate, foam, and bordered gauze. Patient returned for weekly dressing change by WOC nurses. On 9/15/16, patient returned and wound measured 1.5cm x 4.5cm x 0.1cm with hypergranulation, which was treated with chemical cauterization and foam dressing. On 9/23 patient returned for measurement and reapplication of umbilical cord graft. The wound measured 0.4cm x 1.9cm x 0.1cm. A umbilical cord graft, 2x1 inches was applied to the remaining superficial wound and it was dressed with collagen and foam. Patient presented on 9/29/16 with resolved wound, closure achieved with 2 applications in 27 days.

18. Automated Repositioning's Positive Impact on Hospital Acquired Pressure Injuries (HAPIs)

Authors: Angela Becker, MSN, RN, NE-BC

Affiliation: Roper Saint Francis

Abstract: **INTRODUCTION:** The focus of this project was to determine if an automated patient repositioning technology (APR) would influence nursing practice and remove current barriers of inefficiency and safety concerns involved in traditional repositioning, thus encouraging more frequent boosting to decrease the incidence of HAPIs. **PURPOSE:** A 22-bed high acuity medical surgical unit experienced a significant increase in HAPIs over the last two years. This unit has high acuity patients with long lengths of stays. HAPIs are considered a preventable injury that have been clinically associated with a lack of frequent boosting (Hermans & Call, 2015). **METHODOLOGY:** We used Lewin's Theory of Planned Change (TPC) as the framework for our study. Our three stages included:

- Recognize and communicate the urgency of the high HAPI rate (unfreeze)

- Change practice to reposition more frequently than every two hours to ensure boosting of patients with each patient interaction with automated repositioner (Change)
- Stabilize the new care process so the behavior becomes hardwired. (refreeze)

This 8-week evidence-based practice project began in January 2017. It followed the methods in action research that requires the process to assess the problem, plan for implementation, evaluate the project and adjust if necessary (Holly, 2014). Project findings were reviewed to determine practice change recommendations for nursing within our hospitals. **OUTCOMES:** This project was and is highly successful. Since project implementation, this unit has experienced zero HAPIs. Nursing practice was changed so their workflow now includes boosting the patient more frequently than the old standard of every two hours for bedridden patients. With the use of the APR, staff were able to boost the patient up in bed with every patient interaction.

19. Not All Scales are Created Equal in Critical Care

Authors: Jamie Wyatt, BSN; Thomas Miller, MSN; Natalie Hurst, BSN

Affiliation: Fort Sanders Regional Medical Center

Abstract: **PROBLEM:** Current scale does not accurately reflect critical care patients at risk for developing pressure injuries. **INTERVENTION:** Numerous tools were discovered during a literature review and it was decided that a comparison of the Jackson/Cubbin Pressure Area Risk Calculator (JC) versus the Braden Scale was to be piloted in Critical Care area. Education was developed around both pressure injury risk scales for the bedside clinicians in the critical care area with a focus on decreasing the inter-rater variability. A decision flow graph was also implemented to help with decision making in regards to prevention, treatment and bed support surface. **OUTCOME:** The pilot showed a difference between the two scales sensitivity and specificity.

CONCLUSION: Bedside clinicians indicated that the Jackson/Cubbin Scale was more sensitive to the critical care population. The JC scale higher specificity in critically ill patients and there was a decrease in inter-rater variability. Braden scale presented a larger number of high-risk patients which indicated a higher sensitivity and a lower specificity. The Braden Scale led to more high false positive and higher risk scores in the critically ill patients.

2018 Call for Posters

The SER of the WOCN® conference in Myrtle Beach, SC will be here before you know it. Now is the time to begin planning for YOUR poster submission(s). Yes...you can submit more than one poster for conference, and it a great way to earn PGP points while showcasing the fantastic work you are doing in your practice setting. It is also a great way to earn cash: \$1000 for first place, \$500 for second place, and \$250 for third place. More importantly, this is your opportunity to contribute to the bank of knowledge and research in WOC Nursing practice. We need your participation so start working on those projects now and develop them into abstracts.

Abstracts are brief summaries of a work (in 300 words or less) that convey the overall goal and the specific ideas or concepts of a project. An abstract title conveys the content of the abstract without containing product trade names. The body of the abstract includes an introduction, purpose/significance, methodology, and outcome/conclusion including implications for WOC Nursing practice. Topics must be relevant to the field of wound, ostomy, and continence nursing. The categories in which you may submit are:

- Research
- Practice Innovation
- Case Study Abstracts (3 cases need to be presented unless the research is groundbreaking).

Once accepted by the poster committee, you will convert all of the information in the abstract to a visual display....your poster. It's easy.....so start thinking and planning for 2018.

Exhibitors

Show your support by visiting every exhibitor!

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** Exhibitors as of September 5, 2017 2017*

Through the support of our Exhibitors, we can continue providing this important educational activity for our members at an affordable cost.

Thank You!



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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



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Reneé Epting, 2018 Conference Chair, and her team are already busy planning another outstanding conference.



**MARK YOUR CALENDARS
SEPTEMBER 20 - 22, 2018**

SCHEDULE OF EVENTS

THURSDAY SEPTEMBER 28

6:00 AM	Pre-Conference Registration	Registration Desk
7:00 AM - 8:00 AM	Pre-Conference Breakfast (<i>sponsored by Derma Sciences</i>)	Henley Concourse
8:00 AM - 11:00 AM	Pre-Conference 1: Managing Containment and Skin Issues of a Patient with a Fistula or Complex Ostomy (O, W) Sharon McCarthy, BSN, RN, CWON	Meeting 301D
8:00 AM - 11:00 AM	Pre-Conference 2: Efficacy of Total Contact Casting in the Treatment of Diabetic Foot Ulcers (W, FC).....	Meeting 301E
	Ryan Chatelain, DPM & Virginia Kanner, BSN, RN, CWOCN & Tina Hein, BSN, RN, CWON	
8:30 AM - 4:00 PM	Attendee Registration	Registration Desk
11:15 AM - 12:15 PM	Lunch Symposium (<i>sponsored by B. Braun Medical</i>) (Non-CE)	Ballroom C
12:30 PM - 12:45 PM	Welcome: Anne Rodgers , Conference Chair and Jennifer Anderson , President	Meeting 301A-C
12:45 PM - 1:45 PM	Vascular Wounds and Limb Salvage (W, FC) Deanna Nelson, MD	Meeting 301A-C
1:45 PM - 2:45 PM	What to Do When the Flood Gates Open: High Output Ileostomies (O)	Meeting 301A-C
	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)	Meeting 301A-C
	Dorothy Doughty, MSN, RN, CWOCN, CFCN, FAAN	
4:15 PM - 7:00 PM	Grand Opening Exhibits / Reception with appetizers	Ballroom
4:15 PM	Poster Viewing.....	Henley Concourse
7:00 PM	Free Night	

FRIDAY SEPTEMBER 29

6:00 AM	Attendee Registration	Registration Desk
7:00 AM - 8:00 AM	Breakfast Symposium (<i>sponsored by Coloplast</i>) (Non-CE)	Ballroom C
8:15 AM - 9:15 AM	A Strategic Plan for Perioperative Pressure Injury Prevention (W)	Meeting 301A-C
	Susan Scott, MSN, RN, WOC Nurse	
9:15 AM - 10:15 AM	Using Science to Manage Refractory Wounds (W)	Meeting 301A-C
	Dorothy Doughty, MSN, RN, CWOCN, CFCN, FAAN	
10:15 AM - 12:30 PM	Exhibits	Ballroom
12:45 PM - 1:45 PM	Lunch Symposium (<i>sponsored by Mölnlycke</i>) (Non-CE)	Ballroom C
2:00 PM - 3:00 PM	CARE (Continence and Retraining Elimination) Clinic (C)	Meeting 301A-C
	Amber Wetherington, CPNP-PC	
3:00 PM - 4:00 PM	What is New in Staging Pressure Injuries? (W) Laura Edsberg, PhD	Meeting 301A-C
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	Meeting 301A-C
5:30 PM - 6:30 PM	Business/Award Presentation with Wine & Cheese Reception	Meeting 301A-C
6:45 PM	Dinner Symposium (<i>sponsored by BSN Medical</i>) (Non-CE)	Ballroom C

SATURDAY SEPTEMBER 30

6:00 AM	Attendee Registration	Registration Desk
7:00 AM - 8:00 AM	Breakfast Symposium (<i>sponsored by Hollister</i>) (Non-CE)	Ballroom C
8:15 AM - 9:15 AM	Atypical Wounds (W) Marcia Spear, DNP, RN, ACNP-BC, CWS, CPSN, CANS	Meeting 301A-C
9:15 AM - 10:15 AM	Peristomal Complications (O) Traci Brackin, DNP, APRN, FNP-BC, CWOCN, CFCN	Meeting 301A-C
10:15 AM - 10:30 AM	Break	
10:30 AM - 11:30 AM	Treatment Modalities for Urinary Incontinence (C)	Meeting 301A-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	Meeting 301A-C
12:30 PM - 12:45 AM	Break, Take down Posters	
1:00 PM - 2:00 PM	Lunch Speaker (with box lunch provided):	Meeting 301A-C
	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)	Meeting 301A-C
	Moderated by: Martha Davidson, MN, BSN, RN, CWOCN	
3:00 PM - 3:15 PM	Closing Remarks Anne Rodgers , Conference Chair and Jennifer Anderson , President.....	Meeting 301A-C

(W) – WOUND (O) – OSTOMY (C) – CONTINENCE (FC) – FOOT CARE (PP) – PROFESSIONAL PRACTICE
Pre-Conference sessions are for 3 contact hours, all other sessions are for one contact hour



August 16, 2017

Southeast Region of the WOCN® Society™
Attn: Mr. Bernhard Haberer
36181 East Lake Rd, Ste. 376
Palm Harbor, FL 34685

Dear Mr. Haberer,

This letter is a correction of your original approval letter. The Alabama State Nurses Association Approval Committee has approved **“Choose to Shine...Change the World! WOC Nurses – Leading the Way!”** Educational activity number **2-0.1900**. This program has been approved for **18.0** contact hours and is valid through **August 1, 2019**. Please discard the letter sent August 1, 2017.

The Approval Committee maintains an ongoing Outcome Evaluation of our services and programs provided utilizing our services. **Attached you will find an ASNA Consumer Evaluation form as well as the Outcome Evaluation form. Please return this information to us within 10 days of the activity.**

Please notify any Alabama nurses who complete your program that they are responsible for reporting the contact hours received at this even on their Individual CE transcripts located on the Alabama Board of Nursing site. When doing so, they should not attempt to enter a number in the “provider number” field as it will disallow their submission. This applies only to nurses licensed in Alabama.

Thank you for your support of continuing education for nurses. If we can be of further assistance, please contact us at 800-270-2762 or email memberasna@alabamanurses.org.

Sincerely,

A handwritten signature in cursive script that reads "April Bishop".

April Bishop, BS, ASIT
Programs Coordinator, ASNA



2018 ASNA Accreditation Application

Attachment 9

1. Between 3-6 months (after the holidays) 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?