



South Central
Region WOCN

July, 2009

Five Alive

The Newsletter of the South Central WOCN Region WOCN



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President's message



Jill Conwill



The WOCN National Conference in St. Louis, MO was great this year. The speakers were excellent and there were educational topics to meet everyone's needs. Congratulations to our SCR members who presented their posters this year: **Linda Benskin** (had 3 posters), **Charlotte Martin**, **Jackie Thorne**, **Tina Meyers**, **Anita Prinz**, **Janet Ramundo**, and **Mary Pat Rapp**. In addition, **Janet Davis**, **Coni Ellis**, **Kathy Froiland** and **Linda Woodward** were **session speakers**. Check out the scrapbook for pictures from the conference.

We had a good turn out for the South Central Regional meeting Friday night. Issues that were discussed at the Regional Meeting included:

- The MDA WOCNEP has closed their doors. This affects the Beverly G Hampton Memorial Scholarship that we have given out every year to worthy SCR members. Anita Prinz drafted a letter to be sent to the MD Anderson CNO and CEO requesting that they reinstate the WOCNEP. We had a signature drive at the booth and received well over 200 signatures.
- Conference expenses by both regional and national.
 - Regional watch the expenditures more closely. CPC will be able to negotiate with the hotel/conference center more effectively

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- o National would like to reduce their printing expenses by using the internet for the brochure instead of sending one out to all members (costs over \$70,000) as well as providing a thumb drive to attendees so we can download outlines of the sessions we will attend rather than printing the large cumbersome binders.
- National wants to put all monies into one “pot” for the scholarships. They would publish all region’s scholarship donations but the money will be awarded to the appropriate candidates. The decision regarding this has not been finalized. This will not affect SCR since we will maintain our own scholarships as we have over the past few years.
- We need nominees for Vice President and Secretary –election is this fall. Contact Tina Meyers if you are interested or have any questions about running.

We introduced the SWAT Toolkit this year at the conference and it was well received. We sold several at conference and hope that more purchases will occur after everyone gets home.

We are still looking for members for various committees. Please let me know if you are interested in serving on a committee jill.conwill@hcahealthcare.com . It is not time consuming and if you participate in a Clinical Ladder/Professional Advancement type program this is something that you can add and it looks great on a resume.

Government Affairs

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House approves incentives to graduate more nurses

By JACKIE STONE Associated Press Writer C 2009 The Associated Press

April 22, 2009, 6:56PM

House approves incentives to graduate more nurses with Nursing school bill HB4471

In April an estimated shortage of 22,000 nurses in Texas, drove the state House to tentatively approve a measure that would increase the incentives some nursing schools get for hiring more teachers and graduating more nurses.

The issue is on the minds of many lawmakers this session, and in many bills seeking to move forward in the final weeks of the session.

Representative Lois Kolkhorst R-Brenham is the author of the bill. The bill targets some state grants toward hiring nursing faculty at some nursing schools. She is also behind incentives in the state budget to reward nursing schools that have a more than 70 percent graduation rate.

The state estimates that if Texas fails to graduate more nurses as the population grows, demand will outstrip registered nurses by 70,000 in 2020. Kolhorst said her measures aim to catch up to demand by 2013.

Supporters of Kolkhorst's bill say nursing schools can't get more graduates until they have more teachers.

Texas nursing schools had to turn away 8,000 qualified applicants in 2008 because they didn't have enough faculty, said Rep. Donna Howard D-Austin.

"That's one of the biggest kinks in the pipeline, is lack of faculty," said Howard, a former nurse who is supporting the bill. "Nurses with advanced degrees can typically make at least \$20,000 more working in a clinical setting rather than in academia."

academia."

The state has had a grant program, called the Professional Nursing Shortage Reduction Program, to give incentives to nursing schools since 2005. Currently the grants are handed out based on how much nursing schools increase the number of graduates each year, said Chris Fowler with the Texas Higher Education Coordinating Board.

"There are three stipulations (for use of the money) New faculty, Salary supplements for current faculty, and Preceptors," Fowler said.

Kolkhorst's bill would smooth the way for some of that grant money to be given to schools up front, rather than after a school has established higher graduation rates.

Fowler said if the changes are made, the board could direct about half of the \$24.7 million each year in grant money proposed in a House version of the two-year state budget to schools that need the funding in order to increase graduation rates.

"(Schools) would say, we agree to graduate 30 more students two years from now, but we need up front money in order to build our enrollment," she said.

The House version of the budget still has to be reconciled with a Senate version, so funding for the grants could change.

Some other bills still winding their way through the Legislature would focus on retaining nurses by creating a better work environment.

The National Nurses Organizing Committee, a new union group for Texas nurses, insists that the nursing shortage can't be solved by graduating more nurses.

"We have all the qualified nurses we need out there right now. They just can't stomach working in the hospitals," said Shum Preston, a spokesman for the union group.

Preston said nurses would come back if they had better working conditions and hospitals had mandated staffing ratios to keep nurses from being understaffed and overworked.

The union group supports House and Senate legislation that would create nurse ratios.

Other lawmakers and organizations like the Texas Hospital Association agree retaining nurses through better work conditions is a piece of the puzzle. But they say mandatory ratios do not allow for the flexibility hospitals need in staffing, particularly when dealing with patients who have different levels of need.

"One size does not fit all," Howard said.

The nursing school grant bill must pass a final vote in the House before it can be sent to the Senate, where some efforts focus on giving money to hospitals.

The nursing school bill is HB4471

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Rosalie Kerr Johnson BBA RN WOCN was South Central Region's first **Manufacture/ Vendor of the Year** recipient in 2008.

Rosalie was an accountant prior to making a career change to nursing. Contrary to her family believing that she was having a mid-life crisis for such a drastic change in career directions, she has always felt this was where God intended her to be as she has found this to be a very rewarding career! She began as a Med-Surg Nurse in San Angelo Texas at Shannon Medical Center. While working there Rosalie was very frustrated how little she knew as well as anyone else in the nursing world at Shannon how to take care of the ostomy patients. One day while making rounds as the charge nurse with one of the surgeons he turned to her and said, "Is there no one in this hospital who can help me with my ostomy patients!"

She discovered the WOCNEP at UTMDACC and applied. Rosalie attended and graduated in the fall of 1996. While attending she applied for one of the open positions at UTMDACC as WOCN and her first day in this world of WOC nursing began on January 2, 1997 and lasted into 2002. She said, "What a wonderful career experience to work in a teaching institution which was on the cutting edge of oncology treatments as well to work with other WOCN's who mentored me while I learned this new role".

Rosalie left UTMDACC and worked as a clinical consultant with a company called Mediq, a medical equipment rental company, which then sold to Hill Rom within the first year. She then worked for KCI as a clinical consultant in home care.

The last 2.5 years, Rosalie has been working with Coloplast Corp as a Territory Manager for South Texas in the ostomy division. In this role she has had the "much enjoyed opportunity of getting to know so many of you, my colleagues, and see your 'home-away-from-home'! It has also been so rewarding and exciting to be able to offer to you options that can result in a win-win situation. I thank each of you for giving me this opportunity to know a little about you and work with you in your efforts to achieve the highest quality of patient outcomes possible".



Clinical Corner

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Education Opportunity

I was invited recently to speak with a group in our community. One of our patients from the Wound and Ostomy Center is part of a support group for amputees. It is a small group of a dozen or so folks with lower extremity amputations from a variety of disease processes. Their members had been in their prostheses for anywhere from six months to 55 years.

They had never asked for a healthcare speaker to attend their meeting, so I was privileged to be the first. I was fascinated with their vast knowledge of different prostheses and garments. For my part I shared information on skin care, moist balance, and how to achieve what they needed in order to don their equipment and still provide good skin health. Issues of fungal growth, callus buildup and friction were of great interest. Certain prostheses such as those containing silicone cannot be used with powder, creams or petrolatum products. Any dressing placed on a wound must be thin so it does not disrupt the prosthetic interface. I think I may have learned more than they did.

For me it opened my eyes to the number of groups that might be in our communities needing support, education and advocacy. For the friendly members of the Baton Rouge Amputee Support group they just wanted others to know they are there and hope others will join them.

For some excellent information on this topic try the book [Prosthetics and Orthotics, Lower Limb and Spinal](#) by Ron Seymour, ISBN # 0781728541. *An excerpt can be found at Google Books (prosthesis and skin care).*

Cindy Schneider, RN, MSN, CWOCN

Baton Rouge, LA

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Notes from the 11th NPUAP Biennial Conference ~ February 2009

Present on Admission (POA) discussion

Pressure Ulcer (PU) must be documented by physician or responsible licensed healthcare provider (LHP) in the notes prior to patient discharge. No longer does the documentation have to be made within 24 hours of admission to the facility.

Deep Tissue Injury (DTI) should be documented when noted but this does not define the eventual stage of the ulceration. Admission time starts when the physician writes the order to admit. If the Pressure Ulcer was documented as a stage II and it develops or extends to a stage III, it is considered hospital acquired. Stage I wound areas have poor reliability and are not included in the rule of Present on Admission. Stage I wounds do need to be documented as a risk factor upon notation. Interventions must be documented.

The New codes for "billing compliance" are as follows:

- o 707.2 = P/U
- o 707.20 = unspecific
- o 707.21 = Stage 1
- o 707.22 = Stage II

Subject: Ostomy Modeling Show

Have you guys seen this??? It's an Ostomy lingerie/swimsuit modeling show. It's pretty cool!

<http://www.youtube.com/watch?v=egQ1mwnQTVQ>

Another WOUND CARE CERTIFICATION ...

The Wound Care Education Institute (WCEI) has announced a new certification, Certified Wound Care Market Specialist (CWCMS),

This certification credential is intended for sales professionals who are employed in the wound care industry. The purpose of the certification credential is to raise the professional standards of the wound care sales industry by giving special acknowledgment and recognition of skin and wound care knowledge. This certification is intended to promote consumer protection and to confer peer and public recognition to those individuals who have demonstrated a high level of technical competence,

To achieve the CWCMS credential, candidates must satisfy all educational requirements and must demonstrate valid level of understanding and knowledge of skin and wound care management by achieving a passing score on the Certified Wound Care Market Specialist certification examination. A credential is awarded for a five (5) year

- o 707.22 = Stage II
- o 707.23 = Stage III
- o 707.24 = Stage IV
- o 707.25 = P/U Unstageable

Mucosal Membranes ulcers are no longer staged using the NPUAP guidelines. They are considered and should be documented as “**Mucosal Pressure Ulcers**” (ET tubes, O2, oral gastric, NG tubes, fecal devices and catheters) Histology, the difference is that skin has keratinocytes and clots to heal leaving scar. Mucous membranes have minimal clotting and no scarring. This is related to the fact that fibroblasts in mucous membranes are more like neonatal fibroblasts

- **Principle of Wound Healing**

- **Acronym**

- o I = Infection
- o D = Debride with speed
- o I = Insulate the wound
- o P = Protect the peri wound
- o A = Absorb excess exudate
- o M = (Use) moisture retentive dressing
- o O = Obliterate (fill) dead space
- P = Prevent further injury

Hopefully these brief notes have stimulated you to check out the NPUAP website.

*******International Prevention and Treatment Guidelines are out in a Draft Format.**

awarded for a five (5) year period. Upon expiration of the credentialing term, Certificants are required to re-certify with WCEI to maintain their credential.

- **Role of CWCMST**

The CWCMST provides products and/or services that assist the consumer in the management and treatment of the skin, acute and/or chronic wounds. The CWCMST plays an important supportive role to the healthcare provider through education and resources for optimum patient outcomes in skin and wound care management.

- **Eligibility for Certification**

Applicants for the CWCMST Certification must meet all of the following criteria:

1. Verified current or past employment in a wound care industry related sales position.*
2. Complete application <http://wcei.net/library/documents/Application%20CWCMS%206-1-09.pdf> for WCEI "Certified Wound Care Market Specialist" Course
3. Attend the WCEI Skin and Wound Management Course. (full attendance required)
4. Complete the WCEI Certified Wound Care Market Specialist online training module.
5. Agree to follow CWCMST Code of Ethics <http://wcei.net/library/documents/Code%20of%20Ethics%20CWCMS.pdf> .
6. Receive passing score of 85% on the CWCMST Examination.
7. Payment of required fees.



WOCNs in Action (where your local group meets)


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Please send any updates about your local WOCN group to [Joan M. Flynn](#) RN,CWOCN,CWS

Are you Up to Date?

Have you checked out your member information lately? Go to www.wocn.org and log on under the member section and check or update your member contact information, demographics, communication and directory information.

The only way the South Central Region can contact you is if we have up to date records from the national office. The national office needs YOU to update the information.

For regional membership questions or information, contact:

[Joan M. Flynn](#)
RN,CWOCN,CWS
phone:512-694-

Austin, TX— Meets 2nd Wed. at 6:00 PM. Contact Karen Hollis @ (512)-324-1053.

Arkla-Tex— Meets 2nd Fri. of each quarter at 6:30 PM in Bossier City, LA. Contact Margaret Davis @ (318)-675-6924.

Baton Rouge— Meet at 7pm on the third Thursday in Jan, Apr, July, and Oct.

Location varies. Please call Laurie Hood at 225-381-6355 for further information.

Jackson, MS— Contact Julie Turner, Work 601-200-6060, cell 601-668-8116

Dallas, TX— Meets 2nd Thurs. of each month at 11:30 AM at Texas Scottish Rite Hospital
2222 Welborn

Dallas TX 75219

Pickard Conference Room, 3rd floor, Building C

Contact Nikki House 214-559-7855

Fort Worth, TX— Meets 1st Thurs. at 11:30 AM at the Klabzuba Tower. Contact Valerie Pemberton @ (817) 820-4970 (W).

Houston, TX— Houston Area WOC nurses meet on the fourth Wednesday of the month. Contact Cynthia Worley at 713-792-3092 for more details on meeting times/locations.

Houston Northwest— Meets every 3rd Thursday of the month at 6PM.

Lubbock TX— Support group meets once a month, the first Tuesday of each month at 7 p.m., at our local chapter of the American Cancer Society. The group takes a break during the summer months and will meet again in September. For more information Contact Kristi Berry RN, BSN, WOCN

Caprock Home Health

3411 Knoxville Ave.

Lubbock, TX. 79413

806-792-2660 (Office)

806-787-9330 (Cell)

Metro New Orleans LA— East Jefferson General Hospital
Location ~ Times Vary

Please call Meliss Carlson RN CWOCN for further information.

504-454-4941 mcarlson@eigh.org

Northeast Texas — Meets quarterly at various locations in the Longview-Tyler area. Contact Tammi Short@ (903) 297-2560

Oklahoma City, OK— Meets 3rd Wed. of every other month on "on-call" basis in the American Cancer Society office. Members will receive mailing notice of when meeting will be held. Contact Sharon Williams @ (405) 949-3770.

San Antonio, TX— Meets at least quarterly at various locations around San Antonio. For more

phone:512-694-9359 CST

3rd Thursday of the month at 6PM.
Contact: Pat Thompson, (W) 281-397-2799; (H) 832-484-8656;
pat.thompson@tenethealth.com

Lafayette, LA— Meets 3rd Thurs. of each quarter at 6:30 PM. Contact Rita Hernandez @ (337) 981-4935.

around San Antonio. For more information please contact : Shanna Fraser @ 210-385-2747

The Lake Charles Area— Third Thursday of each quarter
Please email Erica Roach for any questions

erica.roach@christushealth.org