



South Central
Region WOCN

April, 2009

Five Alive

The Newsletter of the South Central WOCN Region WOCN



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Jill Conwill

Check out the
Scrapbook...

[SCR WOCN
SCRAP BOOK](#)

I am really looking forward to the cruise in October. My husband and I just went on a 7 day cruise out of Galveston to Cozumel, Costa Maya and Roatan, Honduras on Royal Caribbean. I love to shop and Cozumel had so much to see but I ran out of time! I was so busy shopping that I failed to get any pictures of Cozumel. I have a wonder binder documenting our cruise and ports of call but it is pretty bare for Cozumel. I will need to take some pictures in October to complete my March experience. So, be sure to bring your camera and take pictures. There is still time to reserve your cabin...more information is on the SCR website.

The WOCN National Conference is just around the corner. I am looking forward to the conference and I hope to see many of you at the Regional Meeting on Saturday night (June 6th from 6:30 to 8:30 pm). We haven't been told where it will be held but once I know the details I will pass the information on to you. There will be food as well as raffle items. We will also introduce the SWAT tool-kit loaded with all kinds of information to enhance your program. There will be a limited number of SWAT Bears available with the purchase.



As I mentioned in the last *5 Alive* we have taken over the scholarship process for both of our scholarships. You will now find both applications under FORMS. The Beverly G Hampton Memorial Scholarship is for a regional member attending MD Anderson's WOCNEP. The SCR WOCN Scholarship is for a regional member attending any other WOCNEP accredited program. Both scholarships are presented annually. The deadline for applications will be in September and the scholarships will be awarded in November.

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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.

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Adva Med Code Update

The updated AdvaMed Code contains significantly tighter restrictions on manufacturer interactions with health care professionals (HCPs) than the current version of the Code. Key changes include:

Entertainment, Recreation, and Meals:

The updated Code contains an entirely new section providing that companies should not provide or pay for any entertainment or recreational events or activities for non-employee HCPs, including theater, sporting events, golf, or vacation trips. Under the updated Code, companies may continue to provide “modest” and “occasional” meals to HCPs when such meals are incidental to a *bona fide* presentation of scientific, educational, or business information.

Like the corresponding section of the PhRMA Code, the updated AdvaMed Code now calls for meals to be provided predominantly in an in-office setting. The AdvaMed Code provides an exception from this restriction in some circumstances, however, such as where the medical technology cannot easily be transported to the HCP’s place of business.

Gifts:

The updated Code includes a new prohibition stating that companies should not provide branded, non-educational, non-patient benefit items to HCPs, even if such items are of minimal value.

It permits companies to provide occasional modest items to HCPs that benefit patients or serve a genuine educational function, subject to a \$100 cap. This provision largely parallels the recent changes to the PhRMA Code, but contains some differences, such as an exception from the \$100 cap for medical textbooks or anatomical models used for educational purposes. The updated Code also makes clear that gifts to HCPs’ office staff should be treated the same as gifts provided directly to HCPs.

Third-Party Educational Conferences:

Third-Party Educational Conferences:

The updated Code removes Grand Rounds from the examples of permissible third-party educational conferences and states explicitly that the program sponsor should *independently* control content, faculty, and program materials.

Research Grants:

While the updated Code treats as acceptable grants for research leading to clearly defined goals, it states that companies should not provide “unrestricted” research grants. This change marks a significant difference from past industry practice.

Consulting Arrangements:

The updated Code provides, among other things, that compensation for consulting should represent fair market value for the services provided, be identified in writing in advance of providing the services, be based on the consultant’s expertise, and be unrelated to the volume or value of a consultant’s past, present, or anticipated business with the company.

Product Training and Education:

The updated Code clarifies that companies may cover HCPs’ expenses for travel to company sites to obtain training and education on medical technologies, but that such expense payments should be supported by objective business reasons. Because pharmaceuticals do not require the type of hands-on training that is needed to demonstrate the use of many medical technologies, the PhRMA Code contains no parallel provision.

New and Substantially Expanded Provisions

The updated Code addresses a number of device industry practices for the first time. These include:

Royalty Payments:

The updated Code provides that arrangements involving the payment of royalties to HCP consultants should comply with the Code’s standards for consulting arrangements; be entered into only where the HCP is expected to make or has made a novel, significant, or innovative contribution to product development; and be calculated based on factors that preserve objectivity of medical decision-making.

Product Evaluations and Demonstrations:

The updated Code provides that products may be provided to HCPs free of charge for

The updated Code provides that products may be provided to HCPs free of charge for evaluation in clinical use, including single use consumables and multiple use capital equipment, to assess the appropriate use and functionality of devices and determine whether to purchase or recommend the product under evaluation. The Code also states that companies may provide non-sterile demonstration products or mock-ups to HCPs for HCP and patient awareness purposes. The Code establishes limitations on the numbers of such products provided for evaluation and demonstration purposes, sets forth documentation standards, and contains provisions relating to the length of the evaluation period.

Reimbursement Support and Health Care Economic Information:

The updated Code substantially expands the current Code's provisions on reimbursement support, stating that companies may provide accurate and objective information on product reimbursement so long as the information is timely and complete. In addition, the expanded provisions clarify that companies may collaborate with HCPs, patient groups and organizations to advocate for government and commercial payor decisions to cover medical technologies and assist HCPs with obtaining favorable patient coverage decisions. Additionally, the updated Code states that medical technology companies may provide accurate health care economic information to HCPs. Because the revised Code also clarifies that the term "HCP" includes persons who do not provide medical services directly, such as group purchasing organizations, practice managers and purchasing agents, this provision would allow companies to provide healthcare economic information to such decision makers.

Source: [Ropes & Gray LLP](#)

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Hello, I'm Molly McCoy.

I'm 54 years old, divorced, and have two wonderful, college-aged, daughters. I live in Kerrville, Texas, and I've been a nurse since December of 2005. Prior to being a nurse, I was a micro paleontologist for Exxon in Houston until the oil patch downturn caught me in 1994.

Life changes in 2001 required that I re-tool my skills. First I thought I would like to be a teacher and obtained my secondary school teaching certification. I didn't get past the student teaching portion before I realized that I wasn't made for disciplining hoards of teenagers. So, the next closely related career was nursing. Surviving by substitute teaching, I started course work to get prerequisites out of the way for nursing school. In January of 2005, I became part of the first class of students to enroll in Texas Tech's "Second Degree BSN" online program. My clinicals were done at Kerrville's local community hospital, Peterson Regional Medical Center. That December I received my BSN and began working as a RN at the same hospital.

During my clinical practice, one of the rotations was through the hospital's outpatient wound care clinic. There was an instant affinity to wound care for me. However, my first assignment after employment was the telemetry floor. While there, I got my introduction into the world of nursing: patient care, medications, the vast array of protocols and procedures. It was almost mind-boggling, not to mention exhausting, especially the twelve-hour shifts.

About six months into my new career. I was approached by our hospital's Critical Care

About six months into my new career, I was approached by our hospital's Critical Care Coordinator. She asked me how I felt about wound care and would I be interested in a position. I piped up immediately that I would be extremely interested (thinking that our outpatient clinic needed an RN.) After going through some interviews, I was offered the position of the inpatient wound/ostomy care nurse. It was a newly created department and there was only one employee—me. Wow! Was I up to this, being such a newbie to the medical community? Fortunately, my previous experience in the corporate world helped me with organization, and I did train at the outpatient clinic for six months before being let loose in the hospital. My teaching skills would also come in handy. So in January, 2006, I began my current position of Wound/Ostomy care nurse.

In the two years since the Wound Care department opened, it has gone from unknown to something the doctor's and nurses can depend on. Physicians will consult me and say "just do what you need to do, and I'll okay it", and I'll get calls at home or on weekends from nursing staff with questions. Our home health group has called me to visit a patient on occasion, and our hospice group has me do a couple of in-services a year to keep them up to date. I am doing pretty much everything that is required of a WOC nurse, and I just love my job. I still pinch myself occasionally to make sure I'm not dreaming.

Since I was a WOC nurse in name, I decided I ought to be certified as one and become official. In August 2008 I enrolled in Metro State's WebWOC program headed by Bonnie Rolstad and Ruth Bryant, two well known names in WOC nursing. The cost of the program was fairly substantial, and though my employer assisted me with part of the cost, I still had to pony up a lot myself. Books, travel, time away from work was going to take a toll on my bank account. I applied for scholarships through the WOCN and was so relieved when I received a letter in early January telling me had been awarded \$1500 to offset some of my expenses. My stress level fell quite a bit with that letter.

I will have finished my clinical work when you read this and hope to be taking the certification exam soon. I hope to meet up with all of you CWOCN's out there at some point in the future.

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Super Pooper Scoopers

Donna McClure BSN, RN, ACHRN, CWOCN

Whether you call them Stool Management Systems (SMS – BARD, Dignicare), Fecal Management Systems (FMS – Convatec, Flexiseal), or Bowel Management Systems (BMS – Hollister, Zassi), we have all had patients with a need to contain or manage fecal output. The reasons are many, from containing constant liquid stool in a total care patient, or controlling infectious output for a patient with c. diff, to keeping stool out of an inconveniently located pressure ulcer. The solutions have ranged from tedious fecal bags glued with ostomy paste to the perianal region or makeshift devices like nasal trumpets or Foley catheters that were semi-effective and sometimes caused their own damage. The new systems are intended to be safer and better suited for the job of managing fecal waste in a physiological sense. This article is not intended to endorse one system over another, but to provide some comparative information.

The three systems have certain features in common. They are all intended to best manage liquid to semi-liquid stool though Zassi claims to be able to handle any type of stool using their “stool modification guidelines”. The intended patient should have some sphincter tone to be able to retain the device in place. The devices consist of inflatable cuff tubes retained in the rectal vault to divert the fecal stream into containment bags thereby protecting skin and controlling potentially infectious material and keeping the patient environment cleaner and more pleasant. The devices are not recommended for continuous use greater than 29 days and none are approved for pediatric use. Contraindications for the devices include colorectal or anal surgery in the last year, sensitivity or allergy to device materials (all are latex-free), any rectal or anal injury, rectal or anal strictures, rectal mucosa impairments, anal/rectal tumor, severe hemorrhoids, and fecal impaction.

Cost of the devices can vary in relation to distributors and contracts. Be careful to look at packaging, however, between devices as the number of replacement drainage bags, their volume, and associated frequency of replacement and included kit components can make big

packaging, however, between devices as the number of replacement drainage bags, their volume and associated frequency of replacement and included kit components can make big differences in costs that are not readily apparent when just looking at kit price. For example, larger collection bags will be changed less frequently than smaller-volume collectors. Also, it may be nice for the kit to include a deodorizer spray or a hydrocolloid dressing, but if it adds to the already not-insignificant cost, do you really need it?

In general, the Hollister Zassi – recently renamed the Actiflo – is the most expensive, but has more options along with the ability to instill rectal medications. An irrigation bag is included in the basic kit. Zassi / Actiflo has two tube sizes for the length of the “transsphincteric zone”, either 4cm or 6cm. There is also a choice of drainable or closed end large-volume collection bags. The device boasts a radiopaque marker at the cuff level and uses an unfortunately bulky intraluminal balloon as an introducer tip. This is also what allows for retention of medications and irrigants unique to this device. Actiflo is the only device with a secondary retention mechanism – two “anchor straps” on either side of the tube meant to be affixed to the patient’s skin. This could present a problem in an already damaged skin surface, but Hollister does provide a hydrocolloid dressing in their new kits intended to be used a contact surface for the straps. [Zassi / Actiflo BMS](#) Then again, some folks just cut the straps off. (WOCN, 2009)

Convatec’s Flexiseal is generally the mid-range device in price and has some recent upgrades including odor-proofing in the tube and integration of their charcoal filter systems from ostomy pouch technology into their spill-proof drainage bags to better manage gas and odor. The irrigation port is now color-coded blue to aid in distinguishing it from the cuff-inflation port. A finger pocket in the cuff makes insertion simple and easier than the other more bulky methods. Convatec thoughtfully provides extra educational materials in an easily readable format with big pictures in their kit. [Flexiseal FMS](#)

Bard’s DigniCare is the new kid on the block and not unexpectedly generally has the lowest cost. It features 3 ports, one for cuff inflation with a pilot balloon similar to the Convatec version and two for irrigation and flushing with one of these farther down the evacuation tubing. The inflatable cuff has roughly the same outer diameter as the other two systems but has a slightly different shape and larger lumen. The entrance to the collection tube is not as flexible as the Flexiseal but not as bulky as the Zassi/ Actiflo. [Dignicare SMS](#) Without a finger cuff or introducer tip, DigniCare can be a little challenging to insert and position for new users according to some reports. (WOCN, 2009) Of course, being new, there is less feedback from experts in the field regarding first hand usage.

See Table 1 (Below) for more comparisons.

When choosing a system it is important to consider the real needs of your patient population. If you are in a burn center or trauma unit, your highly complex patients may require the Cadillac of all bowel management devices. If you are in a much more low-tech environment or have infrequent need for fecal management, a simpler device is sometimes better. Cost of managing stool is always an important factor, but should really not be the only factor in decision making. In preparing this article, I found both my Hollister and Convatec reps were extremely helpful in providing materials, documentation and staff education programs. Convatec offers a very nicely presented algorithm for proper patient selection and even a staff competency check-off list. Hollister has lots of evidence supporting their device especially for burns and critical care. All three companies have supportive websites and video education available online.

Patient selection and staff education on usage and assessment skills particularly are vitally important in using indwelling bowel catheters, as we are reminded by Mikel Gray in a recent JWOCN article. (Grey, 2009) Frequently, the patients who need these devices are the sickest and most vulnerable of patients. There have been sentinel events connected with intrarectal fecal collection devices, although I have not found any reports that directly accuse the devices when used as directed in the appropriate patients, even the one referenced by Dr Grey. (Page, Boyce, Deans, & Camilleri-Brennan, 2008) As always, we have to weigh the risk against the benefits of any medical device. These are good tools but we must use them wisely!

References

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 (Wound Ostomy Continence Nurses Society 20090212 WOCN Member Forums)Wound
 Ostomy Continence Nurses Society. (2009, February 12). *WOCN Member Forums*. Retrieved
 February 12, 2009, from <http://www.wocncenter.com/members/forums/forum.cfm>

DEVICE	KIT includes	Insertion Method	Ports
	1- catheter tube 1- collection bag, lubrication jelly, inflation syringe, drape, deodorizer spray, instruction booklet	cuff is folded, coated with lubricant and inserted	(3) 1-inflation w/ pilot balloon, 2- irrigation
	1- catheter tube 1- 3L collection bag, lubricating jelly, 60cc syringe, irrigation bag, hydrocolloid skin barrier, instruction booklet (two sizes avail, choice of drainable or closed collection bags)	20cc intraluminal balloon is used as introducer tip	(3) 2- inflation for cuff and intralumen balloon, 1- irrigation or medication instillation
	1 - catheter tube 3 - collection bags with charcoal filters, inflation syringe, instruction booklet and poster	finger pocket in underside of deflated cuff	(2) 1- inflation 1- irrigation

Scholarship Information



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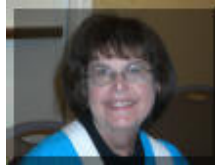
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Applying for WOCNEP a Scholarship



Marcia Davis, Scholarship Chair

I still remember working with the WOC nurse in my hospital in 1987 when I was a nursing student. I watched and listened as she helped new Ostomy patients learn to care for their new stoma, adjust to the change in self image, and accept this “awful thing” that had happened to them in the surgical suite. I also watched hope come back into their eyes as she fed them information as they could take it in. They were so grateful for what she did for them, helping them through rehab. I later worked with her many times as a nurse, and really appreciated the relationships she formed with her patients. Because of that relationship with the WOC nurse, I never hesitated when the position opened up at my hospital. I knew I wanted to be a WOC nurse too.

Perhaps you know someone who would make a great WOC nurse for your facility. You can help them by sharing information about the wonderful scholarships the WOCN organization offers. The most important thing about winning a scholarship is....you have to apply. Those application forms often seem intimidating to those who could benefit the most from the financial help. Here is the step by step process in applying for a SCR scholarship.

1. Apply to the WOCNEP of your choice. The South Central Region is the home of the M.D.Anderson WOCNEP in Houston, and there are other programs listed on the WOCN.org website. Once you have been accepted into a program, it is time to apply for the scholarships.
2. The region offers the Beverly G. Hampton Memorial Scholarship to a person attending the M.D.Anderson WOCNEP, but we also offer another scholarship toward any accredited WOCNEP. The national WOCN also has scholarships available, so be sure to check out all your options. Go to www.scrwocn.org and look along the left side of

to check out all your options. Go to www.scrwocn.org and look along the left side of the screen. Select “scholarships”. You will find a description and application forms for the SCR scholarships offered.

3. Fill out the application forms completely. Partially completed applications will not be considered. Pay attention to the deadlines dates. Applications must be received on time to be considered. Be sure to give the forms for recommendation early to those who will be filling them out. You cannot expect others to “rush” to complete something for your application deadline. If you have a question about the application, don’t guess. Call the scholarship chair (Marcia Davis) for clarification.
4. Submit the completed application to the scholarship chairperson by the appropriate date. Be sure to keep a copy of all your paperwork.
5. The scholarship chair will let you know she/he has received your application.
6. You should receive word from the scholarship chairperson within 6-8 weeks after the submission deadline whether you were the winner of the scholarship.
7. Join WOCN and get active in your region.

I recommend you give as much information about yourself, your goals and needs as possible. There are many people needing scholarship money, so sell yourself as the best candidate. You’ve done some great things with your career, so tell us about them.

One more thing: remember to give back...or pay it forward. If you receive a scholarship, encourage others to follow in your WOC footsteps. Continue to mentor nurses, precept if you get the opportunity, and maintain an active membership in the WOCN organization.

If you have questions about the scholarship applications, you may contact Marcia Davis at mdavis@diversifiedcs.com

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](mailto: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](mailto: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

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

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

Houston Northwest—Meets every 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.

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 3rd Wed. at the American Cancer Society at 4:30 PM. Contact Diane Rudolph @ (830) 336-3565.

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

erica.roach@christushealth.org

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

...
phone:512-694-
9359 CST

Cynthia Worley at 713-792-3092 for
more details on meeting
times/locations.