



South Central
Region WOCN

Five Alive

October, 2008

The Newsletter of the South Central WOCN Region WOCN



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President's Message *OCTOBER 2008*

Jill Conwill

If you weren't able to attend the conference in Oklahoma City this year - you missed a good one! The planning committee had great speakers and timely topics. Kudos to the entire Oklahoma CPC...you all did a great job. They also had the best auctioneer...a woman! She went through the items in lighting speed. We liquidated our store items at this conference and Donna McClure is working on an innovative fund raising idea for next year...you will have attend the 2009 WOCN National Conference to see it!

This year we had three new awards: SCR Educator of the Year (**Linda Benskin**), SCR Rookie of the Year (**Julie Turner**), and SCR Vendor/Manufacturer of the Year (**Rosalie Johnson** - Coloplast). The SCR of the Year went to **Susan Wilhelm**. The President's Award was presented to **Donna McClure**.

The election results for the new officers for 2009-2010 are **Jill Conwill**, President, **Kimberly Stallo**, Treasurer and **Tina Meyers**, Nomination Chair. **Debbie Fulmer** has finished her second term as Scholarship Chair and **Marcia Davis** has agreed to take over this committee. We have decided to reorganize duties of the Bylaws and PR Chairs. Starting next year the Bylaw Chair will have all of the awards along with the bylaws and the PR Chair will focus on fund raising. This will be

Starting next year the Bylaw Chair will have all of the awards along with the bylaws and the PR Chair will focus on fund raising. This will be an Operation Manual change and will be reflected in the manual after the transitional meeting in January. We are also going to change the process of the Conference Planning Committee to that of a multi-state committee that will serve two terms. This will allow mentoring of committee members and still allow us to move the conference sites evenly throughout the SCR region. **Janet Davis** will head this restructured committee. If you are interested in serving on the CPC contact Janet at jmdavis@pdq.net

The October 2009 Cruise Conference is practically around the corner...if you are planning to attend please see Coni's note regarding the payment that is coming due in November. The region has already made a large down payment and there will be another small payment due by each attendee prior to the end of the year (so it doesn't interfere with your Christmas shopping plans) and the final payment is then due sometime mid-year. If you haven't cruised before the food is all inclusive (you can eat 16 times a day if you want!) as well as fabulous entertainment. We are traveling again with Carnival but leaving out of New Orleans. The first day at sea and the day before we return are the scheduled conference days. There are two ports of call (Progresso and Cozumel) for sight seeing, snorkeling, shopping and so much more. Plan to bring your friends and family...they will pay the same price. There are plenty of things to keep them busy as you attend the conference.

Please contact any of the council if you are interested in helping on a committee and remember we always need articles for the 5 Alive. Send interesting case studies or helpful hints to Joan Flynn so she can place them in our quarterly e-news. agirlflynn@att.net . We also post job offerings so check them out if you are looking for something new.

Pearls & Tid Bits



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YODAA

2008 Highlights

Click [HERE](#)

Connecting people with ostomies ... the internet way

The internet is helping to meet the needs of our patients in one more way with the [Ostomy Forum](#) section of MeetAnOstoMate.com

This is where ostomy-related discussions happen every day. WOCN nurses are invited to join these discussions and provide those visiting the site with knowledge and experience.

Access to the forum is provided upon request

The following are some of the opportunities available on the site:

- post replies to ostomy related topics
- initiate conversations (topics)
- make relevant announcements
- publish articles

The topics discussed on the forum range is wide and has included:

[Endermeanrosis](#) [Drinking after surgery](#) [Odor problems after sigmoid colostomy](#)

[urostomy hernias?](#) ... and many more

If you would like to browse the whole forum, please [click here](#) to go to its the main page.

Government Affairs



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Inpatient Prospective Payment Changes: A Guide for the WOC Nurse

Introduction

- On October 1, 2007, The Centers for Medicare and Medicaid Services (CMS) announced a transformational change in how hospitals will be paid. This change involves the implementation of a new payment system that will reward hospitals for quality care and avoids payment for unnecessary and preventable costs.
- Many questions and uncertainties have been posed regarding the impact this change will have on hospitals. The intent of this guidance document is to assist members in interpreting the rule in relation to pressure ulcers.

MS-DRGS

- The new payment system is known as the Medical Severity-Diagnosis Related Groups, or MS-DRGs. The old payment system was based on a total of 358 DRGs. The new system reorganized this structure, reducing the number of DRGs down to 335. Each group is now subdivided into different levels of medical severity, resulting in a total of 745 MS-DRGs. It is hoped this effort will better capture the presence of complications and comorbidities present on admission and occurring throughout the hospitalization. The intent of this change is to more fairly pay hospitals for the level of care they provide. The hospital will receive less reimbursement for uncomplicated cases and will receive higher payment for the cases involving major complications and comorbidities.

Incentives for Quality Care

- As a part of transitioning to this new form of payment, CMS has incorporated incentives for quality care. They have noted that hospital-acquired conditions are a leading cause of mortality and morbidity in the United States, estimating costs at \$17 to \$29 billion. They have identified certain conditions that are found to be high volume/high cost and can be reasonably prevented with evidenced based guidelines. On October 1, 2008, all hospitals currently reimbursed by prospective payment will no longer receive additional payment for certain hospital-acquired conditions. Eight conditions have been initially identified in the new rule to include:

- Object left in surgery
- Air embolism
- Blood incompatibility
- Falls
- Mediastinitis
- Catheter associated urinary tract infection
- Pressure ulcers

● Vascular catheter-associated infection

- Pressure ulcers

- Vascular catheter associated infection

Additional conditions are being considered for future inclusion on this list.

- **Pressure Ulcers**

Pressure ulcers are a quality of care issue impacting many WOC nurses. In July 2008, CMS and CDC released a rule clarification on the codes for pressure ulcers.

The current pressure ulcer codes are defined by location:

- 707.00 – Pressure ulcer, unspecified site
- 707.01 – Pressure ulcer, elbow
- 707.02 – Pressure ulcer, upper back, shoulder blade
- 707.03 – Pressure ulcer, lower back, sacrum
- 707.04 – Pressure ulcer, hip
- 707.05 – Pressure ulcer, buttocks
- 707.06 – Pressure ulcer, ankle
- 707.07 – Pressure ulcer, heel
- 707.09 – Pressure ulcer, other site

6 new ICD-9-CM diagnosis codes for pressure ulcers have been added capturing wound severity. The new codes are:

- 707.20 – Pressure ulcer, unspecified stage
- 707.21 – Pressure ulcer, stage I
- 707.22 – Pressure ulcer, stage II
- 707.23 – Pressure ulcer, stage III
- 707.24 – Pressure ulcer, stage IV
- 707.25 – Pressure ulcer, unstageable

Coding professionals must identify two different codes to completely describe a pressure ulcer, identifying both the site and the stage. The codes for pressure ulcer stages may not be assigned as the principal or first-listed diagnosis.

Assignment of the patient's diagnosis codes is performed by the coding professional in medical records. The coder reviews all the physician's documentation in the medical record to determine what conditions the patient was treated for during the hospitalization and what procedures were performed. If the physician indicates the patient was treated for a pressure ulcer during the hospitalization, the coder will then look through the record to determine if the pressure ulcer was present at the time of admission, or if it was facility acquired. Coders may review documentation from other clinicians, including the WOC nurse, to help determine code assignment for the pressure ulcer stage. The hospital may be eligible for additional payment if there is documentation to support a Stage III or Stage IV pressure ulcer present at the time of admission. The hospital will receive no additional payment for facility acquired pressure ulcers, regardless of the stage.

- **Present on Admission Indicator for Pressure Ulcers:**

1. Present on admission is defined as present at the time the order for inpatient admission occurs. Any condition, including a pressure ulcer, that developed during an outpatient encounter, including the emergency department, observation, or outpatient surgery are considered as present on admission.
2. Medical record documentation from any provider involved in the care and treatment of the patient may be used to support the determination of whether a condition was present on admission or not. The term "provider" means a physician or any qualified healthcare practitioner who is legally accountable for establishing the patient's diagnosis.

- practitioner who is legally accountable for establishing the patient's diagnosis.
- 3. There is no required timeframe as to when a provider must identify or document a condition to be present on admission. In some clinical situations, it may not be possible for a provider to make a definitive diagnosis, or the condition may not be recognized or reported for a period of time after admission. Determination of whether the condition was present on admission should be based on the provider's best clinical judgment.
- 4. Stage III and Stage IV pressure ulcers present on admission will qualify for higher MS-DRG payment. The MS-DRG algorithm does not calculate additional reimbursement for pressure ulcers identified as Unspecified, Stage I, Stage II, or Unstageable when they are present on admission.
- 5. The physician is responsible to resolve inconsistent, missing or conflicting documentation issues. Coders will need to query physicians if the documentation is unclear or inconsistent.
- 6. If the patient is discharged with a facility acquired pressure ulcer, but later readmitted with a different diagnosis, the pressure ulcer will then be considered present on admission and may be eligible for a higher MS-DRG payment.
- There are still some unanswered questions about the rule. Each facility may have differing interpretations and policies about these unresolved issues. In guiding your interpretation of the rules, we remind all members and facilities the intent of this rule is to promote the prevention of facility acquired pressure ulcers. We also recognize that all members want their hospitals to be fairly compensated for pressure ulcers that are present on admission. As CMS issues clarifications, these will be posted for our members.

Questions and answers:

- **1. Is there any defined timeframe for the physician to document the presence of a pressure ulcer on admission?**
- **Answer:** There is no required timeframe as to when a physician must identify or document a condition to be present on admission. Physicians should be promptly notified of all pressure ulcers detected on nursing inspection.
- **2. What should be coded if a patient has an unstagable pressure ulcer or suspected deep tissue injury present on admission that undergoes debridement or evolution during the hospitalization resulting in a Stage III or Stage IV pressure ulcer on discharge?**
- **Answer:** The pressure ulcer would be coded as a Stage III or Stage IV.
- **3. What should be coded if a nurse documents the patient presenting with a Stage II pressure ulcer, but the physician documents a Stage IV pressure ulcer?**
- **Answer:** The coder will likely query the physician about inconsistencies in the medical record.
- **4. The physician documents the presence of a pressure ulcer, but the WOC nurse indicates the patient has incontinence-associated dermatitis. How should this be resolved?**
- **Answer:** Identification and staging of pressure ulcers requires knowledge, skill and practice. Many physicians will acknowledge their lack of expertise and will welcome the input of the WOC nurse. The WOC nurse should document the findings and may notify the physician to offer input. A joint effort is essential to achieve accurate code assignment and reporting of facility acquired pressure ulcers.
- **5. A patient presents to the hospital with a stable black heel eschar. The eschar is successfully maintained, and the patient is discharged with the same unstagable pressure ulcer. What should be coded?**
- **Answer:** The code assignment would be 707.07 Pressure Ulcer, heel and 707.25 Pressure Ulcer, Unstageable.
- **6. A patient presents to the hospital with a healing Stage IV pressure ulcer. How should this be documented and coded?**

6. A patient presents to the hospital with a healing Stage IV pressure ulcer. How should this be documented and coded?

Answer: In order to document a Stage IV pressure ulcer present on admission in this case, a thorough history of the wound must be known and documented in the medical record by the attending physician.

7. What happens when there are multiple pressure ulcers of varying stages, some of which were present on admission, and some that were facility acquired?

Answer: The coder will have to review the documentation to clearly determine the location and stage of each pressure ulcer, and then determine if each specific wound was present on admission.

8. The nurse documents the presence of a pressure ulcer present on admission, but the physician fails to document the diagnosis, despite frequent efforts to remind them.

Answer: Coders or compliance officers may query the physician about the presence of a pressure ulcer. Accurate diagnosis must be based on physician documentation. Nursing documentation may be used only for code assignment of the pressure ulcer stage.

9. Does this regulation imply that the WOC nurse needs to assess and stage all pressure ulcers for accuracy?

Answer: We recognize that pressure ulcer identification requires education, skill and practice. Not all healthcare providers have the necessary expertise to identify and stage pressure ulcers accurately. Each hospital may have defined roles and job descriptions for the WOC clinician, and that may include the assessment of pressure ulcers. The WOC nurse has the appropriate expertise and can be utilized in the training of staff and providing clinical validation of this important skill.

10. Does wound photography meet the present on admission indicator?

Answer: Wound photography does not take the place of physician documentation and would not meet the regulatory requirement. Photography in wound care serves as an adjunct to assessment documentation and should be used to enhance or support the written wound description.

11. I am concerned about patients on observation status. Pressure ulcers can begin in the emergency room as well as in an observation bed. Shouldn't the hospital be tracking these pressure ulcers?

Answer: This specific rule relates to inpatient prospective payment. But facilities should note the intent of the rule is to promote the prevention of pressure ulcers. As hospitals develop quality improvement efforts aimed at prevention, early skin inspection and accurate documentation, it is appropriate to include emergency rooms and outpatient departments in these efforts.

12. Can coders use nursing notes or wound care flow sheets to determine the present on admission indicator or staging information?

Answer: Reimbursement will be based on provider documentation. A provider is defined as a physician, or any provider licensed to make a medical diagnosis. Nursing records and wound flowsheets, including notes by the WOC nurse, can be used by coders for information on the stage of the pressure ulcer.

13. What is the difference between an "unspecified" stage and unstageable?

Answer: Assignment of code 707.25, Pressure ulcer, unstageable is used for pressure ulcers whose stage cannot be clinically determined and pressure ulcers that are documented as deep tissue injury. This codes should not be confused with the 707.20, Pressure ulcer, unspecified stage, which should be assigned when there is no documentation regarding the stage of the pressure ulcer.

14. What about pressure ulcers that are unavoidable?

Answer: CMS and CDC have not identified clinical criteria for unavoidable pressure ulcers.

• However, CMS and OIG have not defined clinical criteria for anal or rectal pressure

• ulcers.

• For further review, the regulations can be accessed at the following websites:

• <http://a257.g.akamaitech.net/7/257/2422/01jan20071800/edocket.access.gpo.gov/2007/pdf/07-3820.pdf>

• <http://edocket.access.gpo.gov/2008/pdf/08-1135.pdf>

• <http://www.cdc.gov/nchs/datash/ftpser/ftpicd9/icdguide07.pdf>



Spotlight



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By: Debbie Fulmer

It is my pleasure to focus this month's spotlight on Wilma Jean Hoyle McCain. Wilma Jean was born in Denning, Arkansas and attended school through high school in Altus, Arkansas. On October 31, 1946, she married Warner Hoyle and they moved to Mulberry, Arkansas where Wilma still resides today. Wilma and Warner had one daughter and two sons.

Wilma had been a social worker working for three years on the "War on Poverty" campaign under President L.B. Johnson when diagnosed with neurogenic bladder. Dr. Ralph Downs performed urostomy surgery in 1967. Afterward she met many persons with ostomies who were having problems and wondered what could be done to help these people. Dr. Downs referred her to the Cleveland Clinic for training as an Enterostomal Therapist and she became "about the 41st graduate" of that program in 1970. She began her career as an ET at Sparks Regional Medical Center and worked part time for the American Cancer Society from 1972-1975.

Wilma was a pioneer in the field of enterostomal therapy. As the only ET in Arkansas and one of the first in the nation, she was asked to consult with patients and at clinics across the state. She spent two days each month at Little Rock Children's Hospital seeing children in the Spina Bifida clinic and was always willing to go where she was needed. Wilma worked closely with manufacturers to develop ostomy products and improve pouching systems. She worked closely with Squibb on stomahesive and "putting the paste in a tube". She is full of funny stories about the things she witnessed while practicing in the field and to this day is remembered fondly by healthcare professionals, physicians, and patients who had the pleasure to work with her over the years.

Wilma retired in 1992. Soon afterward she lost her husband of many years, Warner. She later married Hansel McCain and has since lost Hansel as well. But Wilma continues to exhibit the lust for life and learning that has made her a role model for WOC nurses who have followed in her wake. She keeps busy knitting by hand and machine, working as an artist with clay, and travelling. For blazing a trail that those of us who came after you can easily follow, we say thank you Wilma. Because of early leaders like you, WOC nurses of today enjoy meaningful and rewarding careers.

Clinical Corner



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Grief and the Ostomy Patient

How many times have you had a new Ostomy patient that refuses to look at their Ostomy? Have you also observed some patients with a good pouching surface may be having more trouble than they should keeping a pouch on over 2 days? Have you considered your patient's progression through the grief process?

In my years of working with patients with Ostomies in home health I have observed patients struggling with progression through the grief process. This may be related to their new diagnosis or with acceptance of their Ostomy.

We all are aware that Ostomy patients do go through a sort of grief process, just as anyone who may be dealing with the loss of a loved one. We are all busy at work and too often we rush through our assessment and do not assess where our patients are in the grief process.

The stages of the grief as identified by Kubler-Ross are

- Denial
- Anger
- Bargaining
- Depression
- Acceptance

Denial, anger, bargaining, or depression will impair our patients from learning self-care. I feel it is our responsibility as Ostomy nurses to stop and talk to our patients.

I have found that I have to put down my clipboard and just sit down and ask, "so... how are you doing". Many times this is all it takes to help patients open up and talk about their concerns. The sooner patients move into the acceptance stage of grieving, the sooner they will have success with managing their Ostomy.

Ken Clark RN, CWON
 Gilbert's Home Health
 a Gentiva Company



Awards



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2008 SCRWOCN AWARDS

This was a great year for the South Central Region and the list of nominees for regional awards reflects the level of excellence our members work towards every day. So many individuals rightly deserved recognition! Many more were not nominated but also deserve recognition. Please remember to nominate these individuals next year. Self-nominations are also acceptable for some categories. Special thanks are in order for the Awards Committee. The committee had some difficult choices to make. This year's awards committee participants were Gay Thomas, Erica Roach, Cynthia Yarberry, and Pat Thompson.

New award categories were introduced this year and the response was wonderful. It is nice to know that we appreciate each other and are willing to hand out praise where it is due. We had multiple nominees for each new category. The greatest interest was shown for our Vendor/ Manufacturer representatives. There were 10 nominations in the category for 9 different people. Notably, the top two vote-getters were both from Coloplast, a great recommendation for that company. The category winner was Rosalie Johnson, a Texas WOCN nominated twice by different customers. Unfortunately, she was unable to attend conference to receive her award as she is from the Houston area and adversely affected by Hurricane Ike. We hope to see her next year on the cruise!

The first ever winner of SCR Rookie of the Year honor went to Julie Turner of Jackson, MS. Ken Clark accepted the award at the South Central Conference in OKC for her. We hope to be able to welcome Julie to her first Regional conference next year on the Carnival Fantasy.

Our inaugural SCR Professional Educator of the Year has a more-than-impressive background in wound care and multicultural education. Linda Benskin is our award winner. She has presented at the WOCN conference in Florida and seven other conferences just in 2008. Unfortunately Linda was unable to attend the regional conference and accept the award. She was on the job presenting a poster at another conference and therefore representing the WOC specialty well.

Last, but definitely not least, we recognize our SCR WOCN/ ET Nurse of the Year. This year our winner not only has an impressive list of WOC presentations, activities, academic honors and awards such as we have come to expect from our annual nominees, but she demonstrates an extra measure of heart. Susan Wilhelm, APRN, FNP, BC, CWOCN currently works at Doctor's Hospital in Opelousas, LA. This year, as she has in the past, she once again served as a camp counselor for YODAA. Susan also took it upon herself to make sure one of her young ostomy patients was also able

as she has in the past, she once again served as a camp counselor for YODAA. Susan also took it upon herself to make sure one of her young ostomy patients was also able to attend camp, meeting other young ostomates for the first time ever. That is what WOCN's are all about – the bottom line is always our patients!

Congratulations to all the 2008 winners! Remember that nominations can be made at any time during the year. Go to the website to check award criteria and find nomination forms. Nominate yourself or someone else deserving of recognition. You or your favorite colleague could be cruising towards fame next year. See you on the big boat!

Donna McClure, SCRWOCN PR Chair

Scholarship Information



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How do we apply for a NIWI scholarship?

The Nurse in Washington Internship Program (NIWI) scholarship is designated to assist one WOC /ET Nurse from the SCR to attend the Nurse in Washington Internship Program (NIWI) each year. This scholarship supplements funds awarded from the WOCN Society NIWI scholarship fund. If an applicant from the SCR WOCN applied, but did not receive funds from WOCN, this scholarship can be awarded to help defray the cost for attending NIWI.

Follow these steps to apply for a SCR WOCN NIWI scholarship:

1. First, apply to the WOCN Society for a NIWI tuition scholarship. The application can be downloaded from the WOCN web site at:

<http://www.wocn.org/whatsnew/niwi.html> or by calling the National Office.

2. Contact the SCR WOCN Scholarship Chair, Debbie Fulmer, to advise of your intent to attend NIWI and that you have applied for the WOCN Society NIWI tuition scholarship. You will be informed at that time if another WOCN from the SCR has already applied for this scholarship.

Returning to Childhood with a Little Twist Susan Wilhelm FNP-BC, CWON

Youth Rally is a camp for children with wound ostomy and continence challenges.

It is a camp for “our kids”. The teens must meet the youth rally criteria. Some teens have wounds, others have ostomies including appendicostomies, and mitroffanoff pouches. Other teens have continence issues and must catheterize. There are other teens with nutritional issues requiring tube feedings and hyperalimentation. There are also some teens with intact bodies that have a diagnosis which meets Youth Rally criteria. Some walk, some roll in chairs or use crutches.

Grants are available— no one is rejected due to financial difficulty. Youth Rally is the only camp of its kind that accepts all individuals with bowel/bladder dysfunction.

Due to a recent job change, I was able to attend the Youth Rally in San Diego (my 3rd time). The camp is a memorable 8-day event. The Youth Rally has been an independent organization since the dissolution of the UOA (United Ostomy Association). One of the revenue sources for the Youth Rally is however monies donated to the prior UOA through wills of UOA members.

This year, one hundred 100 children (ages 12 to 17) from across the United States attended youth rally. Some of the campers had

3. If you are the first to contact the SCR WOCN of your intent to attend NIWI and have applied for one of the WOCN Society NIWI tuition scholarships, the SCR will pay for the remaining expenses to attend NIWI.

3. Upon completion of NIWI, the scholarship recipient will be expected to submit a summation of the experience to the *Five Alive* web site.

youth rally. Some of the campers had diagnoses of Ulcerative Colitis, Cohn's disease, Spina Bifida, Bladder Extrophy, Cancer and even trauma leading to a colostomy. The rally takes place at a college campus, Hopefully this environment will help campers realize they can function independently, go to college and travel
Twelve nurses including a CWOCN and Nurse Practitioners attended. One nurse counselor was a prior camper. Sixty-five counselors ranging from 20 to 75 years old assisted with campers. The program also includes Counselor in training (CIT).

A typical week for the Youth Rally campers:

Day 1: Arrive and orientation

Day 2: Orientation for staff, stocking supplies

Day 3: Campers arrive, check in with their nurse, get backpacks, meet as groups and have "fun" night

Day 4: Am nurse education session then off to the beach and Fun Park

Day 5: Education sessions, bowling, free time and movie night

Day 6: Rap groups by age and groups organized by disease

Day 7: Rap group/education, free time (swimming, games outside crafts and activities are available throughout the week). Graduation

Day is the last event of the week and highlight for all attendees.

Day 8: Dismissed in the AM

This is an exhilarating week. WOC nurses have a critical part in making the Youth Rally a success. It is not necessary to have pediatric experience to be a counselor. Love for kids and a willingness to help "our kids" is all that is required.

PS: Susan received the **SCR-WOCN of the Year Award 2008**.

Young Ostomate & Diversion Alliance of America (YODAA) 2008

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For more Information about YODAA Click [HERE](#)

TWO LETTERS: RECAP FROM YODAA CONFERENCE



Cheryl Ebbinghaus YODAA Chair and Chris Eng YODAA Cochair

South Central Region scholarship recipient **Sara Bogenschutz** attended YODAA held in August. She wrote down her experience to share...

"I left Texas 8/8/08 and returned 8/14/08 from the YODAA Conference 2008. While I attended sessions YODAA had for ostomates included: opening session, traveling tips, pregnancy, sexuality, nutrition, exercise and fitness, banquet with dinner and dance, future of YODAA and UOAA, skin problems with WOCN Barbara, surgeries and treatments, medications, exhibit hall, social activities and finally the closing session.

I learned a lot of new stuff this year at the conference especially from attending these sessions. I would recommend you to send patients to this conference next year since it will be held in New Orleans, LA. You can checkout the website at www.yodaa.org for more information. Patients will learn how to cope and deal with their ostomy and learn new stuff that will help them in the future. They will also meet people that have the same thing as they have. Another website to check out is www.uoaa.org

I also had a session with the manufacturer and luncheon where they talked to us about products and information about their company. I want to thank your organization for sponsoring me to attend this conference"

Sincerely,
Sara Bogenschutz

Please see the pictures Sara sent us in the scrapbook.
<http://www.scrwocn.org/scrapbook/scrapbook.htm>

Letter from YODAA Attendee, Kala Simon

I've been dealing with this condition my whole life but yet never shared it with anyone. I kept hiding this because I was ashamed and was uncomfortable talking about it, until recently, I've shared it with a few close friends, but it's still



Erin, Melanie and Kala



Melanie, Sara and Kala

anyone I kept hiding this because I was ashamed and was uncomfortable talking about it, until recently, I've shared it with a few close friends, but it's still uncomfortable.



Hard Rock Cafe Guitar



Hard Rock Cafe Guitar



Sara, Melanie and Kala

Last summer, my ET Nurse told me about a medical conference for ages 18-40 called YODAA meaning Young Adult Ostomy and Diversion Alliance of America. I've never heard anything like it nor did I ever know that there were people with similar or the same medical condition as me. For a couple of months, I didn't tell anyone my decision or even if I was interested because no one knew I had this condition except my immediate family. I made my decision and told my ET nurse but no one else until I told a friend and surprisingly she knew already, that I decided to go. We talked about it and I told her my fears and she put me at ease; now it was up to me to actually jump out of my comfort zone and go. I told others, some were all for it; telling me that this would be a great opportunity to meet other people around the world dealing with the same situation but on the other hand, there were people who were totally against it. For the fact that it was in another state, I was going alone and also because I've been dealing with really bad medical issues lately and they were concerned. Fear was attacking, I was hoping something would come up, so I wouldn't have to go and face my fears. But like a very dear friend told me, "Put you big girl panties on"; sooo... I put my "size 14s" on and followed my heart. The enormous support from my friends, family, and church family made it so much easier; knowing that people were supporting me, was the greatest gift of all.

The day had finally arrived and I was a nervous wreck. With many fears, I went on that plane and traveled all by myself. I conquered so many of those fears which I am so proud of myself for. Being away from home, with people I've never met, terrified me but I got through it, knowing that Our Precious Lord was by my side the whole way. Though my shyness provoked me to do a lot of things, I did meet a few people who will be life long friends. I didn't have to hide my medical condition which I do hide it with my friends at home because I can honestly admit I am ashamed and embarrassed. A lot of people at the conference were very open and shared their stories about having this certain issue but I couldn't because I was still uncomfortable even though they are all going through the same situation. I did however share a little with a few people. I had my rough days, but through prayer and encouraging emails, I got over it.

Through this conference, I've learned more about my condition and made great friends along the way. I've grown as a person from this experience and am very thankful for the opportunity.

Thank you all for the support and sponsorship. I really truly appreciate all the help I've gotten and am truly blessed to have gone to this conference.

Sincerely,
Kala Simon

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](mailto:Joan.M.Flynn@wocn.org) 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](mailto:Joan.M.Flynn@wocn.org)
RN,CWOCN,CWS

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 more details on meeting times/locations

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

[Susan W. W. W. W.](#)
RN, CWOCN, CWS
phone: 512-694-
9359 CST

more details on meeting
times/locations.