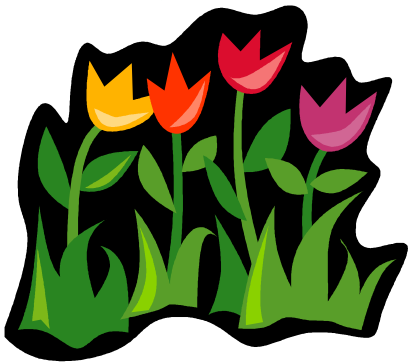


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New England Region WOCN NEWSLETTER

April (Spring) 2011



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President's message, Spring 2011

After a long and too snowy winter I am happy to be saying Happy Spring. Hopefully by the time you read this you will have seen a robin, dug out from all the snow, and have gone to our regions website to register for spring conference.

It is so exciting to finally be able to register and pay for conference online! The ability to register and pay online has been a major goal of the leadership of the region. Thanks to the hard work and dedication of our leadership including Sandy Hughes, Sue Gurney, Pat Ebbeling and the board and officers it is in place and working. We chose to start with spring conference since the numbers tend to be less than fall. This would allow for easier resolution of any potential problems. Thankfully there have been no major problems. It is very easy to complete the registration form and secure payment sections. It is also very easy now to gather the information that we need to plan for all the necessary details at conference time, saving countless hours of work and stress. As a bonus we can now also have the vendors register online for fall conference again saving the vendor chair Pat Ebbeling and the education committee countless hours. In addition the templates are in place so that we can do online voting. Again this will save nominations committee tremendous hours work compiling ballots stuffing envelopes, mailing, counting returns etc. It will also save the region a significant amount of postage costs.

As we move forward and change the board is looking at its own structure and function of the various positions and committees so that we can avoid wasting any of the regions valuable resources. We will be reviewing the policies and procedures as well as the bylaws to assure that they are current and reflect and protect the region's best interests. Any changes to bylaws will be brought to membership for a vote; generally any changes are a simple language change or addition. You will be kept informed of our progress and recommendations. One change you may already notice is that in effort to keep you the membership informed each committee chair will now be writing a report for the

newsletter. Please read their articles and consider joining a committee, it is a great way to earn valuable points towards PGP as well as tremendous opportunity to network with colleagues from all over New England. Our education committee chaired by Mary Harris and Nancy Green organized a very successful, very informative conference in the fall at a new venue the Crown Plaza and Coco Key Water Park in Danvers Massachusetts. It proved to be a very nice, well run and accommodating facility. We have booked it again for our fall conference this year. Stay tuned to the regions web site for details as they become available. The education committee is already hard at work lining up topics and speakers.

Our spring conference is shaping up to be just what we all need “Recharging your WOCN Batteries” with plans for timely professional practice educational sessions with breakout workshops. It will be held at the beautiful Woodstock Inn in Woodstock Vermont. Please see the web site for all the details and to register.

I am happy to report that the region has scholarship funds available to the New England Region membership. The first scholarships being for use toward basic WOCN program reimbursement and or for use toward reimbursement of advance practice education. These are being overseen by Nola Huss the public Relations/ membership/ scholarship chair. Details of application will be posted on the website. In addition there are funds available for WOC in Washington and/ or NIWI (Nurse in Washington) overseen by Deb Dubuc our Political Action chair. Please contact Nola or Deb if you have any questions. As you may remember we chose to not send all our scholarship funds to national for their management as we wanted our funds to go to our members. That being said I do encourage you to donate to Dr Jeter’s scholarship ride and The WOCN National Scholarship fund. National funds are available to our members as well as the regional funds and your contributions are certainly going to a very worthwhile cause, giving back to your profession.

We will be holding a raffle at the spring conference to raise funds for Youth Rally. Rally for Youth is a program that sends kids with bowel or bladder diversions or irritable bowel to camp. Donations are taken all year and culminate with the fund raiser at fall conference. Marian Barry Ravagni is the committee chair for Youth Rally and the regions charitable work.

It is not too soon to submit your nominations for WOC/ET of the year; Nola Huss will be more than happy to guide you through the nomination process which has been simplified and refined. Please contact Nola with your nominations.

We will be electing President Elect this fall, anyone wishing to run has to have past or current experience as a member of the officers or board of directors. We are also electing a treasurer. Please contact Pat Morrissey Nominations chair if you are interested in these positions or if you are considering joining a committee. Have you considered writing an article for the newsletter? Our newsletter chairs Eileen Mc Cann and Jerra Sullivan would love to hear from you. They would be more than happy to help you and guide you towards earning those invaluable PGP points.

Our national conference this year will be in New Orleans June 4-8 details and registration are on the wocn.org website. Hope to see you there at our regional meeting Monday June 6.

My thanks and appreciation as always goes out to each and every member of the board and officers and all the hard working committee members without whom we as a region would not be so successful.

Deborah Reich
President New England Region

From National WOCN President Elect, Kate Lawrence – VT

Hello everyone, Good morning.

I just want to share with you the delight I am having reading Katherine's Blogging as she rides across the country for Scholarships. You do not have to donate (but thank you if you have, or will) to read the blog.

Katherine is imaginative, and her journey is awesome. Its like taking the trip with her as she has lots of photos and facts. Check it out! and share with a colleague, I love the idea of all of us embracing Katherine as she journeys her way across country for WOC Nursing!

For all of you New England folks make sure you see that our Region is listed as donors Yeah you guys!

Have a great weekend

Kate

Wound, Ostomy, Continance Nurses' Society –Meeting Minutes Fall 2010- for corrections contact Maureen Jarrett

New England Region Wound, Ostomy, Continance Nurses Society

Fall General Membership Business Meeting – October 7, 2010

- 1. Call to Order:** Meeting called to order at 2:12 p.m. by Pres. Deb Reich who in turn introduced officers
- 2. Attendance:** Maureen passed out attendance sheet with a request for all to print their names legibly which will be posted at end of minutes.
- 3. Approval Of Minutes, September 21, 2010 conference call**
- 4. Reports from Officers:**
 - **President, Deborah Reich:**
 - National Office paid for dinner @ regional and affiliate meeting which was a cost savings; Thank you was conveyed; dinner will be paid for again at next year's national conference
 - At next year's National conference in New Orleans – no vendors will be available during regional and affiliates meeting; the meeting will be held Mon at 5:30 after the last education session as opposed to Sat evening
 - Will be a revision of leadership development training which will include mentoring; currently working on itinerary
 - National will decrease costs by 50% for 1st time officers to attend
 - Great comebacks will be changed to a Sat. evening event
 - Will be a restructuring of assistance for 1st time national conference attendees to be assisted with offering guidance to maximize conference experience
 - **Kate Lawrence, National president elect**
 - Offered praise to Regional Board Members

- Update on Nat'l cycling for scholarship to be done by WOCN Catherine Jetter (75 yo) riding from San Diego to Clearwater, FL
- Painting done by Jettters husband to be raffled during this conference
- New Orleans conference – is expected to be great; call for abstracts still open
- Great Comeback Awards – 4 nominees being honored @ Nat'l
- Call for grants opened if you are interested in research – contact person Donna Bliss
- On website new tools including Scopes and Standards to use with employees; look for 4 new releases
- WOCN Board
 - Ostomy resolution presenting in Congress in support of the patient in regards to supplies reimbursement and support of professionals that assist
 - Public policy task force – reimbursements; upcoming fact sheets; tools on how to be reimbursed
 - Task force will also work on public policy from a Nat'l perspective; address if members are being supported enough
 - Member center is increasingly becoming user friendly; new enhancements; will increase social media
- NERWOCN foundation check to Kate Lawrence
- President, Deb Reich introduction of Karen Harding, Sandy Hughes, Donna Golden, Maureen Jarrett, Mary Harris & Nancy Green

5. Reports from Committee Chairs:

- **Education co-chairs: Mary Harris / Nancy Green**
 - Provided directions to upcoming events for tonight and tomorrow
 - Will be an increased time to be spent with vendors
 - Announced change in schedule
 - Conveyed thanks to Sue Gurney for her work over the last 6 yrs
 - Spring conference will be in Vermont
 - Nancy Green offered thanks to Pat Ebbing

- Please fill out evaluation forms in regards to speakers and topics
 - ? going on line to next year in regards to conference registration
 - On evaluation included will be thoughts on merging spring and fall conference – need input
 - Bulletin Board at registration desk with job postings etc.
 - Will not get CUE's if name badge is not returned
 - Painting from the Jetter family to be raffled with tickets at registration desk going for \$2 / ticket or 3 tickets for \$5
- **Treasurer – Donna Golden**
- Update on membership monies
- **Pat Morrissey – Nominations**
- Announcement of new secretary – Maureen Jarrett
 - New Treasurer needed for next fall
- **Political Action – Deb Dubuc**
- Updated report passed out
 - Will be stepping down in late spring and Bridget Mejza will be replacing
 - Encouraged members in joining committees
 - Health care reforms changes as of 9/23 Children can remain in insurance till 26 yo
 - WWW.healthcare.gov is a user friendly website to get time line information on the health care reform
 - Encouraged members to review her handout so highlights are known
 - Nurse in Washington Internship – NIWI – if interested can register now; NIWI scholarship on website
- **Deb Dubuc gave update on membership for Nola Huss**
- Still working on finalizing scholarship – will be posted on website when done
- **Newsletter – Eileen McCann / Jerra Sullivan**
- **NEED ARTICLES**
 - Requesting reporters from all states

- Both will be glad to walk interested members through the process
- Reminder that articles go towards PGP
- Newsletter will be online by the end of the week
- Please fill out orange form at registration desk
- Need help with topics
- **Webmaster – Sue Gurney**
 - Many challenges last year with website – new additions upcoming
 - Sat. will be going to North Carolina to help write questions for APN board
- **Youth Rally – Marian Barry Ravagni**
 - Rally in 2010 held in Cincinnati, Ohio – 8 campers sponsored for 6 day event – was noted an exceptional experience
 - More info go to www.rallyforyouth.org
 - Next rally in 2011 will be held at the University of San Diego, CA
 - Remember donations are tax exempt
 - Will be raffling a basket
 - Need new ideas and suggestions
 - Silent auction tonight will have many new items and a chance for donations to support rally

6. Unfinished Business: none

7. New Business: none

8. Announcements: From members

- Kathy Myan – when is a good time for former members to meet with current members
- Debbie Therrien – Made a public service announcement for people from RI – working on providing hygiene kits for the homeless – request to have any conference person to donate soaps, shampoos etc from rooms – Agreed to have all bring these items to be placed in a bag at the registration desk
- All members in the room introduced themselves

9. Adjournment: the meeting was adjourned at 3:21 p.m.

Respectfully submitted,

Maureen Jarrett RN, BSN, CWOCN
Secretary

New England Region Wound, Ostomy, Continence Nurses' Society

Attendance of General Membership Meeting – October 7, 2010

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New England Region Wound, Ostomy, Continence Nurses' Society

Attendance of General Membership Meeting – October 7, 2010

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Elections

Spring 2011

Fall 2011 Elections

This fall we will be electing a president elect and treasurer. I wish all of our members will consider lending your talents to our region. Any member can run for treasurer. Ask any former treasurer (ie Sandy Hughes) and/or our present treasurer (Donna Golden) and they will tell you that this position can be a time consuming position. However starting this spring the treasurer's job will be made easier!

How will this board position be made easier? You will notice in our Spring Brochure how the treasurer's job will be made easier. The education committee and others have been working very hard to provide registration and payment for conferences to be done online. Online registration and payment is happening this spring. This will help the treasurer keep track of the registrations and payment.

Now I have a request to those of you who have served on the board. We will be electing the president elect this fall. Please consider running for this position. We need your talents, enthusiasm and organizational skills. We need members to run for these positions! Please give me a call (508-643-9576) or email: pmorrissey59@gmail.com.

"We must be the change we want to see in the world." Gandhi

Thank you
Pat Morrissey
Nominations Chair

WOCN/ET of the Year 2011

It is again time for members and affiliate members to nominate the WOCN nurse of the year for the New England. Nominees should be active members with attendance at one regional meeting, be currently as a WOC nurse, and be exemplary models of WOC nursing. Nominations will be due by Aug 1 but may be submitted at any time before then. Forms will be present at spring conference or you may contact Nola Huss at nhuss@homehealth.org

WOCN of the Year
nhuss@homehealth.org

Nola Huss

Youth Rally News

YOUTH RALLY 2011

Youth Rally 2011 will be held July 11-16th at San Diego State University San Diego, CA. Camper applications are available on line at www.rally4youth.org/camperapp.php.

If anyone knows of an adolescent interested or who may benefit from a life –changing experience by attending YR please encourage them to apply.

I have e-mailed the National Association of School Nurses to inform them about The New England Region of WOCN, what we do, our involvement in Youth Rally and our commitment to adolescents with bladder or bowel dysfunction. There may be an adolescent we can reach this way.

To continue with our fund raising efforts we will have a Summer Fun raffle at Spring Conference. The plan for fall conference is to have a 50/50 raffle, as this has been a big seller. It's all about the KIDS.

If any one is interested in getting involved on the Youth Rally Committee or has any ideas please contact me at marianrn8@aol.com.

Youth Rally Co-Chair
Marian Barre-Ravagni

Political Action News- Spring 2011

Updates from the New England Region Political Action Committee
Debra Dubuc, RN, MSN, APRN-BC, CWON, NER PAC Chairperson
March 15, 2011

1. With the New Year came the 112th congress with a new Republican majority and a new Speaker of the House of Representatives, John Boehner (R-OH). The first and most significant item on the agenda was to repeal the Patient Protection and Affordable Care Act (ACA) that was passed by the 111th Congress. The bill, H.R. 2, *Repealing the Job-Killing Health Care Law Act*, was passed by the House after only seven hours of debate. However, although the Senate backed removing a controversial tax reporting requirement from the 2010 health care overhaul, they rejected the Republican plan to scrap the entire law. So health care reform continues to be progressively implemented.
2. The nations Republicans governors are another group voicing complaints regarding the implementation of Health Care Reform (HCR). They are stating HCR, or "Obama care" as they refer to it, will drive up their Medicaid costs dramatically at a time they're already slashing their budgets to cope with debt. The reason is that under the new law states must expand their Medicaid services so that by 2014 they will begin covering all non-elderly people who earn up to 133 percent of the federal poverty level, which would comprise people with incomes of up to \$29,400 for a family of four. By 2019, that expansion is expected to add 16 million people to Medicaid. Currently, the federal government pays about 57 percent of Medicaid costs, while states pay the rest. Although under the new law the federal government will initially pick up 90 percent of the costs, this will only last for the first three years, after which time the states will be required to assume a larger burden. Republican governors say that's an entitlement-program expansion they simply can't afford. Twenty-six GOP governors have joined a lawsuit challenging the health care overhaul as an abuse of federal power. Democrats and independent researchers challenged the GOP report, saying it didn't use a standard methodology to estimate each state's costs.
3. While federal court rulings against President Obama's health care overhaul have gotten a lot of attention recently, not every state government is against the law. One major development happened Feb. 16 when the U.S. Department of Health and Human Services awarded seven cooperative agreements aimed at assisting a group of states designated as "Early Innovators" in creating the infrastructure to operate health insurance exchanges. The states, which will divide up the \$241 million are Kansas, Maryland, New York, Oklahoma, Oregon, Wisconsin and a multi-state entity (which represents most of our WOCN region) that consists of Connecticut, Maine, Massachusetts, Rhode Island, and Vermont. This multi-state group is being led by the University of Massachusetts Medical School.
4. In an effort to improve bipartisan work and move on, President Obama, on Feb 28, reiterated his belief that States should have the power and flexibility to innovate and find the health care solutions that work best for them. He announced his support for accelerating State Innovation Waivers and allowing states to apply for them starting in 2014. These were originally slated for 2017. The waivers allow states to pursue their own innovative strategies to ensure their residents have access to high quality, affordable health insurance. The proposal offers States more

flexibility while ensuring that all Americans, no matter where they live have access to affordable, accessible health insurance. Additionally, the proposal includes built-in protections to ensure that these waivers do not increase the Federal budget deficit.

5. On March 7, Massachusetts Attorney General Martha Coakley filed a federal court legal brief reporting that Massachusetts's experience after passage of their state health reform in 2006 has resulted in positive changes to the state. She uses these positive experiences to strongly support the federal government's authority for adoption the legislation. She documents a substantial cost saving by requiring all persons to be insured or pay a penalty. This is because the state has been able to reduce the use of their "free care" fund used to reimburse hospitals for treatment of the uninsured and underinsured. Coakley noted that Massachusetts is "uniquely situated" to show the benefits of an individual mandate on a national level, because, she said, that requirement resulted in 97 percent of residents having insurance coverage by 2009 and a \$300 million annual decline in spending on "free care." Legal scholars and health policy specialists are divided about the impact Coakley's arguments might have on the court proceedings.

6. On March 10, Health and Human Services proposed **Error! Hyperlink reference not valid.** designed to give states greater freedom in developing their own health care systems and policies. The idea behind it is that each state is not the same and the waivers would allow for greater flexibility to help account for each state's individuality. For example, Massachusetts is a state with health care programs in place before the health care reform act was passed. The President's administration supports bipartisan legislation that would make those waivers available in 2014, rather than 2017. States that request an "Innovation Waiver" must still provide insurance as comprehensive as that available through health insurance exchanges and it must be at least as affordable as it would have been through a health exchange; provide coverage to at least as many residents as required by the federal law; and not increase the federal government. The waivers would be available for up to five years and will be regularly evaluated.

7. Increasingly individual states are finding that primary care medical practices (often groups that have both physicians and APRNs) have started to follow a "direct-pay" system. What this typically involves is the patient paying a set fee per month directly to the medical group, to have a "subscription". The patient then receives unlimited office visits to better manage their health issues. Washington state passed a law allowing this type of medical practice in 2007 and they have seen a steady rise in groups providing care this way. Reportedly the PCP makes more money than they would with the typical CMS system, and the patients report they are more satisfied with the care they receive and overall it costs them less. The typical amount paid on a monthly basis often varies from patient to patient depending on their health status and age, but usually it ranges from \$29- 85 per month. Recently, the state of Washington's representatives in Congress successfully pushed to involve direct-pay practices in the federal health-care overhaul. This is an interesting new development which still needs to work out issues such as how the providers would provide the patient with free preventative care, as required under the Health Care Reform Act, when they are already paying a monthly fee. We will continue to provide more information on this issue as it becomes available.

8. News from Vermont: During an interview of Vermont Gov. Peter Shumlin by *Radio Boston's* Anthony Brookson March 10th the governor reported that Vermont is moving full-steam ahead with a plan to become the first state in the nation to adopt a European-style single-payer health care plan. Mr. Shumlin (D) is concerned that the current health care reform doesn't go far enough and it is harming jobs in Vermont. He describes three things he plans on doing to modify health care reform. Shumlin said "The first is to treat health care as a right and not a privilege. The second is to create the first system in the country where health insurance follows the individual and is not a requirement of the employer, which we think is a huge jobs creator. And the third is to contain costs by moving to a system that spends money more wisely." His plan is largely based on how health care reform is paid for. He

reports “We want to be the first state that actually moves from a fee-for-service system to a payment based upon health care outcomes,” Shumlin said. “In other words: reward our providers for keeping people healthy, not the current system where we reward them for the number of procedures that they might do.” A majority of state lawmakers supports Shumlin’s plan, and this week a key health care committee will vote on a bill that will start moving the state toward single-payer health care. Still, the overhaul of Vermont’s health care system faces hurdles. The state will need a change in Obama’s federal bill to allow Vermont to begin its single-payer push in 2014.

9. USNewswire picked up a story on March 10 where The Association for the Advancement of Wound Care (AAWC) has adopted a new mission statement, which is "to be the leader in interdisciplinary wound healing and tissue preservation." AAWC Executive Director, Tina Thomas, explained, "AAWC believes in building and educating a collaborative wound care community and that includes promoting an equal partnership among all who are involved in the treatment and healing of wounds, including the patients themselves. This is the only true way to be the leading organization in the wound care field, because optimal treatment results from the expertise of a multidisciplinary team of healthcare providers."

10. A coalition of health care and advocacy groups recently started a new Web site that seeks to help Americans understand what can seem like confusing changes that are beginning to occur under the new health care law. The new site, called healthcareandyou.org, is intended to steer clear of the heated politics behind the legislation and focus instead on what the plan means for consumers. People can click on their state, their age group, and their circumstances and find explanations of the law’s intricacies, as well as a timeline pointing out when various provisions will take effect. AARP was one of the groups that created the site and they explained that it was intended to provide “simple, straightforward information” about the health care legislation. There is much confusion related to the new law with a recent poll finding that 26 percent of the people wrongly believed the health reform law was killed when the House Republicans voted to repeal it earlier this year, and 42 percent of seniors incorrectly believed that the law would cut their basic Medicare benefits. The site creators hope this will help provide a resource of information in an easy to understand manner.

11. **Home Health Care Planning Improvement Act of 2011 (S. 227)**- Senators Susan Collins (R-ME) and Kent Conrad (D-ND) have reintroduced the Home Health Care Planning Improvement Act of 2011 ([S. 227](#)). It would allow advanced practice registered nurses (APRNs) – nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse midwives (CNMs) and physician assistants (PAs) – to order home health services under Medicare in accordance with state law. In areas where access to physicians is limited, this outdated prohibition has led to delays in health care delivery. Additionally, delays can lead to increased cost to the Medicare system when patients are unnecessarily left in more expensive institutional settings.

12. **Registered Nurse Safe Staffing Act (S. 58)**- Senator Daniel Inouye (D-HI) introduced the Registered Nurse Safe Staffing Act ([S. 58](#)). This ANA-endorsed legislation would require Medicare participating hospitals, through a committee comprised of at least 55% direct care nurses or their representatives, establish and publicly report unit-by-unit staffing plans. These plans must establish adjustable minimum numbers of RNs after receiving input from direct care RNs. The levels must also be based upon other factors including patient numbers and intensity of care needed; level of education, training and experience of the RNs providing care; and taking into account the staffing levels of other services providing care.

13. **Medicaid Advanced Practice Nurses and Physician Assistants Access Act (S. 56)**-Senator Inouye also reintroduced the Medicaid Advanced Practice Nurses and Physician Assistants Access Act ([S. 56](#)). This legislation would remove barriers that keep advanced practice registered nurses (APRNs) from participating fully in state Medicaid Programs. The current law requires fee-for-service Medicaid to recognize only pediatric and family nurse

practitioners, and certified nurse midwives. This Act would change the law to require Medicaid fee-for-service plans to recognize all nurse practitioners, clinical nurse specialists, certified nurse midwives, and physician assistants.

Respectfully Submitted,
Debra Dubuc, RN, MSN, APRN-BC, CWON
Chairperson NER WOCN PAC

New England Region Education Committee Updates – Spring, 2011

After making the brave move to change our fall venue to the Crowne Plaza in Danvers, Massachusetts, we were so pleased with the results. We had a successful conference which featured some fantastic speakers who were very well received as well as the usual fun networking with colleagues. We are looking forward to returning to the Crowne Plaza on October 13-14, 2011 for our next fall conference. We have already secured some great speakers and are working with the generous vendors who help enable us to make the conferences the successes that they are.

We are looking forward to our 2011 New England Region Spring Conference in April. As has been our tradition, the focus of our spring conference is professional development for the WOCN. This spring we have chosen the theme of “Recharging our WOCN batters.” Our featured speaker is Cynsie Kraines, senior vice president of the Education Programs at the Levnison Institute. Ms. Kraines has over 20 years of experience working with members of the medical community and has consulted in professional development for over 1 years. Ms. Kraines has graciously prepared a program specifically focused on the WOCN and challenges that are routine presented in the workplace using lecture and breakout sessions and mini-workshops. In addition to Ms. Kraines’ presentations, we are also featuring our popular segment, “Challenges in WOCN Practice,” with a focus on practice-specific challenges with the opportunity to break out into practice-specific groups for further discussion. This conference should provide a wonderful opportunity to learn strategies which attendees will be able to integrate immediately into practice and enable them to become better professionals.

We are also very excited to finally offer our attendees the opportunity for online conference registration, including the ability to pay for conferences with a credit card. We are really moving forward into the future!!

Respectfully submitted by Nancy Green, MS, RN, CWOCN, Education Committee Co-chair

Webmaster Update Spring 2011

It is exciting to announce that so far so good about the on-line registration for the spring conference. I have heard positive feedback about the ease and convenience. I would like to thank Sandy Hughes for all her hard work in making this happen. We have been talking about this for years and it is finally a reality. We hope to be able to do on-line voting in the future too. The website is for the members of WOCN, if you have suggestions about what we can do to better serve you do not hesitate to contact me.

Susan Gurney surney@roadrunner.com

“Challenges in WOCN Practice”
by Mary Willis, MS, RN, CWOCN-MA
Member of the New England Region Education Committee

“Challenges in WOC Nursing Practice” is your opportunity as a wound, ostomy, and continence nurse to share a challenging patient scenario with your New England Region WOC nursing colleagues at our fall Conference every October. Recently, we have made some changes to this presentation. The first change concerns the name of the presentation. It was formerly entitled “Nightmares on WOC Street.” The purpose of the presentation remains selecting a complicated or challenging clinical wound, ostomy, fistula, tube management, or continence case. You must establish one objective or goal for your presentation. An example of a presentation objective includes:

Describe methods for managing clinical challenges related to the patient with a wound, ostomy, or continence problem.

Requirements for presenting a “Challenge in Practice” for Fall Conference include:

- Provide a brief history related to the challenging patient scenario with a wound, ostomy, or continence problem
- Pictures of the wound/ostomy/continence problem help to demonstrate the challenge you faced, but are not required
- Presentation should be 10 to 15 minutes in length
- Allow time for questions/comments from the audience
- Provide a one page outline for inclusion in conference pamphlet
- Include two to three references of evidence based practice to share with your colleagues
- Complete a Biographical Data Form & Conflict of Interest Statement to be included in the NER-WOCN CEU application for the ANA of Maine for the conference

In April of 2011, you will have the opportunity to present a challenging Professional Practice topic during our annual Spring Conference. Examples of the type of Professional Practice presentation topics include developing an educational program, establishing a wound, ostomy or continence nursing service, developing a product formulary, or developing a patient education tool. If you refer to your WOCNCB professional growth program handbook under PGP activities list, the possibilities are endless. You must establish one objective or goal for your presentation. An example of a presentation objective includes:

Describe strategies for managing a challenging Professional Practice topic related to your practice setting in Acute Care/Outpatient Clinic/Home Care.

Requirements for presenting a Professional Practice topic during April in addition to those listed above include:

- Include a brief description of the Professional Practice topic
- Prepare a list of questions that detail the concerns you had to work through when dealing with the issue

Your presentation related to a Professional Practice topic will be a jumping off point for the afternoon breakout sessions with your acute care, outpatient, or home care colleagues. If you do not have evidence based practice references, references relevant to the topic should be provided.

NER-WOCN provides an honorarium to each Challenge Presenter of \$100.00. Another benefit of presenting during the conference is you earn a valuable Professional Growth Point towards your CWOCN certification renewal. You will be listed on the Conference evaluation form, and gather valuable feedback from your colleagues. You will need to complete a Biographical Data Form & Conflict of Interest Statement to be included in the NER-WOCN CEU application for the ANA of Maine for the conference. The deadline for submitting the Bio form, Conflict of interest statement, and objective is two months prior to the conference.

As a former Challenge Presenter, I can share with you that it was a very positive experience. It was my first year as a WOCN when every case was challenging, but a valuable learning experience too. Although I was anxious about presenting to a large audience, it was very gratifying to be able to show my WOCN colleagues the difference our practice makes in our patients lives. The comments from the audience were friendly, with Congratulations!! on a job well done.

This April, we have three Professional Practice topics that will be presented for acute care, outpatient setting, and home care. Please contact me at mawillis@comcast.net or another committee member, if you need more information or would like to present a Challenge at our Spring or Fall Conference.

Mary Willis, MS, RN, CWOCN

An Atypical Peristomal Wound **By Ilene Fleisher, MS RN CWOCN, MA**

Mrs. C is a 54 year old woman who was admitted to the hospital in January 2011 with weakness, dehydration, lightheadedness, failure to thrive, shortness of breath and acute renal failure. She had a history of advanced metastatic ovarian cancer that was initially diagnosed in 2007. Treatments have included multiple regimens of chemotherapy. In 2009, she had a bowel obstruction secondary to metastatic ovarian cancer and had a right hemicolectomy and an ileostomy to alleviate the obstruction. She is married, not presently working, and has two grown children.

I was consulted during this recent admission to recommend care for her peristomal wound. She reported that the wound was contributing to loosening of her pouching system, requiring it to be changed more often than her usual schedule of every three days. Mrs. C stated that the wound initially presented as a “blister” approximately one month ago and began to appear more like a wound these past 2 weeks. Prior to this admission, Duoderm CGF was applied to the wound at home but the Duoderm did not improve her seal since there was too much exudate from the wound. She reported that the wound continued to increase in size.

On exam, her stoma was red, moist and protruded 1 cm. The lumen tipped towards her midline. No stool was evident during the exam but the RNs reported that her stool had been brown and loose. The peristomal skin was denuded for 2 – 3 mm inferior to the stoma and was erythematous for 2 cm. At the 4 o'clock position, 2 cm inferior to the stoma, there was a cauliflower-like growth that was 2 cm width by 1.8 cm length, bled very readily, had red tissue on the base, and was without odor or surrounding erythema. (refer to photo)

Treatment of a peristomal skin problem should always be based on the etiology of the problem. In this case, the wound did not have the typical presentation for irritation from stool, candidiasis, folliculitis, allergic dermatitis, mechanical trauma, pyoderma gangrenosum, pseudoverrucous lesions, fistula, or caput medusae. By excluding these potential diagnoses, evaluating the patient's health history and thinking holistically about her case, and thinking about the cauliflower-like appearance of the wound, I concluded that the wound could be tumor. I discussed my assessment with the surgeon and the following day, a biopsy of the peristomal wound was done. A scalpel was used to excise three 1 mm portions of the wound. The bleeding at these three sites was stopped with silver nitrate sticks. After achieving adequate hemostasis, the wound was covered with a piece of Aquacel silver that was then secured with a piece of Duoderm extra thin. Because the Duoderm had not been absorptive enough to manage the exudate and the wound had been present for approximately one month, Aquacel Ag was selected. Stomahesive powder was applied to the denuded peristomal skin and sealed in with 3M Cavilon No Sting Barrier Film spray. Mrs. C was then fit with the ConvaTec medium moldable pouching system that she was familiar with but an ostomy belt was added to improve her seal. Her goal was to go home and to again have confidence that her seal would remain effective for 3 days.

Nine days later the pathology results were back. The pathology report identified the peristomal lesion as a metastatic poorly differentiated carcinoma consistent with spread from the patient's known primary ovarian tumor. When I looked back at her pathology report from the ileostomy surgery in 2009, I found it interesting that the pathology showed the bowel with metastatic poorly differentiated carcinoma consistent with the patient's known ovarian primary, involving the colon wall with mucosal ulceration and extension into the pericolonic fibroadipose tissue.

Thus, the consult for a peristomal wound was not a wound at all; it was cancer. Since the patient was going home with hospice, this finding did not alter her overall plan of care. However, in another scenario, it could lead to a change in a patient's treatment plan such as initiation or change of chemotherapy and/or excision of the tumor with relocation of the stoma.

A peristomal tumor, although rare, should be included as a potential diagnosis when a CWOCN is consulted for treatment of a new and non-healing peristomal wound.

Photos: Peristomal cancer lesions



Music to Our Ears and Our Minds
Lynn Kisner RN, BSN, CWOCN - CT

As a facilitator of an ostomy support group, I am always looking for new speakers, programs, or activities to keep the group interested and well attended. Last summer, I met a volunteer through our hospice department, who was demonstrating her Tibetan singing bowls. These bowls are a type of bell, but instead of hanging inverted, they sit with the bottom surface resting. Singing bowls are played by the friction of rubbing a wooden, plastic or leather wrapped mallet around the rim of the bowl to produce over tones or a continuous “singing” sound. They were traditionally used throughout Asia during prayer and to honor the departed. Today they are still used by Chinese Buddhists during chanting and to mark a passage of time or signal a change in activity.

Today, these bowls are used both with and without these spiritual traditions for meditation, relaxation, healing, personal well-being and religious practice. The purpose of using the bowls is to assist with entering into meditation, with the ultimate goal being enlightenment. A number of area hospitals are incorporating alternative relaxation and healing modalities into the care plans of cardiac and hospice patients. Our homecare hospice patients and caregivers benefit from the singing bowls and Reiki as part of their care plan. The singing bowls assist with creating a centering and balancing effect that is often needed in patients and caregivers who are experiencing a number of stressors.

I was unsure of how the group members would respond to this non-traditional modality, but looking around the room, I realized they were genuinely engaged in the presentation. Most of the members participated in playing the

bowls or wore the bowl on their head allowing the presenter to gently strike the bowl emanating a beautiful tone throughout their body. Lastly, the presenter led us through a relaxing mediation by producing beautiful sounds and

overtones with her singing bowls, as we felt our minds and bodies melt away. The group enjoyed the experience and requested similar activities for the future.



Rynel Trip
Sue Gurney, RN CWOCN - ME

On a sunny day in late October 2010, a group of Wound Ostomy & Continence Nurses from Maine had a tour of a plant that manufactures hydrophilic polyurethane foam. Tucked away in the small coastal town of Wiscasset, Maine is the state of the art manufacturing facility Rynel, Inc.



Our tour was made possible by Christopher Wozniak a representative of Mölnlycke Healthcare which recently purchased the facility. Rynel, Inc. manufactures hydrophilic polyurethane foam for other wound supply companies but could not disclose to us the identity of those other companies. Part of the plant was off limits to us due to the area being a controlled environment.

As part of the tour, we watched a film about the history of Rynel, Inc. We then toured the plant and were able to see how the foam is made. It is truly amazing how adding a few key ingredients to a liquid can convert it to a wound product that absorbs a lot of fluid. It gave me a new appreciation for the amount of work that manufacturers go

through to produce these products for us to utilize on our patients. The personnel of Rynel were very gracious and listened intently while we discussed criteria that we need in dressings.



Pictured from Left to Right are Chris Wozniak rep Mölnlycke, Magnus Paledzki, Senior Material Developer, R & D Wound Care, Catherine Tarcy, Pat Johnson, Cynthia Dufresne, Jennifer Wing, Susan Gurney, Liz Beal, Mary Harris, Kelly Chase, Johanna Fickett, James Detert, Site Director, Jonathan Stormont, Sales and Marketing Manager (far right). Not pictured (because she was taking the picture) May Mitchell Marketing Project Manager & Sales Assoc.

Special thanks to all those who contributed articles to this nETwork issue, including Board Members, Committee Chairs, Mary Willis (MA) and Lynn Kisner (CT), Margaret Heale RN (VT), Ilene Fleisher MA, Sue Gurney, ME

One Good Turn....
By Margaret Heale MS c WOCN

Doctors and spin doctors,
They are not the same.
For one we are patient,
To the other we be game.

The patient is not a diagnosis,
Or signs and symptoms grim.
The nurse will be the carer,
While administrators spin.

Spin to people everywhere,
Twirl so they can't see.
The many plump purses,
As we care for thee.

Dizzy I will always care,
Ataxic I will weep.
I advocate for those in need,
Their very soul to keep.

There is a soul to politicians,
There is 'the force' in Jenny.
Hidden deep within their root,
It doesn't cost a penny.

Not a penny for respect,
Not a dime from their purse.
Consideration and the truth,
Is all I ask for.... The Nurse.

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