

# nETwork

## New England Region WOCN NEWSLETTER

October (Fall) 2011



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President's message, Fall 2011

President's message October 2011

It's hard to believe that this will be my final president's message as my term as president comes to a close. The 2 year term has passed very quickly. Yes there have been some challenging times but overall this has been a very rewarding personal and professional growth experience. With deep appreciation I give my thanks for the support of the New England Region board and committee chairs as well as family and friends. It will be with mixed emotions that I hand over the presidency to the very capable Karen Harding on November 1<sup>st</sup>.

The national conference in New Orleans provided some excellent educational sessions, valuable time with vendors and time to reconnect with colleagues from near and far. New Orleans is a very diverse and interesting place. We all wished we had more time to sightsee. However we were there for a reason and wanted to make best use of our time there.

The president's meeting was held on Saturday during the preconference sessions. This meeting is for the president's past and present and presidents elect from each region and affiliate. The purpose is for discussion of topics, trends and challenges for the organization and the individual regions and affiliates. This forum allows for problem solving and planning strategies as we move forward as an organization. This session certainly could have been much longer than time allowed. However we were able to learn and will continue our work via conference calls.

The national WOCN has brought back the leadership development workshop, which we attended. This workshop is for developing leaders in the organization. It was open to president's –presidents elect –secretaries and treasurers from each region and affiliate. The workshop provided valuable tips as well as opportunity to share with other leaders and to learn from their experiences. Additionally it provided the opportunity to meet and get to know the officers from other regions and affiliates.

The spirit of WOCN and skills and knowledge that we gained and refined at national conference was demonstrated on our return trip. A number of the New England region members were on the same return flight to Boston.

Unfortunately our flight was delayed, repeatedly, over 12 hours. The group of WOCN's immediately became the group leaders of the stranded passengers. We utilized Dr Humor's tips to find humor in our collective stranding. There was a giant pizza party thanks to the Jet Blue staff. We shared cell phones so people could contact family members or make necessary arrangements, helped some fellow travelers with medical or physical issues, there was a sing a long, game playing and we even were able to get a manager of one of the closing shops in our terminal to leave a TV on so that we could watch the Bruins playoff game. He would not however leave us in control of the bar. We were still doing what we do best as we finally arrived in Boston in the wee hours of the morning. The shuttle service had stopped running at midnight, leaving people with no way short of a painfully expensive taxi ride to get to their cars. We coordinated and shuttled people to their homes and cars so that no one was left stranded again. I arrived home as the sun was coming up and my husband was leaving for work. Tired, yes, but also proud of the WOCN spirit and our regions members especially.

**From National WOCN President, Kate Lawrence – VT**



Dear New England Region of the WOCN

Thank you from the depths of my heart for all of your support as I start my journey down the road of WOCN President.

I appreciate all of the kind words and hugs that were bestowed upon me at the conference in New Orleans. Being surrounded by friends and colleagues from the New England Region was a comfort and strength during some of my “jitters”!

Thank you so much for the beautiful bracelet that has the engraved regional symbol. I will wear it as a continued reminder of your friendship.

The New England Region members have always been involved, verbal and engaged in the workings and success of the WOCN Society, I look forward to working together with you over the next two years as we continue to strengthen our profession and our organization.

Blessings to you all  
Kate Lawrence  
President WOCN Society.

# New England Region Wound, Ostomy, Continence Nurses Society

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## *Conference Call Meeting – June 1, 2011*

1. Call to Order: Meeting called to order @ 7:03
2. Attendance: Deb Reich; Karen Harding; Maureen Jarrett; Nola Huss; Mary Harris; Deb Dubuc; Sue Gurney; Pat Morrissey, Eileen McCann; Bridget Mejza
3. Reports from officers:
  - President – Deb Reich
    - New Orleans meeting held June 6<sup>th</sup> from 5:30pm to 7:30pm at the fountain located at the Hilton Riverside – national giving meal 50 people - for dessert the charge is \$10-16 dollars per –which Deb opted not to partake in due to cost
      - Marianne contacted -2 more campers wanting to go to conference in addition to \$6000 already - 425 for camp registration plus airfare - do we stay with \$6000?
      - Will send an email to Marian in regards to specifics
      - Motion to stand with 6000 Maureen 1<sup>st</sup> - 2<sup>nd</sup> Karen
    - President Elect – Karen Harding
      - No report
    - Treasurer – Donna Golden
    - Eileen
      - Need help for articles for next publication
      - Deadline on line late to mid august
      - Q's for the need for co-chair wants to proof-reading with committees
      - Sue volunteer to help proof-read

- Deb Wants all chair and committees to create a monthly report to be added to newsletter
- Sue will send a blast email – mention at monthly meetings
- Secretary – Maureen Jarrett
  - No report
- Education Committee: Mary Harris
  - All speakers and sponsors for most of fall conference attained
  - Mary Willis working on nightmares presentation
  - Sue Gurney will discuss on her recent trip to Haiti
  - Looking for spring conference location
  - Nancy working on brochure which will be posted soon
- Vendor Chair – Pat Ebbing
  - No report
- Youth Rally – Marion Barry Ravagni
  - No report
- Web -Sue Gurney
  - Carla asks -Why need for brochure – people need hard copy for employers? Question if printing a web pdf would suffice? We are doing this for spring since it is already started
  - Vendor exhibit application on line as of today
  - Pat aware that everything is online
  - Do we need objectives or topics = PGP needs objectives so include objectives for all
  - Exhibitor stuff online and working on online voting
  - Frustrated with Carla webhost has to wait for her constantly – she waxes and wanes

- Will look to switch to another company so webmaster could be more involved = Carla is overwhelmed so she will switch to a new provider so we can be in charge of the website
- Will further explore so we can be viable with a second webmaster for a backup – Carla will take us through elections and then will step down
- Online voting will be ready when needed Sue guaranteed she will be having a conversation with Carla tomorrow
- All blast emails will have to be exactly what is sent
- Send everything to Sue and she will send to Carla
- Question in regards to -Does Sue take care of Face book? Sue will now be doing face book New England Region Wound Ostomy Continence Nurse web site -Nancy set it up a year ago currently only have 9 friends
- Nominations – Patricia Morrissey –
  - Questioned if election this fall will be on line? Need to shorten CV since it will be on line maybe for only next time and look how national does it and get a hard copy
  - Election will consist of answering Q?'s will look to do like national this month
- Political Action – Debra Dubuc & Bridget
  - Deb official stepping down tonight will passing reigns to Bridget
  - Bridget will provide members with contact info
  - Bridget lives in CT and just finished APRN school and will be starting new job shortly
- Membership / Public Relations / Scholarships – Nola Huss
  - Emailed membership report for newsletter and sent to Jerra and she did not receive it - will revamp for fall and email to Eileen
  - 2 scholarship application received by word of mouth have them contact Nola
  - WOCN of year one nomination so far
  - Will post on blast email scholarship info and WOCN nomination

- Sell patches of WOCN at conference for youth rally
- Nola will contact all state reps for scholarship committee
- Make recommendation for Policy & Procedures and submit to Deb
- Past President – Sandy Hughes
  - No report

4. New Business: none

5. Adjournment: @ 8:02

Respectfully submitted,  
 Maureen Jarrett RN, BSN, CWOCN  
 Secretary

New England Region Wound, Ostomy, Continence Nurses' Society

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### **Membership Meeting Minutes, June 6, 2011**

Meeting commenced at 5:05PM

Meeting Adjourned at 7PM

**Updates and Introductions:** Everyone in attendance introduced themselves, along with hobbies and interests outside of nursing. This was a great way to find out more about each other!

**Fall Conference:** This will take place on October 13 and 14. The speakers are arranged. Spring Conference 2012 will be in Rhode Island.

**Job Survey:** National WOCN will be sending out this survey, with a goal of achieving 70-80% . This survey will be coming out in the Fall. For each specialty of the survey that the respondent completes, the respondent will receive 5 PGP points.

**Regional News:** the Board is working on reviewing Bylaws, which govern our actions; the membership will need to vote on any changes. The voting could possibly take place electronically along with officer voting.

> Policy and procedure will be updated.

>The online registration for Spring Conference went well. Sandy Hughes and Pat Ebbeling:

thanks for moving forward with vendor registration.

> Sue Gurney is looking into a possible new web host, also have Facebook and Twitter.

> Treasurer's report: in summary, we are solvent. Donna Golden will be finishing her tenure

this October.

> Newsletter: Jerra Sullivan said that we need reporters from the region, maybe one from each state. The newsletter is on-line now; she asked that people keep the articles and case studies coming.

> Nominations: Pat Morrissey reported that we will be voting for President-elect and

Treasurer this Fall on line.

**Visits from National:** Phyllis Bonham introduced Kate Lawrence as our next President. Kate hails from Vermont, and we as a Region are very proud of her! Jerra presented Kate with a memento bracelet from the New England Region. The executive director, assistant executive director, and the marketing chairman were

introduced as well. Phyllis also reported that Phyllis Kupsick will be sworn in as President-elect and Mary Arnold Long will assume the role of Secretary.

- Phyllis thanked all those who helped with Cycling for Scholarships--\$214,000 has been raised and we're still counting!! There is now enough in the scholarship fund for 5 years' worth of scholarships at 20 recipients per year of \$2000 each. There are 2 programs for Scholarships: WOCNEP and Advanced Practice; 2 awards per year Spring and winter. Applications are on-line.
- WOCNCB is asking for participants to create a 2-3 minute video of what certification means to you. The winner of the the best video will be receiving \$2000 plus registration fees paid for National Conference in 2012. (the \$2000 is to be used for conference). The deadline for this is September 15.
- PGP applications can be done on-line now,
- There is a video out now on the value of the WOCN in Limb Salvage; this is in an 11, 8 and 2 minute format; the 2 minute version was out on Fox last weekend.
- The guidelines for foot care are changing, experiential and 8hour preceptorship.

Question on what can be done to meet our needs. A participant mentioned that she is trying to start an ostomy support group in the Seacoast New Hampshire area...any ideas on getting started? It was recommended to contact the OAB, get patients to help out; work with the hospital marketing department, maybe the VNA can help.

Respectfully submitted,

*Karen Harding, RN,CS,CWON*

## **Elections**

**Fall 2011**

**Pat Morrissey RN BA CWOCN**

The NER is voting for President Elect and Treasures this fall. As I write this update the voting ballots have been mailed to our members.

I want our members to know that I get the information from National regarding NER members names and addresses. You have heard from Nola Huss in the past about inaccuracies in the list we get. I did my best "cleaning up" the list of names and addresses given to me by National. However I have already received 6 letters back as having an invalid mail address. In addition I fear some members may not have received their ballots. Please let me know if you did not receive you ballot at:

[pmorrissey59@gmail.com](mailto:pmorrissey59@gmail.com)

The election results will be announced at Fall Conference. Hope to see you all there. Thank you!

Pat Morrissey  
Nominations Chair

## WOCN/ET of the Year 2011

Fall Newsletter report for Membership/PR/Scholarship committee

### Membership

There are 290 members in the New England Region as of August 1, 2011

**WOCN of the Year Nominations: Even though we are awarding the WOCN of the year at the fall conference it is never too early to think about nominations for next year.**

Nominations for WOCN/ET of the year are being accepted now. Nominees must be a member of the New England region WOCN and practice WOC nursing in one or all three areas and attend at least one membership meeting in the past year. Look around you at work I am sure there are colleagues you admire and would like to honor this way. E-mail Nola at [nhuss@homehealth.org](mailto:nhuss@homehealth.org) to nominate a candidate. I will help you through this simple process. Nominations are due by June 1, 2012.

### **New scholarship program.**

The Board of Directors of the New England Region has established a scholarship committee for the awarding of scholarships for WOCN education or graduate school education. This committee needs volunteers for review and selection of candidates. Those interested in volunteering or who wish to request an application packet should e-mail me at [nhuss@homehealth.org](mailto:nhuss@homehealth.org). Completed application packets will be sent to voting members and after review voting will take place. The board will determine the amount of money awarded annually. This is our inaugural year and the board will be awarding a total of \$2,500 in scholarships to be divided between WOCN education and graduate education applicants. Applicants must be enrolled in an approved educational program or have completed a program in the past 12 months. Graduate candidates must be a member of New England Region WOCN. After program completion scholarship recipients will be expected to serve in a helpful capacity on a Regional committee of their choosing. Scholarships will be awarded at the fall conference.

Applications can be obtained by contacting the committee chair

[nhuss@homehealth.org](mailto:nhuss@homehealth.org).

### **Changes in personal information.**

A reminder that you must go to the national WOCN Web site to change any demographic information that affects our ability to contact you with educational information or the newsletter. This chair cannot change your information you must do it on the WOCN website. If you cannot remember your password they will help you.

## New England Region WOCN Poster

A reminder that there is a poster explaining the work of the New England Region WOCN. This poster is available to members who would like to exhibit it at statewide or local meetings. Contact Nola at [nhuss@homehealth.org](mailto:nhuss@homehealth.org) to have it shipped to you. WOCN will pay for having it returned to the committee chair.

A reminder to pass on any news worthy items about members to me so we can include this in the regional newsletter. Send items to [nhuss@homehealth.org](mailto:nhuss@homehealth.org)

Nola Huss RN, CWON,CFCN,  
Chair of Membership, PR and Scholarship Committee

WOCN of the Year  
[nhuss@homehealth.org](mailto:nhuss@homehealth.org)

## Youth Rally News

### YOUTH RALLY 2011

Youth Rally 2011 was held July 11-16th at San Diego University San Diego, CA. Eleven campers from New England attended. The \$6000.00 donation from the New England Region of WOCN was used to help sponsor six of these campers.

The youth attendees arrived on Monday the 11<sup>th</sup> and had a fun filled productive week. The sessions included motivational meetings, and medical education seminars presented by the nurses where the discussions included diagnoses, treatments and personal development. These sessions not only provide education, but encouragement to the campers, and allow them to open up and turn to each other for support. The campers had their share of exercise at the Aztec Recreation center, a relaxing day at Mission Beach, a “boot kicking good time” at Western night and a lot of “laughs and applause” when they presented at the self esteem skit. The week would not be complete without a talent and fashion show where the campers “strut their stuff”. YR came to an end with a celebration dance and graduation. A week of friendships and countless bonds made between the campers as well as the counselors.

Thank you all for your continued support to Youth Rally. Your generosity makes dreams come true. A special thank you to the Waterbury Ostomy Assoc. and Jean Boucher PhD.RN, ANP. Your generous support is greatly appreciated.

Youth Rally Co-Chair  
Marian Barre-Ravagni

**Political Action Committee is looking for members**

The political action committee (PAC) is reforming under a new chair, and looking for new members. My name is Bridget Mejza, I am the new chair of the PAC and I am an APRN in CT. I have been a past member of the PAC, and I am taking over for Debra Dubuc, who has been a fabulous PAC chair in the past, I hope to meet the high standards that she has set.

Health care has been a hot button political issue in the past election cycle, and continues to be controversial among citizens & politicians. As part of the committee, we will be kept abreast of changes proposed to payment for services & DME among Medicare, Medicaid and private insurances. We will also be monitoring potential changes in health care, the potential for a public option, and making sure we have voice in changes coming to health care in the coming years.

An old Chinese curse states, "May you live in interesting times." These are very interesting times for health care & politics, and perhaps, never a better opportunity to stay informed of upcoming potential changes that will directly affect our patients and the way we deliver care. Come and join me as we stay abreast of the upcoming revolution in health care, and the upcoming political climate as it relates to health care. You will earn professional growth points for your participation!

This is your invitation, I welcome you to join and get started fresh with a new committee.

Bridget Mejza

## **New England Region Education Committee Updates –FALL 2011**

The Education Committee Report

By: Mary Harris, RN, BSN, CWON

Our Spring Conference in was a huge success in Woodstock, VT. We had the largest number of attendees to date! The topic was “Recharging your WOCN Batteries”. We had a guest speaker who opened our minds and hearts to working with difficult people. For the first time at a Spring Conference, our committee member, Mary Willis, pursued having “Challenges”. This was well received, despite our technical difficulties. Thank you to all who came and supported this conference. Hope to see all of you and more in Rhode Island in March 2012! Our focus will be education.

This past spring was also our first attempt at not mailing the brochure, but having it on our website: [www.newenglandwocn.org](http://www.newenglandwocn.org), and on-line registration. There were a few hick-ups in this, but over-all it was successful and greeted by you, the members, as a positive step into the 21<sup>st</sup> Century.

The committee is in full swing to make this Fall 2011 Conference as much of a success as we have in the past. In case you haven't heard, it is on Thursday, October 13 and Friday, October 14, at the same location as last year but with a new name: *CoCo Key Hotel & Water Resort – Boston*. Hope you can stay for the week-end with your friends and family and enjoy this resort and its surroundings.

Thanks to the suggestions from the attendees and vendors, we have made some changes to the set up and layout of this event. The lecture hall and vendor rooms are next to each other and the meals will be served in and around this same area.

On Thursday evening, Holly Legere will be sharing with you her experience at Youth Camp. Through your generous support of our auctions, she was a recipient of the scholarship to attend summer camp in 2009 and again in 2010. Holly is from Maine, and we cannot recall when a Maine resident last attended this camp. She had her first Ileostomy when she was 15, had it reversed. Then at 17, she had a new one and has chosen to not have it reversed. She is currently a freshman at University of Maine at Farmington and plans on becoming a Child Life Specialist, due to all of her early life experiences. Thanks to attending these camps, she has found there is nothing she can't do. She is active both indoors and out, as a member of the outdoor club, dance team and other volunteer organizations. She camps with her family and friends, rock climbing, skiing and more.

## **Webmaster Update Spring 2011**

**Newsletter Fall 2011**

**News from the webmaster.**

Have you checked out our website lately? There are job postings and conference information being updated frequently. On-line registration debuted with spring conference and was very successful. The feedback received was very positive. The next change will be on-line voting for the open positions this fall. Work is currently under way to make this happen. Hopefully, I will be able to share with you at the fall conference the feedback.

Did you know that the New England region Wound Ostomy Continence Nurses have our own facebook page? Check it out and add us as your friend. It is the Boards hope that this will be another way for us to convey information to our members.

Please feel free to contact me via email at [sgurney@roadrunner.com](mailto:sgurney@roadrunner.com) or phone 207-872-5761.

Respectfully submitted,

**Susan Gurney RN, MSN, CWOCN, FNP-C**

We now have a facebook page: New England Region Wound, Ostomy, Continence Nurses. It is an open group, Pass the word.

### **Expansion of Ostomy Resources**

**By Linda Mascolo MSN, APRN, CWON  
Wound /Ostomy Clinician  
Norwalk Hospital  
Norwalk, CT**

Recent reports indicate a steady increase in people surviving at least five years following colorectal and/or bladder cancer surgery (American Cancer Society). In many of these cases, it is the surgery and the formation of a stoma which saves the person's life. The ostomy or stoma formation is a surgical intervention which removes diseased bowel or bladder and allows for the diversion of urine or stool through a stoma on the abdominal wall. This surgery is defined as life-saving surgery; however after surviving the surgical intervention the person has many physical, psychological and social concerns.

The longer survival rates and improved physical well-being of ostomy patients now lead to the need for providing these people with improved psycho-social support to maintain an acceptable level of quality of life (Institute of Medicine).

As the Certified Wound, Ostomy Nurse (CWON) at a 250 bed community hospital I found many post-op ostomy patients becoming "home-bound" afraid to begin to socialize post-operatively. Concern about possible pouch leakage or "accidents" placed restrictions on their activity and return to previous quality of life. This fear very often prevented them from leaving their homes to socialize, shop, follow-up with their physician or return to work. The need for ostomy support was difficult to assess, patients were often lost to follow-up due to the absence of structured ostomy services.

Initially I was hired as a wound care clinician at my facility, soon after I began my practice, I was approached by a colorectal surgeon and asked if I would be able to routinely assess, educate and mark patients scheduled for ostomy surgery. I agreed to see his patients, however there were many issues to resolve before this was possible.

Initial discussion points:

1. Estimate the number of clients requiring assessment
2. Clinic location to see the patients
3. Would additional staff be required to see the ostomy patients as well as maintain the busy inpatient wound care service
4. Discuss the breadth of service. Will the clinic provide care pre and post operatively?
5. Should the hospital institute a UOAA affiliated ostomy support group to complement the service?
6. Involve IT and outpatient clinic staff in planning.
7. Methods of marketing the ostomy service.

The initial discussion group included representatives from hospital administration, nursing leadership, the medical director of the outpatient clinic and myself. After reviewing each of the above items, we developed a pilot program for providing ostomy services to the public.

The local colo-rectal surgeons were contacted and informed that their request for an ostomy service was approved for a pilot study by the facility. The surgeons immediately began referring their pre-operative ostomy patients to the ostomy clinic for education and stoma site marking. Patients are encouraged to bring family members or significant others to the initial meeting as this surgery affect not only the patient but the entire family. The patient response was positive. We have found that in-depth preoperative education has a positive impact on patient outcomes. The education is delivered to the patient and family in an atmosphere of comfort and support. Education given in a hospital after the surgery has been completed is not as effective as the patient is in pain and receiving analgesics which impair learning.

The pilot study was successful and the hospital has extended the ostomy service line to include routine pre-operative education and stoma site marking, in-house follow-up if the surgery is performed at Norwalk Hospital and a one month post discharge visit. Additionally we have a United Ostomy Association of America (UOAA) support group which meets monthly at the hospital.

The benefits of this program affect the patients, their families and the hospital. The patients receive education early before the surgery so that pain and analgesics do not impair retention of the information. Their family is included and is then able to assist in the patient recuperation and return to an acceptable quality of life. The length of stay in the hospital appears to be decreased with pre-operative education and stoma site marking.

I plan on exploring and documenting the specific impact of WOCN pre-op education and stoma site marking on patient outcomes in the dissertation required for completion of my Doctor of Nursing Practice (DNP). A quantitative study will examine and hopefully validate the value of a collaborative care plan for the ostomy patient which includes the patient, surgeon, WOCN and coordinated hospital services.

#### References

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Institute of Medicine. Cancer care for the whole patient; meeting psychosocial health needs. In: *Advising the Nation , Improving Health*. Washington DC: National Academy of Sciences;2007 (p 153-218).

**Mission Trip to Haiti**  
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In February of 2011, I was able to fulfill a dream I have had since I was in nursing school in the early 1980s which was to participate in a medical mission trip. I attend the Faith Evangelical Free Church (FEFC) in Waterville, Maine which has a very strong mission outreach program. In 2004 after listening to a guest speaker at my church, I started sponsoring a brother and sister in Haiti so they would be able to have food and attend school. FEFC sends a mission team to Haiti at least once a year and I have always wanted to go but there were many deterrants until this spring. Our team flew to West Palm Beach where Missionary Flights International (MFI) has their own airport. Our plane was a DC3 cargo plane that was made in 1945. The flight took 5 hours with our final destination being Cap Haitian which is the second largest city in Haiti and is located in northern part of the country.

Since I am a certified wound, ostomy and continence (CWOCN) nurse it was prearranged that I would do wound teaching to nurses and physicians in some of the clinics as well as the rehab hospital. I made a Power Point presentation and brought CD's to use on a laptop. My friend Gessie who is Haitian converted my English slides to Creole which is the main language in Haiti. I had taken Creole lessons for about 6 months from Gessie, but it wasn't coming easy for me and Haitians talk so fast which made it more difficult for me to understand them.

Healthcare in Haiti is so different than the US. Hospitalized patients actually need to pay in cash prior to receiving any treatment. Once the patient is hospitalized, the family provides the sheets, silverware, meals and medicine. The doctor will write a prescription and give it to the family, who then gets it filled at a nearby pharmacy and brings it back to the hospital for their family member. Meals are cooked by the family outside the walls of the hospital on makeshift burners. We visited a rehab hospital outside of Cap Haitian that had paralyzed patients from the earthquake. The family members stay right there to take care of their loved ones, bathing, turning, feeding etc. One of the patients had no family so the nurses helped to take care of him.

Cholera is still a problem especially after it rains. We went to a cholera treatment center that was fenced off from the rest of the hospital grounds. It is mandatory that the bottoms of our shoes are sprayed with a bleach solution before we enter the center and then again before we enter the patient area. A tent was erected for the newly arriving patients to be fluid resuscitated, and another tent was for the maintenance patients who need regular IVs and oral hydration.

There was also a separate tent for pregnant patients. I learned there is an 80% chance of the baby being stillborn if the mother has cholera.

A lot of time was spent travelling to different places. The roads are in very poor repair and drivers seem to do what they want. They pass even when other vehicles are coming. Many times people are on the opposite side of the road just to avoid the many potholes. I will never complain about a Maine pothole again. You do not know what a pothole is until you have been to Haiti. The main form of transportation is a small pick-up truck with a cap on it and benches inside called a Tap Tap. The name comes from tapping on the truck to get in or out. These trucks are so crowded that people are hanging out of them and sitting on each other's laps. A Haitian joke is, "How many people can you fit into a tap tap? One more. There are also a lot of motorcycles, and the Haitians also try to fit as many people as they can

on these too. I saw one motorcycle with 4 people on it.



Another problem is sanitation. There are too many people living in an overcrowded and small area so trash piles up. There was always an odor of burning trash when we were in Cap-Haitian. Mounds of trash collect right on the roadside and can be smoldering. Trash is also dumped into the ocean and washes up on shore so the beaches are littered with garbage. Water is a problem. At the mission house where we stayed, dishes were washed with water with a little bleach in it.

One of the most impressive things to me about the Haitian people is how neat and clean they are. They do not have much but take very good care of what they have. Their clothes are spotless. The women spend a lot of time doing laundry by hand and making sure that the whites are very white. The Sunday church service people were dressed like they were the mother and father of the bride.

The highlight of my trip was I got to meet the brother and sister that I have sponsored for 8 years. I pay for them to go to school and to eat 5 days a week. I get yearly pictures of them with updates, but it was a thrill to meet them. I had brought gifts just in case I got to meet them. They were in school the day we were passing through their village so got pulled out of class to meet me.

If anyone is interested in child sponsorship, the website is: [www.hishandsforhaiti.org](http://www.hishandsforhaiti.org)

**100% of your sponsorship payment goes to the child in need and to the school, none of it goes toward the**



**administrative expenses of this program**

I also got to meet Rose an 11 year old girl who has a colostomy and I had been shipping her ostomy supplies for 3 years. My friend Laura who is a physicians assistant (PA) at the VA at Togus, came across Rose at the age of 8 in one of the villages. Laura diagnosed her with imperforate anus with a recto-vaginal fistula. Imperforate anus happens in about 1 in 1000 births and most of the newborns die within the first week. Rose survived because of the fistula but she had an extremely distended abdomen and megacolon. She was very petite and underweight. She was sent to the Dominican Republic for surgery and when Laura saw her again in 6 months she barely recognized her. She had gained weight and had grown much taller. I can happily report that her colostomy was reversed August 2011.



Rose and Laura

I must admit this is one of the most rewarding experiences of my life. I plan to go again or where ever I am needed.

Please support us!!!

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