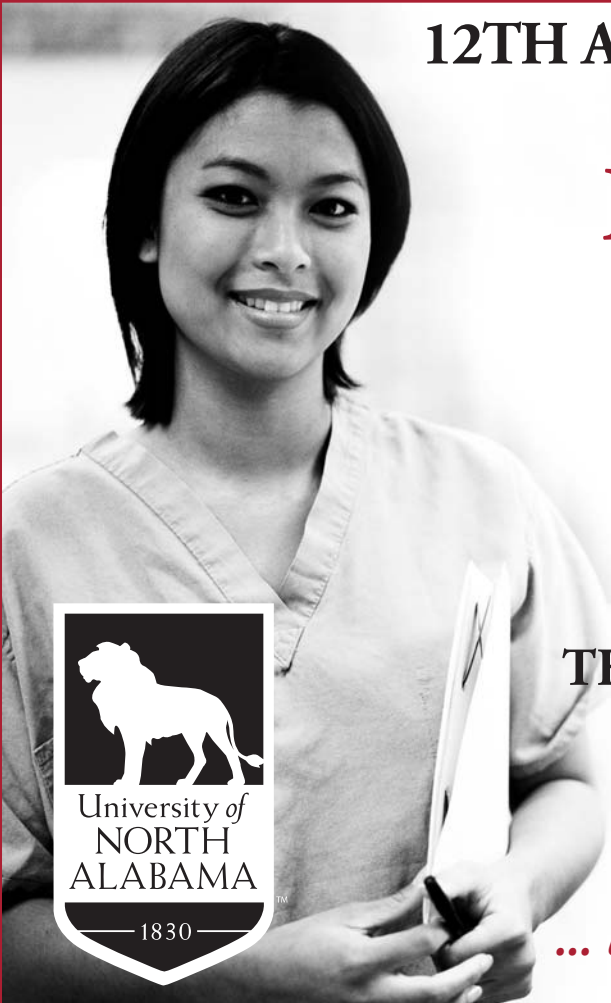


University of NORTH ALABAMA



12TH ANNUAL NORTH ALABAMA WOUND MANAGEMENT CONFERENCE

“HEALED 2009”

*Healing and Educating to Achieve
Lifetime Empowerment
and Determination*

THURSDAY, OCTOBER 29, 2009

8:00 A.M. - 4:45 P.M.

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CONFERENCE CENTER**

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University of North Alabama
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UNA Box 5036
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**12TH ANNUAL NORTH ALABAMA
WOUND MANAGEMENT CONFERENCE**
Thursday, October 29, 2009 • Marriott Shoals Conference Center
Florence, Alabama

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12TH ANNUAL NORTH ALABAMA WOUND MANAGEMENT CONFERENCE

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AGENDA

October 29, 2009

7:30 – 8:00 am	Check in, and registration; Enjoy Continental Breakfast; Visit Exhibit Area for current trends in Wound Care
8:00 – 8:15 am	Welcome and Introductions: Shelia Sisson, UNA Office of Continuing Studies & Outreach Lisa Smith, RN, BSN, Program Planner
8:15 – 9:15 am	“Moisture Associated Skin Damage: It’s More Than IAD” Janet Davis MSN, RN, GNP-BC, CWOCN
9:15 – 10:15 am	“Peripheral Artery Disease” Lisa Smith, RN, BSN
10:15 – 10:45 am	Break – Evaluate & Compare Wound Products & Technology
10:45 am – 11:45 am	“Diabetic Foot Ulcers” Dr. Michael Hames, Podiatrist
11:45 am – 1:00 pm	Lunch and Visit Exhibits
1:00 – 1:15 pm	Raffle Winners announced! (Must be present to win)
1:15 – 2:15 pm	“Prescription for Effective Wound Management” Derek Schaeffer (Healthpoint)
2:15 – 3:15 pm	“Solutions Algorithms” Barbara Baker, RN, BSN, CWS (Convatec) (sponsored by Amedisys)
3:15 – 3:30 pm	Break (Last chance to visit exhibits)
3:30 – 4:30 pm	“Hyperbaric Oxygen Therapy” Lisa Smith RN, BSN
4:30 – 4:45 pm	Wrap up and evaluations

**“HEALED 2009”
Healing & Educating
to Achieve Lifetime
Empowerment &
Determination**

2009 OBJECTIVES

1. Identify and discuss need for evidence based treatment of chronic wounds.
2. Identify the sources and effects of moisture associated skin damage.
3. Describe the phases of wound healing.
4. Discuss the challenges of granulating wounds.
5. Describe why debridement of necrotic tissue is an essential step in the wound healing process.
6. Identify common etiologies of diabetic foot ulcers.
7. Define Peripheral Artery Disease.
8. Discuss risk factors associated with Peripheral Artery Disease.
9. Review the surgical and non-surgical treatment options available for Peripheral Artery Disease and wounds.
10. Discuss the role of using Hyperbaric Oxygen Therapy in resolving wound healing failure.
11. Review the five most common treatment indications for using Hyperbaric Oxygen Therapy.
12. Describe the purpose of using Transcutaneous Oximetry to determine use of HBO, or to determine where the amputation will be most effective.
13. Describe epidemiological impact of Peripheral Artery Disease.
14. Identify and describe the screening and diagnostic tests used to assess Peripheral Artery Disease and wounds of the lower extremity.

ABOUT THE SPEAKERS

Barbara Baker, RN, BSN, CWS

Barbara Baker is Sr. Territory Manager of Wound Therapies for Convatec, Inc. She received her BSN from the University of Memphis in 1986 and became a Certified Wound Specialist in 1999. She has received numerous awards and educational opportunities. Barbara has presented and held workshops in wound management, prevention of chronic wounds, compression, and Solutions Algorithms for Convatec. She has also had extensive nursing experience including LTAC, Home Health, and Critical Care.

Janet M. Davis, MSN, RN, GNP-BC, CWOCN

Janet is a Nurse Consultant and Education Specialist with Proherant, which is a division of Accredo Health Group. Prior to her current position, Janet was the Program Director at the University of Texas M.D. Anderson Cancer Center's WOCN Education Program. She received her BSN from the University of St. Thomas in 1984, an MSN from the University of Texas, Houston Health Science Center with a major in Gerontology in 1996. Janet has been a CWOCN since 1992 caring for patients with both acute and chronic conditions of the skin. She has spoken at local, regional and national wound conferences on a variety of topics including moisture associated skin damage.

Michael Hames, D.P.M.

Dr. Hames received his Bachelor of Science in Biology from UNA in 1996 and then went to the Ohio College of Podiatric Medicine to receive his Doctorate in Podiatric Medicine in 2001. From July 2001 through June 2002 he completed a rotating Podiatric Residency and from July 2002 through June

2004 he completed a rotating Post Surgical Residency both at Northside Hospital in Youngstown, Ohio. He opened Hames Foot Clinic in July 2004 and started working with the Wound Healing Center at ECM East in February 2007. Dr. Hames has had articles published in the Journal of Foot and Ankle Surgery. He has presented multiple times to the Eastern Academy of the Podiatric Medical Association. He holds memberships with the American Podiatric Medical Association, American College of Foot & Ankle Surgeons and the Alabama Podiatric Medical Association.

Derek Schaeffer

Derek Schaeffer is Senior Sales Representative for Healthpoint. He received his Bachelor of Science with a major in Communications from the University of Tennessee in 2003. He is a graduate of Healthpoint University, which is an in house wound training program. Derek has been with Healthpoint since 2006 providing continuing education in wound care and being a point of contact for healthcare organizations.

Lisa Smith, RN, BSN

Lisa Smith is the Clinical Nurse Manager for The Wound Healing Center at ECM East. She received her BSN from UNA in 1993. She has been in her current position since the Wound Center opened in February 2007. She has also worked in home health, the hospital setting and managed a DME company. Lisa attended the Wound Healing Institute at OSU in January 2007 and the Symposium for Advanced Wound Care in Tampa, FL in April 2007. She has presented numerous lectures locally regarding wound care.

Acknowledgments

The Annual North Alabama Wound Management Conference is coordinated by The Wound Healing Center at ECM East with educational grants from Healthpoint, Amedisys, National Healing Corporation and 3M Healthcare.

Who Should Attend

Nurses, Social Workers, Physical Therapists, Physical Therapy Assistants, Occupational Therapists, Nursing Home Administrators, Assisted Living Administrators and others dealing with wound care.

Location

This year's conference will be held at the Marriott Shoals Conference Center. For hotel reservations at the Marriott call 1-800-593-6450 and ask for the UNA rate.

Directions to Marriott Shoals Conference Center

From Huntsville, AL:

Take U.S. Hwy 72 West through Madison, Athens, Rogersville and Killen to Florence.

Take a left onto Cox Creek Parkway (Highway 133), just after entering Florence. At the third traffic light, turn right onto Veteran's Drive. Take the first left on to Hightower Place. This leads you directly to the conference center parking lot.

Note: The Conference Center rooms are typically cool. Please bring a sweater or jacket so that you will be comfortable during the conference.

EARN CONTINUING EDUCATION CREDITS!

NURSE

This program has been approved for 7.2 contact hours by the Alabama Board of Nursing.

SOCIAL WORKER

This program has been approved by the UNA Department of Social Work for 6.5 contact hours for licensure renewal.

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This program has been approved for 6.0 contact hours by the Alabama Board of Nursing Home Administrators.

OCCUPATIONAL THERAPIST

This program has been approved for 7.2 contact hours by the Alabama Board of Occupational Therapy.

PHARMACIST

This program has been approved for 8.0 contact hours by the Alabama Board of Pharmacy

PHYSICAL THERAPIST & ASSISTED LIVING ADMINISTRATOR

Submitted for approval.



The University of North Alabama, Continuing Studies and Outreach, is a Board approved provider of continuing nursing education in Alabama by the Alabama Board of Nursing. Our approval status is valid through November 8, 2011. Provider Number: ABNP1374.

Attention Nurses: You must bring your nursing license card to receive credit for attending. Please present your card at the conclusion of the conference. The Alabama Board of Nursing requires approved providers to submit records of contact hours along with your nursing license number.

FAST & EASY REGISTRATION

Pre-registration is requested so we can be prepared for your attendance. Conference fee is \$99.00. Fee includes continental breakfast, lunch, refreshments, handouts, and a continuing education certificate of attendance.

BY PHONE

Our registration office is open from 8 a.m. to 4:30 p.m. Monday through Friday. Call (256) 765-4UNA (4862) or 1(800)-825-5862, ext. 4862. We accept American Express, Discover, MasterCard and Visa. We also accept company purchase orders.

IN PERSON

During our office hours, come by our office in the UNA East Campus building at 1640 Tune Avenue, Florence.

VIA FAX

Simply fax the attached registration form any time, day or night to (256) 765-4872. All fax registrations require a credit card number unless the course is being invoiced to your company.

ONLINE

To register online, visit our website at www.una.edu/continuing-studies

MAIL

Complete the attached registration form and mail with your check or credit card information (don't mail cash) to Continuing Studies & Outreach, UNA Box 5036, University of North Alabama, Florence, Alabama 35632-0001.

Cancellations: If you must cancel, notify us three days in advance for a **full refund**. Later cancellations may receive credit toward future workshops if requested by the date of the seminar less a \$50 cancellation fee. Participant substitution may be made at any time.

Registration Form for Course #09-H204

If registering more than one person, please list additional names and information on an attached sheet or duplicate this form.

Name _____
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Continuing Education Credit for:

- Nurses PT/PTA OT Social Workers
 Nursing Home Administrators, License No. _____
 Assisted Living Administrators, License No. _____
 Other (specify): _____

Conference Fee: **\$99.00**

Payment Method

- Check Enclosed (payable to UNA) *Please include course name on lower left side of check.*
 Please invoice company above. If different address than mailing, please provide:

- Purchase Order Money Order Visa
 MasterCard Discover American Express

Name on Card (please print) _____

Credit Card # _____ Expiration Date _____

Authorized Signature _____

Please make as many copies of this form as you need.