

Wounds: Saving Money & Getting Better Results

Thursday, May 4, from 11:30 am to 1:00 p.m.
Webinar Recording Available

Improve Wound Related Outcomes and Revenue Management Through Comprehensive Wound Assessment and Evidence Based Treatment Plans

Wound treatment is too often based on wound appearance alone, and further compromised by communication of inaccurate assessment data to the prescriber. Knowledge and skills are needed to identify factors which contribute to or impede healing for various wound types. The participants will receive an understanding of how to facilitate effective wound management that is based on a holistic approach – incorporating wound etiology, co-morbidities, nutrition/hydration status and social factors. Additionally, focus is placed on the importance of cost effective use of resources and assessment accuracy which reflects improvement in outcomes.

This presentation is at the appropriate level for RN, LPN, case manager, clinical managers, coders and others who are responsible for wound assessment, documentation, data collection and coding related to wound and skin issues.

Program Goals:

- Explain basic skin anatomy and physiology
- Differentiate partial vs. full thickness tissue damage and healing process
- Differentiate acute vs chronic wounds and the impact of bacterial levels on healing
- Explain assessment characteristics utilized to identify wound etiology and management
- Correlate the utilization of validated wound assessment tools



Presenters: Sue Kennedy, RN, BS, CWOCN, FACCWS and Deborah Ritter, BSN, RN, CWOCN, FACCWS are the co-founders of RitKen & Associates and a Certified Wound, Ostomy, Continence Nurse with over 25 years' experience in the home care/hospice, acute care, rehab and LTAC settings. They have functioned in various roles from direct patient care to corporate program management, and offers realistic solutions to WOCN needs. Sue and Debbie possess extensive knowledge of the WOCN Society best practices relating to in-patient and home based wound management and utilizes this knowledge to ensure the highest possible patient outcomes while maintaining clinical and regulatory compliance. They have both served on the WOCN/OASIS-C, C-1, C-2 advisory committees to CMS, as content validation experts for WOCN Stoma Complications Document for clinician best practice and as a member of the WOCN Document Review Task Force for review of Best Practice Documents. Sue was a contributor at the NPUAP 2016 Staging Consensus Conference in Chicago and Debbie was a contributor at the NPUAP 2016 Staging Consensus Conference in Chicago and currently serves on the WOCN Society WTA (Wound Treatment Associate) Advisory committee.

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REGISTRATION INSTRUCTIONS:

Convenience: Enjoy the convenience and cost-efficiency of a webinar – watch the speaker’s slide presentation on the internet while listening by telephone or through your computer’s microphone and speakers (VoIP). There is no limit to the number of attendees from your agency who may participate at your site using one phone line and a computer with internet access. **The webinar will be recorded and available to registrants, for no additional fee, through November 5, 2017.** The link can be used by anyone in your agency!

Confirmation: Prior to the webinar, a confirmation will be e-mailed to you. This confirmation will include a link to access the presentation handouts, the sign-in sheet, and evaluation, as well as a link enabling you to access the webinar.

Cancellation Policy: Fees will be refunded only if written cancellation is received by HCANH two weeks prior to the webinar **and no refunds after the dial-in number is sent to your agency.** In the event of a written cancellation, HCANH will retain, or charge, \$40 of the initial registration fee, per registrant, to cover administrative overhead.

Registration Fees

	Links to Live Broadcast & Recording	
	Member of VNAs of VT or HCANH	Non-member
Wounds: Saving Money & Getting Better Results Thursdays, May 4, 2017	\$169	\$269

Registration:

Attendee Name: _____ Agency Name: _____
Agency Address _____ Agency City, State, Zip: _____
Attendee Email: _____
Phone: _____ Alternate Email: _____

PAYMENT:

I owe the amount of \$_____ for the courses selected above.

My check payable to (HCANH) is enclosed.

Charge my:



Credit Card Number _____ Exp. Date _____ Security code _____

Name (as it appears on card) _____

Address (of cardholder) _____

Signature (required) _____

Registration must be received in writing and will not be accepted without payment.

Mail, fax or e-mail form to:

Home Care Association of New Hampshire, 8 Green Street, Concord, NH 03301
Fax: 603-225-5817, Ph: 603-225-5597, E-mail information to: info@homecarenh.org
Please contact Beth Kingsley at HCANH if you have questions about registering.