Agency Mission: To assure the citizens of Kansas safe and competent practice by nurses and mental health technicians.

Kansas State Board of Nursing
Continuing Nurse Education Committee Agenda
December 8, 2020

NOTE: The meeting will be held via Zoom. Link to access meeting to follow agenda.

Time: **12:30 p.m. – 2:00 p.m.**

Committee Members:
Julianna Rieschick, RN, MSN, NEA-BC – Chair
Rebecca Sander, MSN, RN – V. Chair
Adri Gouldsmith, LPN
Gwendolyn Loyd, MBA, MSN, RN
Geovanne Gone, Public Member
Melanie Barnett, MSN, RN
Laura Aberle, BSN, RN
Kenetta Markelionis, RN, MSN
Karen Aufdemberge, RN, BSN

Staff:
Carol Moreland, MSN, RN – Executive Administrator
Chelsey Stephenson – Education Secretary

I. Call to Order

II. Review of On-Site Packet

III. Additions/Revisions to the Agenda

IV. Announcements

V. Approval of minutes – September 15, 2020

VI. Unfinished Business
1.

VII. New Business
1. IOA Statistical Report
2. Program Coordinator Education
3. LTP Relinquished Providers
   a.

4. LTP 5 Year Renewal Applications
   a. Hagan and Associates, LLC, LT026-1010
   b. Mid-America Wound Healing Society, LT0296-1215
   c. TCG Media, LLC, LT0270-0111
5. Initial LT Provider Applications
   a. Just Some Podcast, LLC
6. Review of Long Term CNE Provider annual report data
7. Five-year Legislative Review
   a. K.A.R. 60-4-103

CNE 1

8. Review of suggested revisions of CNE regulations
   a. K.A.R. 60-9-105
   b. K.A.R.60-9-106
   c. K.A.R. 60-9-107

Agenda for March 2021 Committee meeting

VIII. Adjourn

Please note: Additional items which have come to the attention of the Board or Committee will be handled as time permits. Agenda is subject to change based upon items to come before the Board. Handouts or copies of materials brought to the Board or Committee for discussion by Committee Members or visitors must be submitted to staff 30 calendar days prior to start of the meeting. Any items received after the 30th calendar day may be addressed at the meeting at the discretion of the President of the Board or Chairperson of the Committee.

Please click the link below to join the webinar:
https://us02web.zoom.us/j/86244389507?pwd=eDNCR1pIVENoTjlJZ0VxUXNBUjh4UT09
Passcode: KsbnCEComm
Or iPhone one-tap :
US: +13462487799,,86244389507#,,,,,,0#,,4584815608# or +16699006833,,86244389507#,,,,,,0#,,4584815608#
Or Telephone:
Dial(for higher quality, dial a number based on your current location):
US: +1 346 248 7799 or +1 669 900 6833 or +1 253 215 8782 or +1 312 626 6799 or +1 646 876 9923 or +1 301 715 8592
Webinar ID: 862 4438 9507
Passcode: 4584815608
International numbers available: https://us02web.zoom.us/u/kcAgRUpNJh

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CNE & IV Therapy Statistics 2020												
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
IOA's												
Received	65	62	84	91	82	91	74	138	65	85		
Approved	51	45	73	82	68	66	48	82	82	70		
Hours	1,962.80	1,875.00	4,221.00	3,633.90	3,177.60	2,459.70	2,132.40	2,651.60	1,371.40	2,459.90		
Denied	13	12	11	9	11	25	18	54	20	14		
Pending	1	5	0	0	3	0	8	2	4	1		
LTP Applications												
Received	0	0	0	1	1	0	1	1	0	0		
Approved	0	0	0	0	0	0	0	0	0	0		
Denied	0	0	0	0	0	0	0	0	0	0		
Pending	2	0	0	1	1	0	1	1	0	0		
SP Applications												
Received	1	1	1	0	4	5	1	2	5	2		
Approved	0	0	0	0	1	4	0	2	0	2		
Denied	0	0	0	0	0	0	0	0	0	0		
Pending	1	1	1	0	3	1	1	0	5	0		
IV Therapy Provider Applications												
Received	0	0	0	0	1	0	0	2	0	0		
Approved	0	0	0	0	1	0	0	0	0	0		
Denied	0	0	0	0	0	0	0	2	0	0		
Pending	0	0	0	0	0	0	0	0	0	0		

Notes:

* Electronic IOA implemented on 3/7/2020

IOAs received in 2019: 1,052

CNE contact hours approved in 2019: 29,542.26

Long Term CNE Provider Checklist
(K.A.R. 60-9-107)

Name of Provider: Hagan and Associates, LLC

Name of Program Coordinator: Emilie Hagan, APRN

_____ **New Initial Application** __X___ **Renewal**

Date Received: 10/9/2020_ **Date Review complete:** 11/9/2020

Date to CNE Committee: 12/14/2020_

_____ **Approved** _____ **Not Approved:**

_____ **Approved Pending:** _____

Date Notified: _____

Information Required	Received	NA
Completed application for initial approval or five-year renewal for LT CNE providership shall be submitted at least 60 days before a scheduled board meeting	10/9/2020	
• If the long term provider does not renew the providership, the provider shall notify the board in writing of the location at which the offering records will be accessible to the board for two years as defined in the providers' policy and procedures.		
The name and address of the organization on the application	✓	
The name and address of the department or unit within the organization responsible for approving CNE, if different from the name and address of the organization		✓
The name, education and experience of the program coordinator responsible for CNE	Emilie Hagan, APRN	
• Be a licensed professional nurse	✓	
• Have three years of clinical experience	✓	
• Have one year of experience in developing and implementing nursing education	✓	
• Have a baccalaureate degree (unless held this position for the provider at least five years immediately prior to January 1, 1977)	✓	
Policies & Procedures:		
Written policies and procedures, including at least the following areas:		
• Assessing the Need and planning for CNE activities	✓	
• Fee Assessment	✓	

• Advertisements or offering announcements. Published information shall contain the following statement: "(name of provider) is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: "	✓	
• Notice of Change of coordinator or required policies and procedures. The program coordinator shall notify the board in writing of any change of the individual responsible for the providership or required policies and procedures within 30 days	✓	
For long term providers, the policies and procedures for the Offering Approval Process shall include the following:		
• A Summary of the Planning	✓	
• The Behavioral Objectives	✓	
• The Content, which shall meet the definition of CNE in KSA 65-1117	✓	
• The Instructor's Education and Experience, documenting knowledge and expertise in the content area	✓	
• A Current Bibliography that is reflective of the offering content. The bibliography shall include books published within the past 10 years, periodicals published within the past five years, or both	✓	
• An offering Evaluation that includes each participant's assessment of the following:		
▪ The achievement of each objective	✓	
▪ The expertise of each individual presenter	✓	
An approved provider may award any of the following:		
• Contact hours as documented on an offering agenda for the actual time attending, including partial credit for one or more contact hours	✓	
• Credit for fractions of hours over 30 mins to be computed towards a contact hour	✓	
• Instructor credit, which shall be twice the length of the first-time presentation of an approved offering, excluding an standardized, prepared curriculum	✓	
• Independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results		✓
• Clinical hours		✓
Documentation of Attendance		

Each provider shall maintain documentation to verify that each participant attended the offering. The provider shall require each participant to sign a daily roster, which shall contain the following information:		
• The provider's name, address, provider number, and coordinator	No provider name on sample	
• The date and title of the offering, and the presenter or presenters	✓	
• The participant's name and license number and the number of contact hours awarded	✓	
Each provider shall maintain documentation to verify completion of each independent study offering, if applicable. To verify completion of an independent study offering, the provider shall maintain documentation that includes the following:		
• The provider's name, address, provider number, and coordinator		✓
• The participant's name and license number, and the number of contact hours awarded		✓
• The title of the offering		✓
• The date on which the offering was completed		✓
• Either the completion of a posttest or a return demonstration		✓
Certificate of Attendance/CE Transcript		
A certificate of attendance shall be awarded to each participant after completion of an offering, or a CE transcript shall be provided according to the policies and procedures of the long-term provider	✓	
Each certificate and each CE transcript shall be complete before distribution to the participant	✓	
Each certificate and each CE transcript shall contain the following information:		
• The provider's name, address and provider number	✓	
• The title of the offering	✓	
• The date or dates of attendance or completion	✓	
• The number of contact hours awarded and, if applicable, the designation of any independent study or instructor contact hours awarded	✓	
• The signature of the individual responsible for the providership	✓	
• The name and license number of the participant	✓	
Recordkeeping & Storage		
For each offering, the approved provider shall retain the following for two years:		
• A summary of the planning	✓	

• A copy of the offering announcement or brochure	✓	
• The title and objectives	✓	
• The offering agenda or, for independent study, pilot test results		✓
• A bibliography	✓	
• A summary of the participants' evaluations	✓	
• Each instructor's education and experiences	✓	
• Documentation to verify completion of the offering	✓	
The record storage system used shall ensure confidentiality and easy retrieval of records by authorized individuals	✓	
Program Evaluation Plan		
For long-term providers, a copy of the total program evaluation plan	✓	
Two Proposed Offerings		
The provider shall submit two proposed offerings, including the following:	#1	#2
	#1 Getting to Know Your 12-Lead ECG	#2 Living Well with Diabetes
• A summary of planning	✓	✓
• A copy of the offering announcement or brochure	Does not include language required	✓
• The title and behavioral objectives	✓	✓
• The offering agenda or, for independent study, pilot test results	✓	✓
• Each instructor's education and experience	✓	✓
• A current bibliography	Some outdated references	Some outdated references
• The offering evaluation form	✓	✓

06/2019

Review or application completed on 11/9/2020 by Carol Moreland, MSN, RN

Reference No.: 24818 **Date submitted:** Oct 9 12:30 2020

radio ~ Renewal
Providername ~ Hagan & Associates, LLC
providernum ~ LT 026-1010
legalbody ~ ---
address ~ 7329 N WOODLAWN
adress2 ~ Valley Center, KS 67147
telephone ~ 3162193571
email ~ emilie@haganassociates.biz
coordinator ~ Emilie A. Hagan, APRN
date ~ 10-09-2020
planningce ~ PLANNING & NEEDS ASSESSMENT:
Hagan & Associates LLC will continue using the Kansas State Board of Nursing's (KSBN) and Midwest Multistate Division (Midwest MSD) definition of continuing nurse education offerings as a guide to determine the content of proposed CNE offerings. The definition is as follows: "learning experiences intended to build upon the educational and experiential bases of the registered professional and licensed practical nurse for the enhancement of practice, education, administration, research or theory development to the end of improving the health of the public." (KSBN definition of CNE 65-1117a) (2015 ANCC Primary Accreditation Provider Application Manual)

PROCESS OF ASSESSING NEED AND PLANNING CNE
Hagan & Associates, LLC Planning Committee consisting of Program Coordinator, staff, and, as appropriate, professional/professional organization requesting program will evaluate all requests for need and consistency with the KSBN and Midwest MSD definition. Once the request has been determined to be consistent with KSBN/Midwest MSD definition, Hagan & Associates, LLC CNE Program Coordinator, staff, and any appropriate professional organization will develop a CNE program proposal. The proposal is then presented to the Hagan & Associates, LLC Advisory Committee for review and final approval.
Needs assessments can occur through an informal or formal process. Informal will consist of Professional request (individual nurse, nursing organization, nursing practice, etc) for CNE program and research of regional nursing education offerings revealing a lack of offerings (ie Diabetes Education, Long Term Care issues, EKG interpretation skills, etc). Formal will consist of independent survey of regional nursing professionals and/or survey of topics and educational needs included in current CNE participants program evaluations.

SEE APPENDIX A

feeassessment ~ PROCESS FOR FEE ASSESSMENT:
Fees are calculated based on general operational costs, specific program costs and comparison to current regional CNE program fees. This calculation provides Hagan & Associates, LLC with a base fee of $10.00 - $15.00 per contact CNE hour. Each program fee is determined by the number of contact hours multiplied by the base fee. (Example: program offering 7 contact hours X $10.00 {base fee} = $70.00 for the program). Registration fee will be the CNE program fee plus any additional costs not related to CNE approval (ie meals). The process for fees, collection and refunds will follow Hagan & Associates, LLC policies. See attached for details.

REFUND POLICY:
1) If notice of cancellation by the participant is received in writing 2 weeks prior to class date the fees will be refunded at a 100% rate.
2) If notice of cancellation by the participant is received 1 week prior to the class, the fees will be refunded at 50%.
3) When cancellations are received 6 days or less before the class date, the fees will be refunded at a 50% rate minus a processing charge of $25.00.
4) No fees will be refunded 48 hours prior to the date of the class.
5) All refunds will be returned within 10 business days of cancellation.

INSUFFICIENT FUNDS:
1) Participants paying with checks that are returned for any reason will be notified and the participant's account will be electronically debited for the amount of the check plus a returned check fee of $35.00.

advertisement ~ PROCESS FOR ADVERTISEMENTS OR ANNOUNCEMENTS:

An announcement/brochure/flyer that includes the title, date, time and location along with speaker information will be available for each approved CNE offering. In addition, the announcement/brochure/flyer will provide contact information including phone number/e-mail to facilitate registration for the offering as well as a disclaimer giving guidelines for cancellations and refunds. All published information will

contain the following statement: "Hagan & Associates, LLC is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for ___contact hours applicable for RN, LPN, or LMHT re-licensure. Kansas State Board of Nursing Provider # LT_____." The announcement/brochure /flyer will be distributed to healthcare providers and healthcare institutions as appropriate via mail, electronic mail, and social media. Other forms of advertisement may be used if deemed appropriate by the Advisory Committee.

SEE APPENDIX B
approvalprocess ~ PROCESS FOR OFFERING APPROVAL:

The Advisory Committee will review formal and informal needs assessments conducted throughout the year. Proposed CNE offerings congruent with the KSBN CNE definition 65-1117(a) and Midwest MSD 2015 definition will be reviewed by the Advisory Committee. The Committee will review behavioral objectives, content outline, instructor education and experience as documented on a resume or curriculum vitae, current bibliography, and CNE proposed evaluation that includes assessment of learner achievement of each behavioral objective and the expertise of individual presenters. The Advisory Committee will decide whether to approve the CNE offering after reviewing this information. See attached policy and worksheets.

contacthours ~ PROCESS FOR AWARDING CONTACT HOURS: Contact credits will be awarded for the actual time the participant is present for the class. When applying for approval through KSBN, one contact hour will be awarded for every 50 minutes of participation. 0.5 contact credits will be awarded for each 30 minutes, thereafter. When applying for approval through Midwest MSD, one contact hour will be awarded for every 60 minutes of participation. If a participant is 15 minutes late or leaves 15 minutes early, then 0.25 contact credits will be deducted for each 15 minutes. (Reg 60-9-107b (3) (E) 60-9-107e).

To qualify for nursing contact hours for continuing education, the program participant must comply with the following: (Reg 60-9-107b (3) (E) 60-9-107e)
a)Be prompt and in complete attendance
b)License number must be on the registration form
c)For a 1 hour program, participants must arrive within 5 minutes of the beginning of the program
d)Participants will not receive contact hour credit if arriving after the

Program Proctor has closed the registration for the program
e)Participants may not leave a program for longer than a total period of 15 minutes
f)Participants will not be allowed to bring children to the programs

Instructor credit will be awarded for first time presentation of a CNE offering. This credit will be equal to twice the amount of presentation time. The minimum presentation time is 50 minutes (or 60 minutes in the case of Midwest MSD), therefore a 50-minute presentation equals 2 contact hours. The certificate issued by the provider must list the number of contact hours earned and clearly identify instructor credit. Only 50 percent or 15 contact hours of instructor credit may be used for license renewal. CNA, CMA, or EMT, standardized course (ie. ACLS, TNCC, ENPC, MANDT) or nursing course instruction does NOT qualify for CNE Instructor Credit. Instructor credit is only available for the first time presentation of a CNE offering. No credit is honored for instructors after the first time presentation. (Reg 60-9-107b (3) (E) 60-9-107e)

Hagan & Associates, LLC does not offer independent study at the time of report.
SEE APPENDIX C
verifycompletion ~ PROCESS FOR VERIFYING PARTICIPATION AND COMPLETION OF OFFERING: Hagan & Associates, LLC will provide a daily attendance roster for participant signature for verification of attendance at the time of the offering. The roster and sign-in processing will be as follows:
a) Each participant will be required to sign a daily attendance roster upon attending an offering.
b) The daily attendance roster will contain the participant's name, address, phone number, license, e-mail and signature.
c) This daily attendance roster will also contain the provider's name and address; provider number and coordinator name; title, date and time of offering along with the presenter's name; and the number of contact hours awarded.
d) Participant must sign their name as indicated on their license and complete or make any necessary corrections to name and address or license number on the daily attendance roster form.
e) When necessary, amended daily attendance rosters will be sent to the KSBN/Midwest MSD with "amended" noted in red ink on the roster.

Upon completion of the offering, Hagan & Associates, LLC will award a Certificate of Attendance. Each Certificate will be completed before distribution to participants to include the following information:

a)provider's name, and address
b)provider's number
c)title of the offering
d)date(s) of attendance
e)number of contact hours awarded
f)if applicable, the instructor contact hours awarded
g)signature of individual responsible for the providership
h)name and license number of the participant
i)in the case of awarding contact hours through the Midwest Multistate Division, the certificate must also contain the following approval statement, along with the approval
number: This continuing nursing education activity was approved by the Midwest Multistate Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

SEE APPENDIX D AND E

recordkeeping ~ PROCESS FOR RECORD KEEPING AND STORAGE:
For each offering Hagan and Associates, LLC will retain all appropriate records for 2 years. The following records will be kept: summary of the CNE planning, needs assessment, Advisory Committee minutes, copy of announcements/brochures/flyer, title and objectives, bibliography, summary of participant evaluations, documentation to verify completion of the offering as specified in Subsection f. Records are stored in a locked file cabinet to insure confidentiality and easy retrieval.
a) Files will be kept according to program title and offering date.
b) Each program file will contain the summary of the program planning, copy of the announcement/brochure/flyer, title and objectives, program agenda, handouts, roster with signatures and hours awarded along with the evaluation tool and summary.
c) All program presenters' vitae and bibliography are filed alphabetically in a separate comprehensive vitae file.
d) A file with a comprehensive list of program offerings will be maintained by the Program Coordinator. This listing contains program identification number, program title, instructor(s), date, contact hours, date roster filed with Board(s), number of participants and other processing information as appropriate.

noticeofchange ~ PROCESS OF NOTICE OF CHANGE OF COORDINATOR OR REQUIRED POLICIES:

The Program Coordinator will notify the KSBN/Midwest MSD in writing of any changes regarding the individual responsible for the providership or required policies and procedures within 30 days.

programevaluation ~ Hagan & Associates, LLC will perform a total program evaluation and send to KSBN each year. See attached copy of 2020 Evaluation.

SEE APPENDIX F
Submission date ~ 10-9-2020 17:02:01
Form ID ~ 1672730

Appendix A

Hagan & Associates, LLC
7329 N Woodlawn
Valley Center, Kansas 67147

NURSING CONTINUING EDUCATION PROVIDERSHIP
POLICY STATEMENT

REGISTRATION FEES
REFUND POLICY
INSUFFICIENT FUNDS

The fee for CNE offerings will be established by the Advisory Committee. Fees will be assessed per credit hour.

REGISTRATION FEES

1. Payment of fees with pre-registration is encouraged. To ensure pre-registration, the fee must be submitted at the time of pre-registration.
2. Payment of all appropriate fees is required at the time of program registration.
3. The fees may be paid by personal check, cash, credit/debit card or PayPal account

REFUND POLICY

1. If notice of cancellation by the participant is received in writing 2 weeks prior to class date the fees will be refunded at a 100% rate.
2. If notice of cancellation by the participant is received 1 week prior to the class, the fees will be refunded at 50%.
3. When cancellations are received 6 days or less before the class date, the fees will be refunded at a 50% rate minus a processing charge of $25.00.
4. No fees will be refunded for cancellation 48 hours or less prior to the date of the class.
5. All refunds will be returned within 10 business days of cancellation.

INSUFFICIENT FUNDS /RETURNED CHECKS

1. Participants paying with checks that are returned for any reason will be notified and the participant's account will be electronically debited for the amount of the check plus a returned check fee of $35.00.

RESPONSIBILITIES

Program Coordinator will maintain fiscal control of education activities and programs, including refunds.

Emilie A Hagan MSN RN
Program Coordinator

7-1-2020
Approval Date

SPEAKERS

Wendy Dusenbury DNP, APRN, FNP-BC, CNRN, ANVP-BC

Emilie Hagan APRN, CDE, CFCN

Julia Bippert RLD, CDE

Amy Siple APRN, FNP, GS-C

Paul Weishaar MD

Debbie Hinnen APRN, CDE, BC-ADM, FAAN, FAADE

Justin Moore MD, FACP

Richard Guthrie MD, FAAP, FACE, Professor Emeritus

Scott Wadle, AICP

Nate Wiehl PharmD, BC-ADM

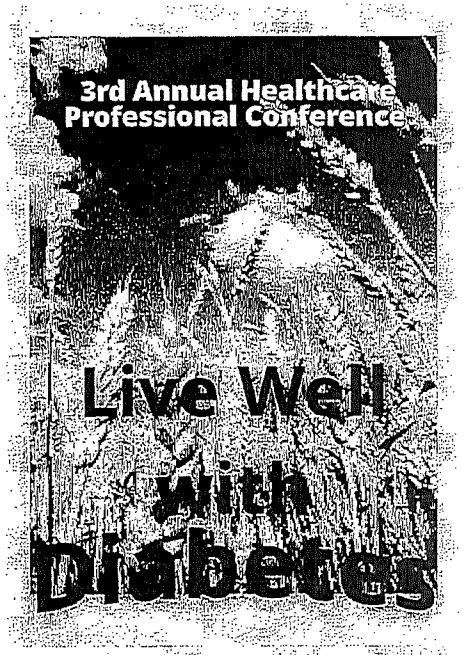
GREAT PLAINS DIABETES

Accreditation: This activity has been submitted to the Midwest Multistate Division for approval to award nursing contact hours. The Midwest Multistate Division is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. For more information regarding contact hours, please call Kristen Grooms, BSN RN at (316) 219-3571. (November 1st program was summited for 3 contact hours, and the November 2nd program was submitted for 7 contact hours.).

Hagan & Associates, LLc as an approved provider of continuing education by the Kansas State Board of Nursing., offers this conference for a total of 10.0 contact hours for both days Thursady evening & Friday Day (Nov 1 & 2, 2018), or 3-contact hours for Thursday evening only (Nov. 1, 2018) or 7 contact hours for Friday Day only (Nov. 2, ,2018) Kansas State Board of Nursing approved provider # LT0267-1010.

The continuing education opportunity is pending approval by the Kansas Physical Therapist Association, Kansas Board of Pharmacy and the Commission on Dietetic registration for 3 contact hours on November 1st and 7 contact hours on November 2nd.

Program Accessibility: We accommodate persons with disabilities. Please call 316-219-3571 or email education@haganassociates.biz with your specific needs and Continuing Education representative will contact you. To ensure accommodations, please register at least two weeks before program.



November 1 & 2, 2018

A Professional Continuing Education Program for
CDE, PT, RD, RN, LPN, APRN, PharmD, CCM
& others interested in Diabetes

GREAT PLAINS DIABETES

Sedgwick County Extension Education Center
7001 West 21st Street North
Wichita, Kansas

Course Objectives

Upon Completion of this program, the participant will be able to

1. Discuss the underlying defects and natural history of diabetes and associated complications as it relates to clinical outcomes.
2. Describe how current research and treatment algorithms can facilitate clinical decision-making.
3. Compare the standard of care and diabetes as outlined by the ADA and AACE guidlines as it relates to his/her practice.
4. Modified diabetes management in the context of uniqueness of the client with diabetes, i.e. obesity, depression, age, socio-economic situations, etc.
5. Identify the principles of implementing non-pharmacological diabetes therapies in diabetes management based on current guidelines and patient status.
6. Identify the principles for implementing pharmacological diabetes therapies in diabetes management based on current guidelines and patient status
7. Develop strategies to improve adherence to diabetes self-management activities such as healthy eating, exercise, weight management and glucose monitoring.
8. Outline a systematic approach for management of diabetes related to complications.
9. Discuss strategies for influencing behavior changes

GREAT PLAINS DIABETES

Hotel Information

Hampton Inn Wichita Northwest

10047 W 29th Street North
Wichita, Kansas 67205

Tel: +1-316-925-6600
Fax: +1-316-925-6601

$104 Per Night

If reserved by October 18th, 2018

http://hamptoninn.hilton.com/en/hp/groups/personalized/I/ICTWKHX-GPD-20181101/index.jhtml

Thursday November 1, 2018

5:30- Registration and Introduction

6:00-7:00- Diabetes Technology and Emerging Therapies
Dr. *Nate Wiehl*

7:00-7:30- Dinner (provided)

7:30-8:30- Diabetes Technology and Emerging Therapies
Dr. *Nate Wiehl*

8:30-9:30- Trendy Diets and Diabetes
Julia Bippert, RLD,

9:30- Closing and Evaluations

Friday November 2, 2018

8:00- Registration and Introduction

8:30-9:30- Controversies in Diabetes: ACP vs. AACE Guidelines
Dr. J.Moore and Dr. R.. Guthrie

9:30-10:30- Diabetes and Long Term Care
Amy Siple, APRN, FNP

10:30-10:45- Break

10:45-11:45- Diabetes and Stroke Management
Dr. Wendy Duesnbury

11:45-1:00- Lunch (provided) & Vendor Displays

1:00-2:00- Diabolical Twins: Diabetes & Hypertension
Emilie Hagan, APRN, CNS, CDE

2:00-3:00- Creating Communities for Physical Activity
Scott Wadle, AICP

3:00-3:30- Break- & Vendor Displays

3:30-4:30- Diabetes and Eye Disease
Dr. Paul Welshaar

4:30-5:30- Case Studies In Diabetes: Practical Pointers For Evidenced Based Practice
Debbie Hinnen, APRN, CDE

5:30-5:45 - Closing and Evaluations

Registration

Name: _____

Email: _____ (as appears on license)

Address: _____

City: _____ State: _____ Zip: _____

Phone: Hme _____ Cell: _____

Discipline: RN PT PharmD APRN RD LPN Other: _____

License number: _____

http://events.constantcontact.com/register/eventTile?llr=ubjhgn6ab&oeidk=a07e8kuyo25a1b0706c

Mailing Address:

Hagan & Associates, LLc Attn: Education
7329 N. Woodlawn Street
Wichita, KS 67147

Make Checks payable to: Hagan & Associates LLc

Registration Fees

	Early *(until 10/18/18)*	Regular *(After 10/18/18)*
Thursday Only **November 1, 2018**	$60	$100
Friday Only **November 2 , 2018**	$90	$125
Thursday & Friday **November 1 & 2, 2018**	$120	$185

Appendix B

Attention

APRN, RN, LPN, PT, RD, CDE, PharmD

SAVE THE DATE

Living Well with Diabetes

3rd Annual Professional Conference

NOVEMBER 1 & 2, 2018

Diabetes occurs across the Life Span.

This is a program focused on assisting health professionals to develope their skills in assisting individuals to **Live Well with Diabetes** whether in the infant, school age, college, adult or geriatric stage of life.

Topics

Thursday Evening: 6 to 9:30 pm

Fad Diets & Diabetes
New Technologies & New Insulins

Friday All Day: 8 am to 5:30 pm

Diabetes & Strokes
Controversies in Diabetes
Diabetes & Long Term Care
Diabetes & Hypertension
Community Facilitation for Diabetes
Eye Disease & Diabetes
Case Studies in Diabetes

Accreditation

For ANCC & CDE

This Activity has been submitted to the Midwest Multistate Division for approval to award nursing contact hours. The Midwest Mulitstate Division is accredited s an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

For RNs, LPNs

Hagan & Associates, LLc as an approved provider of continuing education by the Kansas State Board of Nursing., offers this conference for a total of 10.0 contact hours for both days , or 3 contacts hours for Thursday night only or 7 hours for Friday only. Kansas State Board of Nursing approved provider # LT0267-1010.

PharmD, PT, R.D. Applications in process

GREAT PLAINS DIABETES

To Learn more:

Call Emilie or Kristen at Hagan & Associates, LLc at 316-219-3571
Email: education@haganassociates.biz
http://www.facebook.com/HaganAssociatesLLc

CNE 20

Appendix C

Hagan & Associates, LLC
7329 N Woodlawn
Valley Center, Kansas 67147

NURSING CONTINUING EDUCATION PROVIDERSHIP
POLICY STATEMENT

PROCESS FOR AWARDING CONTACT HOURS

1. Contact credits will be awarded for the actual time the participant is present for the class. When applying for approval through KSBN, **one contact hour will be awarded for every 50 minutes of participation.** 0.5 contact credits will be awarded for each 30 minutes, thereafter. When applying for approval through Midwest Multistate Division (Midwest MSD), **one contact hour will be awarded for every 60 minutes of participation.** *If a participant is 15 minutes late or leaves 15 minutes early, then 0.25 contact credits will be deducted for each 15 minutes. (Reg 60-9-107b (3) (E) 60-9-107e).*

2. To qualify for nursing contact hours for continuing education, the program participant must comply with the following: (Reg 60-9-107b (3) (E) 60-9-107e)

    a. Be prompt and in complete attendance
    b. License number must be on the registration form
    c. For a 1 hour program, participants must arrive within 5 minutes of the beginning of the program
    d. Participants will not receive contact hour credit if arriving after the Program Proctor has closed the registration for the program (20 minutes after start of program)
    e. Participants may not leave a program for longer than a total period of 15 minutes
    f. Participants will not be allowed to bring children to the programs

3. The Program Proctor will place a notice on the door of the classroom notifying late arrivals that registration is closed. (Reg 60-9-107b (3) (E) 60-9-107e)

4. To assist with the prevention of early leaving, the Certificates will not be issued until the last 15 minutes of the class and after the evaluation has been completed. (Reg 60-9-107b (3) (E) 60-9-107e)

5. **Instructor credit will be awarded for first time presentation of a CNE offering. This credit will be equal to twice the amount of presentation time.** The minimum presentation time is 50 minutes (or 60 minutes in the case of Midwest MSD), therefore a 50-minute presentation equals 2 contact hours. The certificate issued by the provider must list the number of contact hours earned and clearly identify instructor credit. Only 50 percent or 15 contact hours of instructor credit may be used for license renewal. CNA, CMA, or EMT, standardized course (ie. ACLS, TNCC, ENPC, MANDT) or nursing course instruction does NOT qualify for CNE Instructor Credit. Instructor credit is only available for the first time presentation of a CNE offering. No credit is honored for instructors after the first time presentation. (Reg 60-9-107b (3) (E) 60-9-107e)

6. Participant's questions regarding qualifying contact hours should be directed to the Program Proctor or the Program Coordinator. (Reg 60-9-107b (3) (E) 60-9-107e)

Emilie A Hagan ARNP
Program Coordinator

1-1-2020
Approval Date

F:\CNE 6_Contact Hours_final.doc

Hagan Associates, LLc
7329 N Woodlawn
Valley Center, KS 67147-8560

Program Title:							Program Coordinator:		
Speaker:							Emilie A Hagan, ARNP-CNS		
Location:									
Provider # :	LT 0267-1010	Date:					Approved CNE Hours:		
Name (as appears on License)	License #	APRN Lic #	Address	City	State	Zip	Telephone	Email Address	Signature

Hagan & Associates llc
7329 N WOODLAWN
VALLEY CENTER, KS 67147
316.219.3570

CERTIFICATE OF ATTENDANCE

This is to certify that

NAME OF PARTICIPANT

PARTICIPANT LICENSE NUMBER

RECEIVED 3 CONTACT HOURS FOR COMPLETION OF THIS PROGRAM

Attended

LIVE WELL WITH DIABETES: 3RD ANNUAL HEALTHCARE PROFESSIONAL CONFERENCE

NOVEMBER 1,2018

SEDGWICK COUNTY EXTENSION EDUCATION CENTER 7001 WEST 21ST STREET NORTH WICHITA, KANSAS

This continuing nursing education activity was approved for 3 contact hours by the Midwest Multistate Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. MW MSD approval # _KS1120-1239_

This course offering is approved for 3.5 contact hours by Hagan & Associates, LLc an approved provider of continuing nursing education by the Kansas State Board of Nursing. Kansas State Board of Nursing approved provider # LT0267-1010.

Emilie A. Hagan ARNP
Program Coordinator Signature

Hagan & Associates, LLC
7329 N Woodlawn
Valley Center, Ks 67147

Area	Reviewed By	How Often	What to Review	Date Evaluated	Results	Action Taken
Administration	CNE Coordinator & Advisory Board	Annually	Review & update 1. Organizational chart and philosophy statement.	07/01/2020	1a. Organizational chart is updated to reflect current staff & Advisory Board members. 1b. Philosophy reviewed & reflects current philosophy of Hagan & Associates, LLc Continuing Nursing Education.	1a. 7/01/2020 Organizational chart update was approved 1b No Action needed - Philosophy stands as written
			2. Goals & Objectives of CNE program objectives • Are they being met • Are they in line w/ philosophy	7/01/2020	2. Program objectives are being met per program evaluations and they are in alignment with the philosophy.	2. No action needed
			3. Program Coordinator: Emilie Hagan , BA, CNS, APRN, CDE, CFCN • Review Vitae • Review Title & License Number	07/01/2020	3. Coordinator's Vitae, Title & License Number – reviewed – Accurate	3. No Action needed
			4. Advisory Committee: • Review Number of Meetings Held • Membership Roster • Review Minutes • Voting policy R/T Quorum	07/01/2020	4. Advisory Committee a. Meeting quota not met. One meeting held. One cancelled due to Covid-19 lockdown. b. Advisory Committee Member roster needs updating to reflect staff changes	4. a. Continue with 2 meeting per year. Will develop backup Zoom meeting when unable to meet face to face. Will continue staff meetings once a month and PRN to support Advisory Committee. 4b. Advisory Board Roster updated (see attached)-Letter sent to Board to inform of change.

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Valley Center, Ks 67147

					c. Minutes reviewed d. Voting policy r/t Quorum reviewed	4c. Minutes approved. No action needed 4d. Policy approved. No action needed
Policy & Procedures	CNE Coordinator	Annually	Review Policies : 1. Registration 2. Attendance 3. Certificates 4. Brochures 5. Instructors 6. Records 7. Advisory Committee 8. Advertisement & Announcements 9. Cancellation/Refund 10. Program Offerings 11. Program Evaluation 12. Co-Sponsorship 13. Use of Providership by another Agency 14. Audio/Video Recording 15. ADA Accommodations 16. Fee Assessment	07/01/2020	All Policies reviewed – Advisory Board agreed updates in policies to reflect compliance with both Kansas State Board of Nursing & Midwest Multistate Division (Midwest MSD) guidelines for continuing nursing education programs for Rn, LPN & APRN. See attached.	The following Policies were updated to reflect clarification of approved criteria for KSBN and Midwest MSD: Organizational Chart Advisory Committee Fees & Refunds Advertisement/Announcements Providership Records See attached Policies for details.
Learning Needs	CNE Coordinator & Advisory Board	Annually	1. Target Population 2. Surveys 3. Priority of learning Needs	07/01/2020	Survey continues to occur at the time of the program evaluation. Staffing changes and Covid-19 prevented formal survey for 2019.	Continue surveys with program evaluations. Consider a formal survey of Wichita, Kansas and surrounding areas during the 2020-2021 period
Total Program Evaluation	CNE Coordinator & Advisory Board	Annually	Total Program Evaluation Plan: Effectively Evaluates the Providership	09/21/2020	Program total Evaluation completed. Submission of report late due to staffing changes and Covid-19.	Target July 15 annually for completion of report to be submitted no later than July 31.

Hagan & Associates, LLC
7329 N Woodlawn
Valley Center, Ks 67147

Advisory Board 2019-2020

Emilie A Hagan, BA, MSN, CNS, APRN, CDE, CFCN
William C Simon, DC, DO
Sheri Boaz
Rhonda Young APRN

Offering #1

NEEDS ASSESSMENT

Getting to Know Your 12-Lead ECG

PROGRAM DATES:
June 28, 2016

Gaps Identified Knowledge/Skills/Practice	Description of Gap	Evidence used to Validate	Summary of Data	Target Audience
Knowledge	Interviewed APRN and critical care/emergency care RN's. Verbalized only a cursory/introduction of 12-lead ECG training as part of their nursing education programs.	Following an informal survey of RN's and APRN's in the clinical setting and educational programs.	With this informal survey it became apparent that the majority (80-90%) of nurses did not feel capable or confident in 12_Lead ECG analysis. Most described only a cursory exposure to ECG analysis in their respective nursing programs (undergraduate and graduate). This lack of training leads to a lack of comfort with ECG skills and therefore a lack of confidence and hesitancy to analyze ECGs in the clinic setting. Poor training and lack of proficient skills can lead to errors in analysis and diagnosis, which poses a risk to patients.	APRN's and RN's in the acute care, critical and emergency care clinical settings
Skills	Interviewed APRN and critical care/emergency care RN's. Verbalized a lack of confidence and skills in accurate analysis of 12-Lead ECG.	Following an informal survey of RN's and APRN's in the clinical setting and educational programs.	With this informal survey it became apparent that the majority (80-90%) of nurses did not feel capable or confident in 12_Lead ECG analysis. Most described only a cursory exposure to ECG analysis in their respective nursing programs (undergraduate and graduate). This lack of training leads to a lack of comfort with ECG skills and therefore a lack of confidence and hesitancy to analyze ECGs in the clinic setting. Poor training and lack of proficient skills can lead to errors in analysis and diagnosis, which poses a risk to patients.	APRN's and RN's in the acute care, critical and emergency care clinical settings

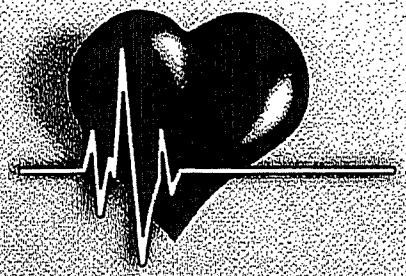


About the Speaker

Emilie A. Hagan, ARNP-CNS, MSN, is an independent Clinical Nurse Specialist (CNS) in private practice. Ms. Hagan has over 25 years of experience in coronary care/critical care nursing along with 20 plus years of teaching 12 lead EKG interpretation and dysrhythmia surveillance classes. In addition, Ms. Hagan has over 30 years of clinical experience in the areas of case management, home health, hospice, private

Hagan & Associates
331 S. Hydraulic
Wichita, KS 67211

Getting to Know Your 12-Lead ECG



Date: June 28, 2016

Time: 8:00 AM - 5:15 PM

CNE Credits: 7.0 hrs

Location:
Hagan & Associates LLc
331 S. Hydraulic
Wichita, KS 67211

Course Description

The primary goal of this course is to provide the participant with the basic foundations for 12-lead ECG analysis. This class is designed for critical care RNs, APRNS, and other health care professionals who want to increase their skill proficiency in 12-lead ECG analysis, as well as normal, ischemic, infarction, and bundle branch block patterns.

Course Objectives

1. Illustrate cardiac anatomy and coronary circulation as it relates to the analysis of the 12-lead ECG
2. Demonstrate appropriate and accurate analysis of the 12-lead ECG
3. Distinguish ECG changes consistent with myocardial ischemia, injury, and infarction
4. Accurately determine axis position on the 12-lead ECG and describe its clinical significance
5. Distinguish left and right bundle branch patterns on the 12-lead ECG

Accreditation

This continuing education activity was approved by the Midwest Multistate Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Refund/Cancellation Policy

Hagan & Associates, LLC recognizes that events or issues may arise which prevent a registrant from attending a CNE offering. Refunds may be available on an individual basis up to 48 hours before the scheduled program per the Hagan & Associates refund policy. Please call 316-219-3571 for details.

Participants paying with checks returned for insufficient funds will be notified and a $35.00 fee for returned checks will be charged.

Course Outline

8:00 am	Registration
8:15 am	Pretest
8:30 am	Anatomy and Electrophysiology as it relates to 12-lead ECG
9:30 am	Steps to analysis of the 12-lead ECG
10:30 am	Break
10:45 am	Evolution of Acute Acute Coronary Syndrome as it relates to the 12-lead ECG
11:45 am	Lunch
1:00 pm	Axis determination, with practice
2:00 pm	Myocardial ischemic patterns, with practice
3:00 pm	Break
3:15 pm	Myocardial infarction patterns, with practice
4:15 pm	Bundle branch block practicum
5:15 pm	Post-test and evaluation

Registration Fee

Early Bird Registration
(prior to June 10, 2016): **$45.00**

Registration
(after June 10, 2016): **$70.00**

The program fee includes all instructions, program materials, and refreshments.

Full Name: _____ Daytime Phone : _____

(PRINT NAME AS IT APPEARS ON NURSING LICENSE)

Complete Address: _____

City _____ State _____ Zip Code _____

Nursing License # : _____ License State: KS or Other _____

DETACH AND FAX COMPLETED ENROLLMENT FORM TO HAGAN & ASSOCIATES, LLc @ 316.219.3573 or CALL CHEALA/JAMIE @ 316.219.3571

Email: staff@haganassociates.biz

Program Accessibility: We accommodate persons with disabilities. Please call 316-219-3571 or email with your specific needs and a Continuing Education representative will contact you. To ensure accommodations, please register at least two weeks before the program.

Getting to Know Your 12-Lead ECG

By Emilie A. Hagan APRN, CDE

Course Description

The primary goal of this course is to provide the participant with the basic foundations for 12-lead ECG analysis. This class is designed for critical care RNs, APRNS, and other health care professionals who want to increase their skill proficiency in 12-lead ECG analysis, as well as normal, ischemic, infarction, and bundle branch block patterns.

Course Objectives

Upon completion of this program the participant will be able to:

1. Illustrate how cardiac anatomy and coronary circulation relate to the analysis of the 12-lead ECG.
2. Demonstrate appropriate and accurate analysis of the 12-lead ECG.
3. Distinguish ECG changes consistent with myocardial ischemia, injury, and infarction.
4. Accurately determine axis position on the 12-lead ECG and describe its clinical significance.
5. Distinguish left and right bundle branch patterns on 12-lead ECG.

Course Instructor

Emilie A. Hagan MSN, ARNP, CDE
7329 N. Woodlawn
Valley Center, KS 67147
316-219-3571

Course Methodology

Lecture, power point, hands on practice, question and answer session

Course Bibliography

Jacobson, Carol. "ECG Challenges: Diagnosis of Acute Coronary Syndrome." AACN Advanced Critical Care. 19.1 (2008): 101-08. Web.

Jenkins, Dean, MD, and Stephen Gerred, MD. ECG Library. N.p., 2014. Web. 23 Feb. 2016.

Lechtzin, Noah, MD, MHS. "Electrocardiography (ECG) In Pulmonary Disorders." Merck Manuals Professional Edition. N.p., 2013. Web. 23 Feb. 2016.

Thaler, M.S. (2015). The Only EKG Book You'll Ever Need. 8th Ed. Wolters Kluwer. Lippincott Williams & Wilkins. New York, New York.

"The Art of Interpretation Series." 12leadECG.com. Jones & Bartlett Learning, LLC, 2016. Web. 23 Feb. 2016.

Wagner, G.S., Strauss, D.G. (2013). Marriot's Practical Electrocardiography. 12th Ed. Wolters Kluwer. Lippincott Williams & Wilkins. New York, New York.

Warnica, James Wayne, MD. "Acute Coronary Syndromes (ACS)." Merck Manuals Professional Edition. N.p., 2013. Web.

Getting to Know Your 12-Lead ECG

Agenda

8:00 A.M.	Registration
8:15 A.M.	Pre-test
8:30 A.M.	Anatomy and electrophysiology as it relates to the 12-lead ECG
9:30 A.M.	Electrical conduction system and the normal 12-lead ECG
10:30 A.M.	15 Minute Break
10:45 A.M.	Evolution of Acute Coronary Syndrome as it relates to the 12-lead ECG
11:45 A.M.	Lunch
1:00 P.M.	Axis determination with practice
2:00 P.M.	Myocardial ischemic patterns with practice
3:00 P.M.	15 Minute Break
3:15 P.M.	Myocardial infarction patterns with practice
4:15 P.M.	Bundle branch block practicum
5:15 P.M.	Post-test and evaluation

Emilie A. Hagan, APRN-CNS, CDE, AN
7329 N. Woodlawn
Valley Center, Kansas 67147-8560
316-291-3571
316-219-3573 (F)

MISSION:

As an Advanced Registered Nurse Practitioner/Clinical Nurse Specialist in private practice it is my intent to provide value added clinical management in order to improve the healthcare outcomes and the quality of life of the individual while enhancing the quality of healthcare in a cost effective manner.

PROFESSIONAL CREDENTIALS:

RN License, Kansas
APRN License, Kansas
Certified Case Manager 1987 to 2003
Certified Diabetes Educator
Certified Diabetes Foot Care Specialist /CFCN
ACLS Certified 1977 to present
NIH Stroke Certified 2011 to present

EDUCATIONAL BACKGROUND:

Master of Nursing, July 1989
The Wichita State University
Wichita, Kansas

Bachelor of Science in Nursing, May 1980
St. Mary's of the Plains College
Dodge City, Kansas

Diploma of Nursing, May 1976
St. Joseph School of Nursing
Wichita, Kansas

Bachelor of Arts in Philosophy, August 1974
Rockhurst College
Kansas City, Missouri

SUMMARY OF QUALIFICATIONS:

- Consultant to physicians in the areas of Cardiovascular disease, Diabetes and Lifestyle modifications
- Over 36 years of experience in nursing: critical care, acute care, hospice care, case management, nursing education and over 26 years in private practice.
- Independent Nurse Practitioner/Clinical Nurse Specialist
  - Provides nursing management in collaboration with primary care provider
  - Performs health assessments
  - Provide foot care to individuals in office, home and or facility
  - Counsels and educates individuals regarding health issues or problems
  - Develops strategies for specific health problems
  - Small group education and support groups
  - Collaborates with physicians in medical management of specific health problems related to diabetes, cardiovascular disease and lifestyle modifications

- Independent Nurse Educator
  - Contracts with individual healthcare providers and educational institutions
  - Provides lectures, training programs and seminars for healthcare professionals
  - Topics presented in the areas of nursing management, clinical issues, case management, professional image and business

    Past Educator Positions

    The Wichita State University – Clinical Instructor
    Wichita Area Vo-Tech - Instructor
    University of Kansas – Outreach Program
    Genentech – Nurse Preceptor Program
    St. Joseph Medical Center/Kansas Newman College - Perfusion Program
    Tabor College – Adjunct Faculty
    Lilly – Diabetes Interactive Network Instructor
    Miscellaneous pharmaceutical companies
  - CNE Provider with the State of Kansas

- Independent Nurse Case Manager 1991 to 2005
  - Provided onsite and/or telephonic case management on a contractual or referral basis
  - Provided services in the areas of Workman's Compensation and Catastrophic Medical Management

    Paradigm Health Corporation
    AmeriSys, Inc.
    Case Management Associates, Inc.
    The Hartford
    Miscellaneous Insurance/Case Management/Risk Management Companies

- Legal Nurse Consultant
  - Provides consultant services on a contractual basis to legal professionals (defense or plaintiff) practicing in the areas of medical-malpractice, personal injury, product liability, workman's compensation, managed care, group health, and criminal/civil case involving medical or health related issues

    Provided consulting services to the following firms

    - McDonald, Tinker, Skaer, Quinn & Herrington
    - Mike Cronan, attorney in private practice
    - Sharp, McQueen, McKinley, Dreiling & Morain, P.A.
    - Hutton & Hutton

PROFESSIONAL EXPERIENCE:

January 1998 to Present	CEO	Independent Advanced Practitioner Registered Nurse Hagan & Associates, LLC 7923 N. Woodlawn Valley Center, Kansas 67147 Clinic: 331 S. Hydraulic Wichita, Kansas 67211 Independent nursing practice providing nurse practitioner/clinical nurse specialist services in the area of diabetes, cardiovascular, peripheral vascular disease and lifestyle management, along with individual and small group educational services. In addition I provide routine/simple foot care to individuals in the office, home or facility. I am responsible for management of all business operations.
December 1980 to Present	Independent Educator	Continuing Education Lecturer Plans, develops and presents continuing education programs for nurses and other professionals in the areas of critical care, cardiovascular disease, diabetes and professional issues. CNE Providership established Plan, develop and coordinate continuing education programs for various organiztions Hagan & Associates, LLc Mid-America Wound Healing Society (MAWHS) Sigma Theta Tau
October 2011 to Present	Neuro ICU RN	Part-time RN in the Neuro ICU Via Christi Health Systems 929 N St. Francis Wichita, Kansas 67214 Plan, implement and evaluate patient care for one to three neuro-critical care patients on a part-time basis.
November 2010 to October 2011	APRN	Part-time APRN in the eCare ICU Via Christi Health Systems 9727 Shannon Woods Suite 120 Wichita, KS 67226 Provide patient care per e-ICU Manager system in community hospitals in accordance with the Kansas Nurse Practice Act and to the attending physician classification. Key responsibilities are, but not limited to, independent nursing decisions and interdependent decisions with physicians in carrying out the healthcare plan; obtain medical histories; perform physical examinations of adults; follow treatment protocols per critical care standards; order and interpret diagnostic tests and x-rays; prescribe and monitor medications per protocol; assist in assuring evidence-based practice; serve as a consultant and clinical resource to nursing staff; provide staff and patient/family education; lead and assist in the quality improvement plan and in meeting the core measure performance goals of the medical center; collaboration with healthcare team promoting communication, and role modeling.

May 2008 to November 2011	PRN Staff ICU RN	Intensive Care Nurse Kansas Medical Center 1124 West 21st Street Andover, Kansas 67002 Plan, implement and evaluate patient care for one to three critical care patients on an as needed basis.
June 2002 to 2008	Contract RN	Intensive Care Nurse Interim Healthcare 333 S. Broadway Wichita, Kansas 67202 Contract Nurse for intensive care, coronary care and telemetry hospital care.
November 1998 to 2002	PRN Staff RN	Intensive Care Nurse Riverside Health Systems West River Plaza 2622 W. Central Ave. Wichita, Kansas 67203 Planned, implemented and evaluated patient care for one to three critical care patients on an as needed basis.
January 1986 to December 1997	President	Independent practice Emilie A. Hagan, RN 7329 N Woodlawn Valley Center, Kansas 67147 Sole proprietor. On a referral basis, performed health assessments, counseled and developed strategies for specific health problems; consulted with physicians in the management of diabetes, cardiovascular disease, hypertension, and weight loss; provided educational programs on health promotional issues to public and private sectors; provided outpatient education and counseling for patients and families. Provided onsite case management services in the areas of catastrophic medical and/or Worker's Compensation injury or illness; served as a consultant to attorneys in the analysis, summarization of medical records and other aspects of legal cases. Managed all aspects of business operations.
August 1990 to December 2003	Clinical Preceptor	Graduate School – Nursing Program The Wichita State University 1845 Fairmount Wichita, Kansas 67208 Acted as a role model in advanced practice role, planned learning experiences and appraised performance for graduate nursing students. Provided a clinical experience for nurses studying for their master's degree in nursing.

August 1988 to 1995	Cardiopulmonary Instructor	Perfusion Program St. Mary of the Plains/Kansas Newman College 3100 W. McCormick Wichita, Kansas 67213 Planned, developed and presented a three-hour credit course "Cardiopulmonary Dynamics" for nurses preparing for their bachelor degree in cardio-perfusion.
July 1977 to1996	Staff Nurse	Coronary/Medical Intensive Care St. Joseph Medical Center 3600 E. Harry Wichita, Kansas 67218 Planned, implemented and evaluated patient care for one to three critical care patients, responsible for patient/family education and emotional support; acted as a charge nurse on a rotating basis. Experience gained in heart cath laboratory, operating room, special procedures and emergency cardiac care. Member of the first Intra-Aortic-Balloon Pump team. Planned, developed and implemented the use of nursing diagnoses and new documentation system unit wide. Member of Patient Education Committee, Procedure Committee and Documentation Committee. Lecturer in critical care courses for continuing education. CPR instructor since 1981. Acted as an "on call" critical care staff nurse from 1989 to 1996.
August 1993 to December 1993	Adjunct Professor	Graduate Nursing Program The Wichita State University 1845 Fairmount Wichita, Kansas 67208 Planned, developed and presented a four-hour graduate course entitled "Advanced Physical Assessment"
August 1989 to December 1992	Clinical Nursing Instructor	Undergraduate Nursing Program The Wichita State University 1845 Fairmount Wichita, Kansas 67218 Responsible for clinical teaching, medical/surgical nursing, planned learning experiences and appraised performance for eight to ten adult learners
September 1985 to July 1993	PRN Staff Nurse	Hospice Home Care Hospice, Inc. 313 S. Market Wichita, Kansas 67202 Planned, implemented and managed home care for one to five terminally ill patients on an as needed basis. Provided emotional support to patients and families. Functioned in a 12 to 24 hour nurse "on call" role weekly. Participated on the Documentation Committee and Continuing Education Committee

June 1976 to
July 1977

Staff RN Telemetry Unit

St. Joseph Medical Center
3600 E. Harry
Wichita, Kansas 67218

Planned, implemented and evaluated patient care for 24 post critical care and cardiac patients. Acted a relief charge nurse. Represented the unit on the Patient Education and Liaison Committees.

PROFESSIONAL ORGANIZATIONS

Present

- Mid-America Wound Healing Society
  - Educational Planning Committee 2010 to 2014

Past

- Kansas Alliance of Advanced Nurse Practitioners
  - Board of Directors 2005 to 2006
  - Secretary 2007 to 2009
- Case Management Association of Central Kansas
  - President Elect 1995 to 1996
  - President 1996 to 1997
  - Education Committee 1995 to 2002
- National Nurses in Business Association
- American Association of Critical Care Nurses
- American Nurses Association
  - Council of Nurses in Advanced Practice
- National Association of Women Business Owners
  - Networking Associate
  - Program Chairman, 1991-1994
- North American Nursing Diagnosis Association
- American Heart Association
  - Board of Directors member
  - Program Committee member
  - Guest Speaker
- American Diabetes Association
- Case Management Society of America
- American Association of Diabetes Educators
- Kansas Association of Diabetes Educators
  - Vice President 1988 to1989
  - President 1989 to1991
- American Red Cross
  - CPR Instructor 1976 to 1986
  - ACLS Certified 1977 to 2008
- American Association of Legal Nurse Consultants

- American Society of Law, Medicine & Ethics
- The Forum for Executive Women
- Individual Case Management Association (ICMA)
- Sigma Theta Tau, Nursing Honor Society
  - Program Committee 1985 to 1987
- St. Joseph Federated Nurses Alumnae Association
  - Vice President 1980 to1982

HONORS:

- Outstanding Senior, St. Joseph School of Nursing
- Who's Who in Nursing
  - 1990-1991
  - 1991-1992
- Sigma Theta Tau – Epsilon Gamma Chapter-at-Large
  - Excellence in Nursing Recognition- Mentorship Award-1997
- Who's Who in Executives and Businesses
  - 1998-1999
  - Lifetime Member - 1999

REPRESENTATIVE PUBLICATION/ PRESENTATIONS

"Collaborative Practice: Case Managers and Home Care Agency Nurses", The Case Manager, October 1997. Co-authored with John R. Coleman, PhD.

"The Case Management – Home Care Puzzle"

"Projecting a Professional Image" Co-presented with Kate Martin

"Current Management of the MI Patient"

"Diabetes: An Update"

"Getting to Know the 12 Lead EKG"

"Nuts & Bolts of Cardiac Dysrhythmia Interpretation"

"Hemodynamic Monitoring: Basic Principles and Skills"

"Nursing Diagnosis and Physical Assessment: Putting Them Together"

"Women Working Together" Co-presented with Kate Martin

"Entrepreneurship for the Health Care Professional: Managing Change, Innovation and Growth", Guest Speaker, The Wichita State University. (two week workshop)

Hagan & Associates, LLC

7329 N Woodlawn
Valley Center, Kansas 67147

CONTINUING EDUCATION PROGRAM

Evaluation Form

Program Title: Getting to Know Your 12-Lead ECG
Speaker: Emilie Hagan APRN, CDE
Location Hagan & Associates, LLc 331 S Hydraulic Wichita Kansas 67211
Date: June 28, 2016

You are: __RN ARNP __LPN __SW Other: _____

I.	This program met my learning needs and expectations: (Circle One)	Fully	Partially	Not at all
II.	Upon completion of this program, I am able to: (Circle One)			
1.	Illustrate cardiac anatomy and coronary circulation as it relates to the analysis of the 12-lead ECG	Fully	Partially	Not at all
2.	Demonstrate appropriate and accurate analysis of the 12-lead ECG	Fully	Partially	Not at all
3.	Distinguish ECG changes consistent with myocardial ischemia, injury, and infarction	Fully	Partially	Not at all
4.	Accurately determine axis position on the 12-lead ECG and describe its clinical significance	Fully	Partially	Not at all
5.	Distinguish left and right bundle branch patterns on the 12-lead ECG	Fully	Partially	Not at all

III. Rate the speaker on each of the listed characteristics using the following scale:
1) Excellent 2) Good 3) Average 4) poor

		Excellent	Good	Average	Poor
1.	Knowledge of subject	1	2	3	4
2.	Organization/Clarity of content	1	2	3	4
3.	Enthusiasm of speaker	1	2	3	4
4.	Content met the objectives	1	2	3	4
5.	Effective teaching methods	1	2	3	4
6.	Balanced amount of theory and application in presentation	1	2	3	4

IV.	Facility Evaluation	Excellent	Good	Average	Poor
1.	Accessibility	1	2	3	4
2.	Seating/Room Arrangements	1	2	3	4
3.	Parking	1	2	3	4

Comments/Suggestions for future programs:

Thank you for taking the time to fill out this evaluation. The answers you have provided will help us plan for future conferences.

CNE 41

Offering #2

NEEDS ASSESSMENT

LIVE WELL WITH DIABETES
3RD ANNUAL HEALTHCARE PROFESSIONAL CONFERENCE

PROGRAM DATES:
NOVEMBER 1 and 2, 2018

Gaps Identified Knowledge/Skills/Practice	Description of Gap	Evidence used to Validate	Summary of Data	Tarket Audience
Knowledge	Diabetes is a complex illness that affects millions of people, that constantly has changing guidelines, new emerging research and technology changes. One that has been identified in our community this years has been requested by our school nurses. With new insulin pumps being introduced there is a knowledge gap in how they work to deliver insulins and the differences between them. Another knowledge gap is the new guideline changes between associations that are looked to for guidance. Why were these changes made and how do we understand the discrepancies between them? Last, a diet gap has also been identified with our clients living with diabetes. With the "trendy" diets, how do we help our clients choose the healthiest diet for them?	Survey of stakeholders and target audience members. Individual stakeholders and nursing management identified lack of knowledge in community. Evaluation date from previous educational activities. No formal diabetes education or training since discontinuation of UKSM-W program.	We asked the participants of the last 2 years in the Live Well With Diabetes Professional Program for their input on what they would like to see in the future. From there we were able to identify needs and bring them the content they would like to see. This year school nursing and diabetes, comorbidities of diabetes, and advancements in diabetes technology, are all subjects this year that were identified to fill this need. Previous years were very receptive and thankful for the information that we provided and requested for it to b a yearly event to bring up-to-date information about diabetes care.	RN's APRN's RN's in specialty areas (i.e. Diabetes Management/Care) Community health and acute care based RN's and APRN's

Attention

APRN, RN, LPN, PT, RD, CDE, PharmD

SAVE THE DATE

Living Well with Diabetes

3rd Annual Professional Conference

NOVEMBER 1 & 2, 2018

Diabetes occurs across the Life Span.

This is a program focused on assisting health professionals to develope their skills in assisting Individuals to **Live Well with Diabetes** whether in the infant, school age, college, adult or geriatric stage of life.

Topics

Thursday Evening: 6 to 9:30 pm

Fad Diets & Diabetes
New Technologies & New Insulins

Friday All Day: 8 am to 5:30 pm

Diabetes & Strokes
Controversies in Diabetes
Diabetes & Long Term Care
Diabetes & Hypertension
Community Facilitation for Diabetes
Eye Disease & Diabetes
Case Studies in Diabetes

Accreditation

For ANCC & CDE

This Activity has been submitted to the Midwest Multistate Division for approval to award nursing contact hours. The Midwest Mulitstate Division is accredited s an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

GREAT PLAINS DIABETES

For RNs, LPNs
Hagan & Associates, LLc as an approved provider of continuing education by the Kansas State Board of Nursing., offers this conference for a total of 10.0 contact hours for both days , or 3 contacts hours for Thursday night only or 7 hours for Friday only. Kansas State Board of Nursing approved provider # LT0267-1010.

PharmD, PT, R.D. Applications in process

To Learn more:
Call Emilie or Kristen at Hagan & Associates, LLc at 316-219-3571
Email: education@haganassociates.biz
http://www.facebook.com/HaganAssociatesLLc

CNE 44

SPEAKERS

Wendy Dusenbury DNP, APRN, FNP-BC, CNRN, ANVP-BC

Emilie Hagan APRN, CDE, CFCN

Julia Bippert RLD, CDE

Amy Siple APRN, FNP, GS-C

Paul Weishaar MD

Debbie Hinnen APRN, CDE, BC-ADM, FAAN, FAADE

Justin Moore MD, FACP

Richard Guthrie MD, FAAP, FACE, Professor Emeritus

Scott Wadle, AICP

Nate Wiehl PharmD, BC-ADM

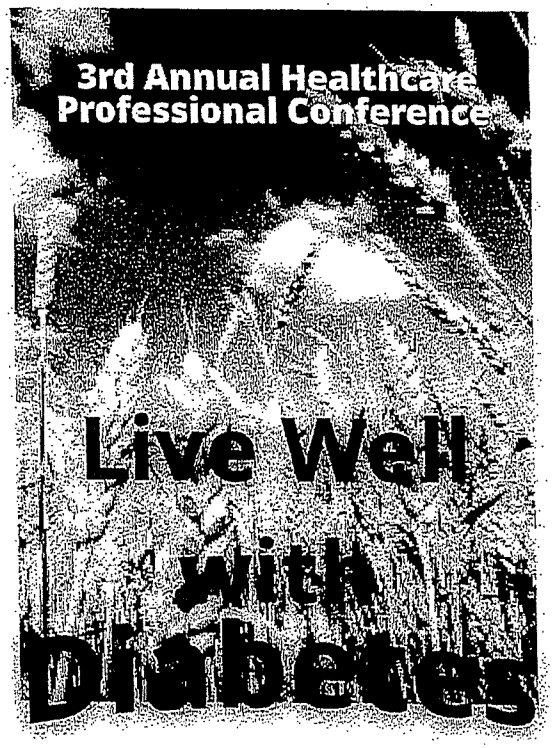
GREAT PLAINS DIABETES

Accreditation: This activity has been submitted to the Midwest Multistate Division for approval to award nursing contact hours. The Midwest Multistate Division is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. For more information regarding contact hours, please call Kristen Grooms, BSN RN at (316) 219-3571. **(November 1st program was summited for 3 contact hours, and the November 2nd program was submitted for 7 contact hours.).**

Hagan & Associates, LLc as an approved provider of continuing education by the Kansas State Board of Nursing., offers this conference for a total of **10.0 contact hours for both days** Thursady evening & Friday Day (Nov 1 & 2, 2018), or **3 contact hours for Thursday evening only** (Nov. 1, 2018) or **7 contact hours for Friday Day only** (Nov. 2, ,2018) Kansas State Board of Nursing approved provider # LT0267-1010.

The continuing education opportunity is pending approval by the Kansas Physical Therapist Association, Kansas Board of Pharmacy and the Commission on Dietetic registration for 3 contact hours on November 1st and 7 contact hours on November 2nd.

Program Accessibility: We accommodate persons with disabilities. Please call 316-219-3571 or email education@haganassociates.biz with your specific needs and Continuing Education representative will contact you. To ensure accommodations, please register at least two weeks before program.



November 1 & 2, 2018

A Professional Continuing Education Program for
CDE, PT, RD, RN, LPN, APRN, PharmD, CCM
& others interested in Diabetes

GREAT PLAINS DIABETES

Sedgwick County Extension Education Center
7001 West 21st Street North
Wichita, Kansas

Course Objectives

Upon Completion of this program, the participant will be able to

1. Discuss the underlying defects and natural history of diabetes and associated complications as it relates to clinical outcomes.
2. Describe how current research and treatment algorithms can facilitate clinical decision-making.
3. Compare the standard of care and diabetes as outlined by the ADA and AACE guidlines as it relates to his/her practice.
4. Modified diabetes management in the context of uniqueness of the client with diabetes, i.e. obesity, depression, age, socio-economic situations, etc.
5. Identify the principles of implementing non-pharmacological diabetes therapies in diabetes management based on current guidelines and patient status.
6. Identify the principles for implementing pharmacological diabetes therapies in diabetes management based on current guidelines and patient status
7. Develop strategies to improve adherence to diabetes self-management activities such as healthy eating, exercise, weight management and glucose monitoring.
8. Outline a systematic approach for management of diabetes related to complications.
9. Discuss strategies for influencing behavior changes

GREAT PLAINS DIABETES

Hotel Information

Hampton Inn Wichita Northwest

10047 W 29th Street North
Wichita, Kansas 67205

Tel: +1-316-925-6600
Fax: +1-316-925-6601

$104 Per Night

If reserved by October 18th, 2018

http://hamptoninn.hilton.com/en/hp/groups/personalized/I/ICTWKHX-GPD-20181101/index.jhtml

Thursday November 1, 2018

5:30- Registration and Introduction

6:00-7:00- Diabetes Technology and Emerging Therapies
Dr. *Nate Wiehl*

7:00-7:30- Dinner (provided)

7:30-8:30- Diabetes Technology and Emerging Therapies
Dr. *Nate Wiehl*

8:30-9:30- Trendy Diets and Diabetes
Julia Bippert, RLD,

9:30- Closing and Evaluations

Friday November 2, 2018

8:00- Registration and Introduction

8:30-9:30- Controversies in Diabetes: ACP vs. AACE Guidelines
Dr. J.Moore and Dr. R.. Guthrie

9:30-10:30- Diabetes and Long Term Care
Amy Siple, APRN, FNP

10:30-10:45- Break

10:45-11:45- Diabetes and Stroke Management
Dr. *Wendy Duesnbury*

11:45-1:00- Lunch (provided) & Vendor Displays

1:00-2:00- Diabolical Twins: Diabetes & Hypertension
Emilie Hagan, APRN, CNS, CDE

2:00-3:00- Creating Communities for Physical Activity
Scott Wadle, AICP

3:00-3:30- Break- & Vendor Displays

3:30-4:30- Diabetes and Eye Disease
Dr. Paul Weishaar

4:30-5:30- Case Studies In Diabetes: Practical Pointers For Evidenced Based Practice
Debbie Hinnen, APRN, CDE

5:30-5:45 - Closing and Evaluations

Registration

Name: _____

Email: _____ (as appears on license)

Address: _____

City: _____ State: _____ Zip: _____

Phone: Hme _____ Cell: _____

Discipline: RN PT PharmD APRN RD LPN Other: _____

License number: _____

http://events.constantcontact.com/register/event?llr=bjghg6ab&oeidk=a07efkqyo25afbf706c

Mailing Address:

Hagan & Associates, LLc Attn: Education
7329 N. Woodlawn Street
Wichita, KS 67147

Make Checks payable to: Hagan & Associates LLc

Registration Fees

	Early *(until 10/18/18)*	Regular *(After 10/18/18)*
Thursday Only **November 1, 2018**	$60	$100
Friday Only **November 2 , 2018**	$90	$125
Thursday & Friday **November 1 & 2, 2018**	$120	$185

Live Well With Diabetes: 3rd Annual Healthcare Professional Conference

November 1 & 2, 2018

Course Description:

Diabetes, a chronic illness, is a complex and serious disease. New diabetes therapies and technologies are expanding, while evidence-based guidelines are continually changing, making diabetes management even more challenging. Keeping current with the latest therapies for management of diabetes and its related comorbidities is difficult and time consuming for today's healthcare provider responsible for diabetes management and education. With the complex and diverse nature of diabetes in mind, education on evidence-based practice guidelines and protocols are essential to a healthcare provider's ability to effectively treat the individual living with diabetes. This conference uses lectures and interactive learning activities based on the latest research and clinically proven therapies with an emphasis on application. This conference will give the healthcare provider the opportunity for increased knowledge, skills, confidence, and tools to manage the complex chronic disease, diabetes. The hope is that through this increased knowledge and skill, the healthcare provider will facilitate the client's healthcare experience through more effective self-management skills, improved glycemic control, a reduction in acute and long-term complications, and an overall increased quality of life.

Course Objectives:

Upon completion of this program, the participant will be able to:

1. Discuss the underlying defects and natural history of diabetes and associated complications as it relates to clinic outcomes.
2. Describe how current research and treatment algorithms can facilitate clinical decision-making.
3. Compare the standard of care and diabetes as outlined by the ADA and AACE guidelines as it relates to his/her practice.
4. Modified diabetes management in the context of uniqueness of the client with diabetes, i.e. obesity, depression, age, socio-economic situations, etc.
5. Identify the principles of implementing non-pharmacological diabetes therapies in diabetes management based on current guidelines and patient status.
6. Identify the principles for implementing pharmacological diabetes therapies in diabetes management based on current guidelines and patient status.
7. Develop strategies to improve adherence to diabetes self-management activities such as health eating, exercise, weight management and glucose monitoring.
8. Outline a systematic approach for management of diabetes related to complications.
9. Discuss strategies for influencing behavior changes.

Course Instructors:

Wendy Dusenbury, DNP, APRN, FNP-BC, CNRN, ANVP-BC

Emilie Hagan, APRN, CDE, CFCN

Julia Bippert, FLD, CDE

Amy Siple, APRN, FNP, GS-C

Paul Weishaar, MD

Debbie Hinnen, APRN, CDE, BC-ADM, FAAN, FAADE

Justin Moore, MD, FACP

Scott Wadle, AICP

Nate, Wiehl, PharmD, BC-ADM

Live Well With Diabetes: 3rd Annual Healthcare Professional Conference

November 1 & 2, 2018

Course Methodology:

Lecture, power point, hands on practice, case studies, question and answer session.

Course Bibliography:

See individual offering.

Course Agenda:

Thursday, November 1, 2018

6:00 – 7:00 PM	Diabetes Technology and Emerging Therapies	Dr. Nate Wiehl
7:00 – 7:30 PM	Dinner	
7:30 – 8:30 PM	Diabetes Technology and Emerging Therapies (Cont)	Dr. Nate Wiehl
8:30 – 9:30 PM	Trendy Diets and Diabetes	Julia Bippert, RLD
9:30 PM	Closing and Evaluations	

Friday, November 2, 2018

8:00 AM	Registration and Introduction	
8:30 – 9:30 AM	Controversies in Diabetes: ACP vs. AACE Guidelines	Dr. J Moore/Dr. R Guthrie
9:30 -10:30 AM	Diabetes and Long Term Care	Amy Siple, APRN, FNP
10:30 – 10:45 AM	Break	
10:45 – 11:45 AM	Diabetes and Stroke Management	Dr. Wendy Duesnbury
11:45 – 1:00 AM	Lunch & Vendor Displays	
1:00 – 2:00 PM	Diabolical Twins: Diabetes & Hypertension	Emilie Hagan, APRN, CNS, CDE
2:00 – 3:00 PM	Creating Communities for Physical Activity	Scott Wadle, AICP
3:00 – 3:30 PM	Break & Vendor Displays	
3:30 – 4:30 PM	Diabetes and Eye Disease	Dr. Paul Weishaar
4:30 – 5:30 PM	Case Studies in Diabetes: Practical Pointers for Evidence Based Practice	Debbie Hinnen, APRN, CDE
5:30 – 5:45 PM	Closing and Evaluations	

Diabetes and Stroke Management

Wendy Dusenbury DNP, APRN, FNP-BC, AGACNP-BC, CNRN, ANVP-BC
Garden Plain Kansas

Description:
Stroke is the 5th leading cause of death in the United States, but more importantly, the leading cause of disability in the world. The Southeastern part of the United States is known as the Stroke Belt. People that live in this area of the country have a higher incidence of diabetes, hypertension, and obesity and therefore a higher incidence of stroke and cardiovascular disease. This lecture will highlight some of the latest research regarding stroke and diabetes and explore best practices in care for this vulnerable population.

Objectives:
1. Describe signs and symptoms of stroke
2. Recognize geographic locations with increased incidence of stroke
3. Verbalize current research supporting diabetes care in the stroke patient.
4. Identify best practices in managing diabetes for prevention of stroke and post stroke.

Bibliography

Benjamin, E. J., Blaha, M. J., Chiuve, S. E., Cushman, M., Das, S. R., Deo, R., ... Muntner, P. (2017). Heart Disease and Stroke Statistics—2017 Update: A Report From the American Heart Association. *Circulation*. https://doi.org/10.1161/CIR.0000000000000485

Gaillard, T., & Miller, E. (2018). Guidelines for Stroke Survivors With Diabetes Mellitus. *Stroke*, *49*(6), e215–e217. https://doi.org/10.1161/STROKEAHA.118.020745

Powers, W. J., Rabinstein, A. A., Ackerson, T., Adeoye, O. M., Bambakidis, N. C., Becker, K., ... Council, on behalf of the A. H. A. S. (2018). 2018 Guidelines for the Early Management of Patients With Acute Ischemic Stroke: A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association. *Stroke*, STR.0000000000000158. https://doi.org/10.1161/STR.0000000000000158

Case Studies in Diabetes: Practical Pointers for Evidenced Based Practice

Debbie Hinnen, APRN, CDE

Objectives and Outline:

Medication update

Outline:

1. Standards of Care
2. Review of AACE and ADA guidelines for clinical management
    a. Review of classes of diabetes meds, MOA and adverse events as they relate to metabolic defects
    b. Oral agents/injectables
        i. SU
        ii. Glucophage
        iii. DPP4i
        iv. GLP1 RA
        v. AGI
        vi. SGLT2 inhibitors
    c. Insulins
        i. Rapid acting/fast acting
        ii. Intermediate
        iii. Long acting. Ultra-long acting
            1. Combinations with GLP1 RA
    d. Case discussion to synthesize combinations of agents

References.

1 Standards of Medical Care in Diabetes- 2018. Diabetes Care Vol 41(Suppl 1) S73-S85

2 The Diabetes Control and Complications Trial DCCT/Epidemology of diabetes Interventions and Complications (EDIC) Study Research Group. Mortality in type 1 dibetes in the DCCT/EDIC versus the general population. Diabetes Care 2016;39:1378-1383

3. Palmer S, Mavridis D, Micolucci A, et al. Comparison of Clinical Outcomes and adverse events associated with glucose-lowering drugs in patients with type 2 diabetes: a meta-analysis. JAMA 2016; 316:313-324

4. Garber AJ, AACE/ACE. Comprehensive Type 2 diabetes management algorithm 2018. Endocr Pract 2018;24:91-120
5. DeFronzo RA. Diabetes 2009; 58(4) 773-795

Living Well With Diabetes: 3rd Annual Healthcare Professional Conference

November 1 & 2, 2018

Agenda

Thursday 11/1/2018

17:30-18:00 Registration and Introduction

18:00-19:00 "Diabetes Technology and Emerging Therapies" **1.0 CH**
Presented by Nate Wiehl Pharm.D., BC-ADM

19:00-19:30 Dinner

19:30-20:30 "Diabetes Technology and Emerging Therapies" **1.0 CH**
Presented by Nate Wiehl Pharm.D., BC-ADM

20:30-21:30 "Trendy Diets and Diabetes" **1.0 CH**
Presented by Julia Bippert RD, CDE

21:30 Closing and Evaluations

Thursday Total CH: 3.0

Friday 11/2/2018

08:00 Registration and Introduction

08:30-09:30 "Controversies in Diabetes: ACP vs. AACE Guidelines" **1.0 CH**
Presented by Justin Moore MD, FACP and Richard Guthrie MD, FAAP, FACE, Professor Emeritus

09:30-10:30- "Managing Diabetes in Long Term Care" **1.0 CH**
Presented by Amy Siple APRN, FNP, GS-C

10:30-10:45 Break

10:45-11:45- "Diabetes and Stroke" **1.0 CH**
Presented by Wendy Duesnbury DNP, ARNP, FNP-BC, CNRN, ANVP-BC

11:45-13:00 Lunch/Venders

13:00-14:00 "The Diabolic Twins: Diabetes & HTN" **1.0 CH**
Presented by Emilie A Hagan, APRN, CDE, CFCN

14:00-15:00 "Creating Communities for Physical Activity" **1.0 CH**
Presented by Scott Wadle

15:00-15:30 Break

15:30-16:30 "Diabetes & Eye Disease" **1.0 CH**
Presented by Dr Paul Weishaar

16:30-17:30 "Case Studies In Diabetes: Practical Pointers for Evidenced Based Practice"
Presented by Debbie Hinnen APRN, CDE, BC-ADM, FAAN, FAADE **1.0CH**

17:30-17:45 - Closing and Evaluations

Friday Total CH: 7.0
Event Total CH: 10.0

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3:30-4:30- Diabetes and Eye Disease
Dr. Paul Weishaar

4:30-5:30- Case Studies In Diabetes: Practical Pointers For Evidenced Based Practice
Debbie Hinnen, APRN, CDE

5:30-5:45 - Closing and Evaluations

Registration

Name: _____ (as appears on license)

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Hme _____ Cell: _____

Discipline: RN PT PharmD APRN RD LPN Other: _____

License number: _____

http://events.constantcontact.com/register/event?lir=lbjghg6ab&oeidk=a07efkqyo25afbf706c

Mailing Address:

Hagan & Associates, LLc Attn: Education
7329 N. Woodlawn Street
Wichita, KS 67147

Make Checks payable to: Hagan & Associates LLc

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Thursday & Friday **November 1 & 2, 2018**	$120	$185

OBJECTIVES

- To provide high quality pharmacy services and clinical education to the residents of my community.
- To improve the profession of pharmacy through professional and political advocacy.

EDUCATION

University of Kansas School of Pharmacy • Graduated May 2007

- Doctor of Pharmacy degree
- 2007 Clinical Skills Award
- 2007 NCPA Student Member of the Year

Board Certified Advanced Diabetes Manager • June 2015

EXPERIENCE

AuBurn Pharmacy • May 2007 – Present

- Staff Pharmacist
  - Provide retail prescriptions in a safe, efficient manner
  - Counsel and educate patients on medications
  - Manage and schedule support staff
- Anderson County Hospital Pharmacy
  - Provide contract pharmacy services and on-call services
  - Participate on P&T and risk management committees
  - Participate in discharge planning
  - Provide patient education
  - Direct continuous glucose monitoring clinic in collaboration with Dr. Kurt Midyett
- Director of Clinical Pharmacy
  - Lead diabetes program (AuBurn Diabetes Solutions)
    - Insulin pump trainings
    - Provide insulin pump supplies
    - DSMT
  - Oversee clinical arm of pharmacy based immunization program
  - Oversee MTM program
  - Discover and implement clinical services to separate AuBurn Pharmacies from the competition

INVOLVEMENT

Kansas Pharmacists Association

- KPhA Board of Directors • January 2012 – 2016
  - Community Academy Chairman
  - 2014 Board Member of the Year Award Recipient

American Diabetes Association Camp Discovery

- Medical Staff • 2007 – 2011, 2013 – Present
- Camp Director • 2012, 2016

Garnett, Kansas Rotary

- Chapter member • 2008 – Present
- Chapter President • 2012-13
- Board member • 2016 - Present

Big Brothers Big Sisters of Anderson County

- Big Brother • 2010 – 2016

Garnett, KS Ducks Unlimited

- Area Chairman • 2013 – Present

Creative Pharmacist

- Missions Board Member • 2015- Present

First Christian Church of Garnett

- Deacon • 2015 – Present
- Missions Board Member • 2015 – Present
- Board of Trustees • 2016 – Present

CNE 54

Julia Bippert RD, CDE
Dietitian and diabetes educator with 8 years of experience and a specialty in type 1 diabetes and insulin pump therapy. Current graduate student at KUMC working to obtain MS in nutrition. Passionate on balancing family, work, and health. As a dietitian, I truly enjoy steering people on the right path to initiative eating and active enjoyment. Thank you for letting me come talk and be here!

Curriculum Vitae
Justin Broyce Marvin Moore, MD, FACP
Last updated May 31, 2018



Personal Data

Place of Birth:	St. John, Kansas
Citizenship:	United States of America
Personal:	Married to Tracy L. Williams, MD; children Ruby E. Moore and William B. Moore
Mailing Address:	2242 North Redbud Lane Wichita, Kansas 67204
Telephone:	Cell (316) 200-7711
Website:	www.doublearrowmetabolism.com
Email:	Business: justin@doublearrowmetabolism.com Personal: icecoldchickenwing@gmail.com

Current positions

2015-	Owner, Double Arrow Metabolism, LLC
2015-	Medical Consultant, Health ICT • 2015- Consulting physician on CDC 1422 Chronic Disease Prevention and Health Promotion Grant • 2017- Technical consultant on CDC 1305 State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors grant • 2017- Clinical Contractor, McKesson Health Solutions
2015-	Consultant, RubiconMD

Education

08/1994-05/1999	Bachelor of Science in Nutritional Science, Kansas State University, Manhattan, Kansas (Graduation with Honors)
08/1999-05/2003	Doctor of Medicine, University of Kansas School of Medicine-Wichita, Wichita, Kansas
06/2003-06/2004	Internship in Internal Medicine, Internal Medicine Spokane, Spokane, Washington
07/2004-06/2006	Residency in Internal Medicine, University of Kansas School of Medicine-Wichita, Wichita, Kansas (Chief Resident)
07/2006-06/2008	Fellowship in Endocrinology, Diabetes, and Metabolism, University of North Carolina-Chapel Hill, Chapel Hill, North Carolina

Appointments

07/2016-	Courtesy Assistant Professor, Department of Pharmacy Practice, University of Kansas School of Pharmacy-Wichita, Wichita, Kansas
11/2014-	Adjunct Associate Professor, Department of Internal Medicine, University of Kansas School of Medicine-Wichita, Wichita, Kansas
07/2008-10/2014	Division Chief of Endocrinology and Assistant Professor of Medicine, University of Kansas School of Medicine-Wichita, Wichita, Kansas
2012-2014	Special Graduate Faculty Status, Department of Preventive Medicine, University of Kansas School of Medicine-Wichita, Wichita, Kansas

Awards and Special Recognitions

1994	McKinnis Educational Trust Scholarship

1994	Gary Cromer Memorial Scholarship
1996	King Memorial Scholarship
1997	Laverne & Edna Spears OES Scholarship
1997	Nina M. Browning Memorial Scholarship
1999	Outstanding Senior, Kansas State University Department of Foods and Nutrition
1999	Graduation with Honors, Kansas State University -Designed interactive touch-screen health presentation for the American Cancer Society *CancerVan*
1999	Arnold P. Gold Foundation Humanism in Medicine Essay Contest Honorable Mention -One of ten recipients nationwide
2003	Roscoe Falls Morton, MD, FACP Memorial Fund Award -For superior academic and clinical performance as a student in Internal Medicine
2006	W.C. (Carter) Goodpasture Resident Performance Award, University of Kansas School of Medicine-Wichita Department of Internal Medicine
2006	University of Kansas School of Medicine-Wichita Resident Peer Teaching Award
2006	University of Kansas School of Medicine-Wichita Dean's Award for Clinical Teaching
2010	University of Kansas School of Medicine-Wichita Thor Jager, M.D. Award
2011	Marshall, University of Kansas School of Medicine Hooding and Commencement
2012	Fellowship, American College of Physicians
2014	University of Kansas School of Medicine-Wichita Jayhawker, M.D. Award
2014	Wichita Business Journal "40 Under 40"
2015	University of Kansas School of Medicine-Wichita Student Choice Award for Internal Medicine
2017	Wichita Public Schools Good Apple Award for Exemplary Service and Dedication
2018	Parent-Teacher Association Lifetime Membership

Medical Licensure

- North Carolina Medical License 2006-00743, June 2006-Present (inactive in good standing)
- Kansas Medical License 04-30959, October 2004-Present.

Professional and Society Memberships

- Kappa Omicron Nu National Honor Society for Family and Consumer Sciences, 1995-1999
  - Elections Committee Chair, Kansas State University Chapter,1998-1999
  - Professional Committee Chair, Kansas State University Chapter, 1997-1998
  - Nominations Committee, Kansas State University Chapter, 1995-1997
- American College of Physicians, 2004-present
  - Scientific Planning Committee, Kansas Conference, 2009
  - Fellowship, 2012
- American Medical Association, 2004-present
- The Endocrine Society, 2006-present
- American Association of Clinical Endocrinologists, 2006-2015
- American Diabetes Association, 2006-present
- Medical Society of Sedgwick County, 2008-2014; Affiliate 2015-present
  - Secretary-elect, 2014
- Clerkship Directors in Internal Medicine, 2009-2014
- Chronic Disease Alliance of Kansas, 2015-present
- Kansas Public Health Association, 2015-present
- American College of Lifestyle Medicine, 2016-2017

Committees

2008-2009	Steering Committee, The Diabetes Consortium
2008-2009	Executive Committee, University of Kansas School of Medicine-Wichita Medical Practice Association
2008-2014	Board of Trustees, University of Kansas School of Medicine-Wichita Medical Practice Association
2008-2014	Glycemic Control Committee, Wesley Medical Center -Chairperson, 2009-present o Developed new hospital pre-printed order sets/protocols for: ▪ Intravenous insulin infusion in the intensive care unit ▪ Transition from intravenous to subcutaneous insulin ▪ Use of subcutaneous insulin in patients receiving oral nutrition ▪ Use of subcutaneous insulin in patients on tube feeds and receiving total parenteral nutrition

- Call parameters for patients on insulin unexpectedly kept *nil per os* for greater than four hours

2008-2010	Health Information Committee, Wesley Medical Center
2008-2010	Utilization Management Committee, Wesley Medical Center
2009-2010	Glycemic Control Committee, Via Christi Regional Medical Center
2010-2013	American College of Physicians Council of Young Physicians, Kansas Chapter
2011-2012	Chair, American College of Physicians Scientific Planning Committee, Kansas Chapter
2011-2012	American College of Physicians Chapter Advisory Council, Kansas Chapter
2011-	American Diabetes Association Community Leadership Board, Wichita Chapter -President, 2011-2017

- Testified before Kansas House Committee on Health and Human Services on behalf of House Bill No. 2032 relating to diabetes information reporting
- Advocated on behalf of diabetes-related legislation at the local, state, and national levels

2011-2013	Brown Bag Curriculum Reform Workgroup, University of Kansas School of Medicine-Wichita
2012-2013	Pass-Fail Subcommittee, University of Kansas School of Medicine
2012-2013	Employee Giving Initiative Workgroup, University of Kansas School of Medicine-Wichita
2012-2013	Committee for Masters in Public Health candidate Mai Nguyen
2012-2013	Committee for Masters in Clinical Research candidate Folaranmi Ajiboye
2013-2014	Executive Committee, Faculty Council (at-large position for Wichita Clinical Sciences) -Student Promotions and Special Programs Subcommittee
2013-2014	Wellness Committee, University of Kansas School of Medicine-Wichita
2013-2014	Chair, Systematic Course Review Committee for Health of the Public
2014	American College of Physicians Nominations Committee, Kansas Chapter
2015	Healthcare Cluster, Blueprint for Regional Economic Growth in South Central Kansas (BREG SCK)
2015	Steering Committee, University of Kansas School of Medicine HealthPulse Lecture Series

2015	Judge, poster and abstract competition, American College of Physicians Kansas Chapter Meeting
2016	Co-Chair, Health Alliance Clinical Care Committee
2016	Abstract reviewer, American College of Physicians National Meeting
2017-	Board Member, Bike Walk Wichita
2017-	President, Chronic Disease Alliance of Kansas -Oversaw transition to the modern structure of three subcommittees: Health Systems, Primary Prevention, and Education

Additional Certifications/Education

- Board Certification in Internal Medicine, September 2006
- Clinician Certification in Clinical Bone Densitometry, International Society for Clinical Densitometry, March 2008-March 2013
- Endocrine Neck Ultrasound and Ultrasound-Guided Fine-Needle Aspiration Course, American Association of Clinical Endocrinologists, March 2008
- Board Certification in Endocrinology, Diabetes, and Metabolism, October 2008
- Radiation Physics for Endocrinologists Course, American Association of Clinical Endocrinologists, August 2009
- Systems Change for Health-Analyzing Potential Solutions, course offered by Directors of Health Promotion and Education, Certificate ID 34668219-608, July 2015
- Wellness Council of America (WELCOA) Certificate in "Beyond Stress Management," certificate #31311321608312015, August 2015

Teaching and Patient Care Responsibilities

- Director of Endocrinology, Vigilias, LLC, January 2015-December 2016
- Teaching Attending, Division of Endocrinology and Metabolism, 12 months per year, July 2008-October 2014
  - Created a curriculum for improvement in resident grand rounds and public speaking
  - Created a curriculum for the Endocrinology Rotation with specific learning goals and objectives for all four levels of learners (MS4, PGY1, PGY2, PGY3)
- Presenter, Wichita State University Diabetes Education Update-Didactic Program, July 2008-2014
  - Topics: Diagnosis and Management of Diabetic Neuropathy; Inpatient Glycemic Management
- Interim Director of Student Programs, Internal Medicine, May 2009-June 2010

- Redesigned curriculum and syllabus for the clerkship to include more bedside teaching and less didactic teaching
- Presenter, Population Health in Practice Practice Redesign, 2010-present
- Co-Director of Student Programs, Internal Medicine, June 2010-2013
  - Designed a review curriculum that resulted in a five percent absolute increase in mean score on the Internal Medicine Subject Examination between 2009 and 2012
  - Initiated oral examination and coordinated/conducted examination preparation sessions, 2012-present
- Director of Student Programs, Internal Medicine, 2013-2014
- Co-Director, KUSM-W Internal Medicine Clinic at Cypress, 2010-2013
- Project Coordinator, Health of the Public (required 4th year medical student research rotation), University of Kansas School of Medicine-Wichita, 2004-2006, 2010
  - Projects included:
    - Fast Food Employment as a risk Factor for Obesity
    - Body Mass Index of Kansas Collegiate Football Players
    - Body Mass Index as a Predictor of Team Success in Kansas High School Football
    - Availability of Fresh Produce by Census Tract, Wichita, Kansas 2000
    - Effectiveness of an Inpatient Glycemic Control Protocol
- Co-Medical Director, Via Christi Weight Management, February 2011-December 2011
- Medical Director, Via Christi Weight Management, January 2012-October 2014
- Lecturer, Health of the Public (required 4th year medical student research rotation), University of Kansas School of Medicine-Wichita, 2009-
  - Participated in the design of the "Practice Redesign" block of the course, 2011-2015
- Teaching Attending, KU Hospitalists at Wesley Medical Center, July 2013-October 2014
- Attending endocrinologist, Robert J. Dole Veterans Administration Hospital, 2012-2014
- Facilitator, Problem-Based Learning Sessions for first- and second-year medical students, University of Kansas School of Medicine-Wichita, 2012-present

Journal Reviewer

Kansas Journal of Medicine, 2008-present (invited reviewer)

Annals of Internal Medicine, 2008-present

Editorial Boards

Kansas Journal of Medicine, 2008-2014

Medical Knowledge Self-Assessment for Students, 5th ed., 2010

Item Writer in Biostatistics, Epidemiology, and Population Health, *United States Medical Licensing Examination Steps 2 CK and 3*, 2010

Editorial Consultant for Module Updates: American College of Physicians (ACP) Smart Medicine (formerly Physicians' Information and Education Resource [PIER]), *Diabetes in Pregnancy*, 2011-2014

Industry Supported Research

Sub-investigator, SP757 Trial of Intravenous SPM 927 (Schwarz Biosciences), February 2005

Research Experience

Study coordinator, *A Prospective Study on the Effects of Atorvastatin on Plasma Choline Concentration in Subjects With and Without the Methylenetetrahydrofolate Dehydrogenase 1 G1958A Polymorphism*, University of North Carolina-Chapel Hill General Clinical Research Center, March 2007-June 2008

Principal Investigator, *Ultrasound Screening of Thyroid Nodules: A Prevalence Study in the Young Adult Population*, University of Kansas School of Medicine-Wichita, August 2009-July 2011

Principal Investigator, *Creation of a Community-Based Educational Medical Procedure Service*, February 2010-present

Principal Investigator, *Use of Handheld Ultrasound to Augment the Physical Examination*, September 2011-May 2012

Grant Support

Moore J (PI), Brumfield E, Kallail KJ, Totteland N. Creation of a Community-Based Educational Medical Procedure Service, Wichita Center for Graduate Medical Education, $24,999, 02/2010-2012

Moore J (PI), Kallail KJ. Use of Bedside Ultrasound as a Teaching Tool for the Physical Examination, Medical alumni Innovative Teaching Fund (MAITF), $5,000, 07/2011-06/2012

National Presentations

AAFP Live! Presenter, Diabetes and Cardiovascular Disease, 2009-2010

Moore J. *Engaging Non-Physician Health Care Providers in diabetes screening.* Minnesota Department of Health 1422 Grantee Meeting, May 2018.

Regional Presentations

El-Homsy F, **Moore J.** *Thyrotoxic periodic paralysis: A Challenging Diagnosis.* Presented at the American College of Physicians Kansas Chapter Conference, Kansas City, MO, September 2010.

Moore J. *Laboratory Workup of Osteoporosis.* Presented at the Via Christi 41st Annual Rheumatology Symposium, Wichita, Kansas, October 2010.

Paull-Forney B, **Moore J**, Dong F, Ablah E, Early J. *Improvement in Glycated Hemoglobin Levels and Fasting Blood Glucose Levels with a Concurrent Reduction in Usage of Hypoglycemic Agents in a 12 Week Low-Calorie Diet.* Presented at the proceedings of the Nineteenth Annual KU School of Medicine-Wichita Research Forum, April 2012. Wichita, Kansas.

Stevens S, **Moore J.** *U-500 in Extremely Insulin-Resistant Patients: A Case Series.* Presented at the American College of Physicians Kansas Chapter Conference, Kansas City, MO, October 2012.

Moore J. *Paths to a Skinnier You.* Presented at the 30th Annual Via Christi Cardiovascular Symposium, Wichita, Kansas, October 2012.

Moore J. *Obesity Update.* Presented at the 33rd Annual University of Kansas School of Medicine Family Medicine Winter Symposium, Wichita, Kansas, December 2013.

Chambers I, **Moore J**, Dong F. *Weight Change with Implementation of Preventive Vital Signs.* Oral presentation at the proceedings of the 22nd annual University of Kansas School of Medicine–Wichita Research Forum, Wichita, Kansas, April 2014.

Moore J. *Thyroid Disease in Pregnancy.* Presented at the 35th Annual Daniel K. Roberts OB/GYN Update, Wesley Medical Center, Wichita, Kansas, June 2014.

Moore J. *Obesity Update.* Presented at the American College of Physicians Kansas Chapter Conference, Kansas City, MO, October 2014.

Moore J. *Obesity Update.* Presented at the 2014 Kansas Academy of Physician Assistants Heart of America Continuing Medical Education, Wichita, Kansas, October 2014.

Moore J. *Cholesterol-Lowering Guidelines: What Now?* Presented at the 34th Annual University of Kansas School of Medicine Family Medicine Winter Symposium, Wichita, Kansas, December 2014.

Moore J. *Thyroid Nodules.* Presented at the 35th Annual University of Kansas School of Medicine Family Medicine Winter Symposium, Wichita, Kansas, December 2015.

Moore J. *Chronic Care Management Coding & Billing.* Presented at the Chronic Disease Association of Kansas (CDAK) Semi-Annual Meeting, Salina, Kansas, December 2015.

Moore J. Join the Club: How Peer Pressure Can Transform the World, by Tina Rosenberg, KUMC One Book, March 2016.

Moore J, Yaghmai E. *More than Checking a Box: Helping employees be good healthcare consumers.* Presented at the Health & Wellness Coalition of Wichita Think Tank, October 2016.

Moore J. *Improving Health through Collaborative Care.* Presented at the Wichita Business Coalition on Healthcare Innovation Summit, October 2016.

Moore J. *Do These Streets Make me Look Fat?* Presented at the Wichita Area Metropolitan Planning Organization Transportation Policy Body, March 2017.

Moore J. *Do These Streets Make me Look Fat?* Presented at the Wichita Area Metropolitan Planning Organization Transportation Advisory Committee, March 2017. (http://www.wampo.org/Library/Pages/Trends%20Analysis.aspx)

Moore J. *The Changing Role of the Physician.* Presented via Facebook Live for Health ICT, March 2017.

Moore J, Tuttle B. *Diabetes Done Differently.* Presented at the Medical Society of Sedgwick County, April 2017.

Weaver A, Moore J, Bimali M, Tuttle B, Ablah E. Supermarket Access and Prediabetes. Oral presentation at the proceedings of the 25th annual University of Kansas School of Medicine–Wichita Research Forum, Wichita, Kansas, April 2017.

Moore J. *Preventing Diabetes: Interpreting the Numbers.* Presented at the Mid-America Wound Healing Society 2017 Partners in Wound Healing Annual Conference, April 2017.

Moore J. *Better Living Through Collaborative Practice Agreements.* Medical Society of Sedgwick County's Quickfire, Wichita, Kansas, May 2017.

Moore J. *The Future of Chronic Disease Prevention in Kansas.* Chronic Disease Alliance of Kansas Semi-Annual Meeting, Wichita, Kansas, June 2017.

McCrary L, Moore J. *Driving Down Healthcare Costs: The Promise of Near Real Time Clinical Data.* Presented at the 6th Annual Wichita Business Coalition on Health Care Innovation Summit, Wichita, Kansas, September 2017.

Thibault M, Moore J, Sterling T, Thanel B, Johnson P. *From the Trenches, preparing for Value Based Reimbursement.* Kansas Medical Group Managers Conference, Overland Park, Kansas, September 2017.

Moore J, Thibault M. *Engaging Community Health Workers in the Healthcare Team.* Heartland Conference On Health Equity and Patient-Centered Care, Overland Park, Kansas, October 2017.

Moore J. *Redesigning Clinical Workflows to Support Hypertension and Diabetes Management.* Kansas Practice Transformation Network Annual Learning Event, Salina, Kansas, October 2017.

Moore J, Thibault M. *Engaging Practices in Quality Improvement.* Kansas 1422 Grantee and Kansas Healthcare Collaborative Team Meeting, Topeka, Kansas, October 2017.

Moore J. *Good Neighboring as Good Medicine.* Intersections of Faith and Health Conference, Salina, Kansas, October 2017.

Moore J. *More than Pills and Scalpels: the Future of Healthcare in Kansas.* Heal Reno County Pathways to a Healthier County Event, Hutchinson, Kansas, October 2017.

~~Moore J. *A View from the Other Side: Prevention of Diabetes.* Live Well With Diabetes~~ Professional Continuing Education Program, Wichita Kansas, November 2017.

Moore J. *Team-Based Quality Improvement Solutions in Hypertension.* Kansas Association for the Medically Underserved Webinar, February 2018.

Moore J. *The Latest in Diabetes Care Delivery.* KUSM-W Internal Medicine Grand Rounds, Wichita, Kansas, March 2018.

Moore J. *Applying Hypertension Guidelines in the Real World.* Medical Society of Sedgwick County/Kansas Department of Health and Environment/Kansas Healthcare Collaborative Webinar, April 2018.

Moore J. *The Latest in Diabetes, from Drugs to Delivery.* Kansas Governor's Public Health Conference, Wichita, Kansas, April 2018.

Moore J. *Connected, but not* Connected*: Social Isolation and Health Outcomes.* 2018 United Methodist Healthy Congregations Retreat, Rock Springs Ranch, Junction City, Kansas, April 2018.

Moore J. *More than Pills and Scalpels: Care of the Diabetic Person Outside Clinic Walls.* 2018 United Methodist Healthy Congregations Retreat, Rock Springs Ranch, Junction City, Kansas, April 2018.

Moore J. *Can Changing the Delivery Model Change Diabetes Outcomes?* Kansas Association for the Medically Underserved Webinar, May 2018.

Posters

Moore J, Schrage J. *Hirsutism and Irregular Menses: Thinking Beyond Polycystic Ovary Syndrome (PCOS).* Presented at the American College of Physicians National Conference, Philadelphia, Pennsylvania, April 2006.

Delgado F, Moussa R, Brumfield E, **Moore J.** *Thinking Beyond Type 1 Diabetes: Acromegaly Presenting as Diabetic Ketoacidosis.* Presented at the American College of Physicians Kansas Chapter Conference, Wichita, Kansas, September 2009.

El-Homsy F, **Moore J**, Kallail K, Zackula R. *Interim Report: Ultrasound Screening for Thyroid Nodules. A prevalence study in the young adult population.* Presented at the proceedings of the Eighteenth Annual KU School of Medicine-Wichita Research Forum, April 2011. Wichita, Kansas.

Kempke J, El Lakkis I, **Moore J**, Kallail KJ, Brumfield E, Totteland N. *Time does not equal confidence: Resident comfort level with common bedside procedures.* Presented at the proceedings of the Eighteenth Annual KU School of Medicine-Wichita Research Forum, April 2011. Wichita, Kansas.

Rughani, A, Guhl B, Malone B, **Moore J**, Dong F, Wetta-Hall. *Does controlled versus uncontrolled disease status affect perceptions of health status among type 1 diabetic adults? A pilot study.* Presented at the proceedings of the Nineteenth Annual KU School of Medicine-Wichita Research Forum, April 2012. Wichita, Kansas.

Sifers T, Nilhas A, Locke-Nilhas E, Kleinholz P, Dong F, **Moore J**. *Analysis of the subcutaneous-to-intravenous insulin ratio and its association with inpatient glycemic control in patients with diabetes mellitus.* Presented at the proceedings of the Nineteenth Annual KU School of Medicine-Wichita Research Forum, April 2012. Wichita, Kansas.

Stevens S, **Moore J**, Kallail KJ. *Ultrasound-Augmented Instruction in Physical Examination of the Thyroid.* Presented at the proceedings of the Nineteenth Annual KU School of Medicine-Wichita Research Forum, April 2012. Wichita, Kansas.

Moore J, Faulk LC, Kallail KJ, Zackula R. *Targeted Student Review Sessions for the Internal Medicine Subject Examination.* Presented at the proceedings of the Nineteenth Annual KU School of Medicine-Wichita Research Forum, April 2012. Wichita, Kansas.

Kallail KJ, **Moore J**. *Use of Facebook by an Endocrinology Clinic.* Presented at the proceedings of the Nineteenth Annual KU School of Medicine-Wichita Research Forum, April 2012. Wichita, Kansas.

Hogsett A, **Moore J**. *Follicular Lymphoma and Hashimoto's Myxedema-Unusual, but not Unheard of, Companions.* Presented at the American College of Physicians Kansas Chapter Conference, Kansas City, MO, October 2012.

Nguyen L, **Moore J**. *Mullerian Agenesis: A Case of Mistaken Identity.* Presented at the American College of Physicians Kansas Chapter Conference, Kansas City, MO, October 2012.

Sfeir J, **Moore J**. *Thyroid Storm Associated with a Partial Molar Pregnancy.* Presented at the American College of Physicians Kansas Chapter Conference, Kansas City, MO, October 2012.

Shah-Haque S, **Moore J**. *Acute Addisonian Crisis Secondary to Bilateral Adrenal Histoplasmosis in an Immunocompetent Male.* Presented at the American College of Physicians Kansas Chapter Conference, Kansas City, MO, October 2012.

Hauser R, **Moore J.** *Media Misinformation; Inaccurate Portrayal of Diabetes in Hollywood.* Presented at the American College of Physicians Kansas Chapter Conference, Kansas City, MO, October 2012.

Moore J, Badgett R. Should Vitamin D Levels Guide Dosing for Fracture Prevention? A Biomarker Meta-Analysis. Presented at the University of Kansas School of Medicine Faculty Research Forum, Kansas City, Kansas, October 2012.

Shah-Haque S, **Moore J.** *Acute Addisonian Crisis Secondary to Bilateral Adrenal Histoplasmosis in an Immunocompetent Male.* Presented at the American College of Physicians National Conference, San Francisco, CA, April 2013.

Dong F, **Moore J**, Ablah E, Paull-Forney B, Collins T. *Age and Gender Effect on the Short-Term Weight Loss and Long-Term Weight Maintenance.* Presented at the Obesity Society, Atlanta, GA, November 2013.

Paull-Forney B, **Moore J**, Dong F, Ablah E, Early J. *A 12-week Low-Calorie Diet Plus Behavioral Modification Acutely Improves Glycemic Parameters in Type 2 Diabetes Mellitus.* Presented at the Obesity Society, Atlanta, GA, November 2013.

Paull-Forney B, Dong F, **Moore J**, Gotthelf L, Early J, Ablah E. *Behaviors that Predict Weight Loss Maintenance at One Year.* Presented at the Obesity Society, Atlanta, GA, November 2013.

Nguyen L, **Moore J.** *Mullerian Agenesis: A Case of Mistaken Identity.* Presented at the Endocrine Society, June 2013, San Francisco, CA.

Nguyen L, **Moore J.** *Lymphocytic Hypophysitis.* Presented at the Endocrine Society, June 2013, San Francisco, CA.

Stevens S, **Moore J**, Kallail KJ, Dong F. *Ultrasound-Augmented Instruction in Physical Examination of the Thyroid.* Presented at the Endocrine Society, June 2013, San Francisco, CA.

Nguyen M, Dong F, **Moore J**, Paull-Forney B, and Ablah E. *Comparison of One-Year Outcomes between Medical and Surgical Weight Loss Groups in a Midwestern Weight Management Clinic.* Poster presentation at the Obesity Society, Atlanta, GA, Nov 11-16, 2013.

Shaw C, **Moore J**, Paull-Forney B, Jantz K, Dong F. *Insulin Dose Changes in Patients Preparing for Bariatric Surgery.* Poster presentation proceedings of the 22nd

annual University of Kansas School of Medicine–Wichita Research Forum; April 2014. Wichita, Kansas.
-Winner, Student Division

Paull-Forney B, Dong F, Lee R, Ablah E, Gotthelf L, Addy C, **Moore J.** *Intensive Medical Weight Loss and Weight Maintenance is Associated with Reduced Medication Utilization and Costs.* Presented at the Obesity Society, Boston, MA, November 2014.

Shaw C, **Moore J**, Paull-Forney B, Jantz K, Dong F. *Insulin Dose Changes in Patients Preparing for Bariatric Surgery.* Presented at the Obesity Society, Boston, MA, November 2014.

Chambers I, **Moore J**, Dong F. *Weight Change with Implementation of Preventive Vital Signs.* Presented at the Obesity Society, Boston, MA, November 2014.

Ditch K, Dong F, Paull-Forney B, Kallail KJ, **Moore J.** *Barriers to Entering a Weight Maintenance Program.* Presented at the American College of Physicians National Conference, Boston, MA, April-May 2015.

Jarrell C, Hagman N, **Moore J**, Ablah E. *Perceptions of Kansas Physicians Regarding Utility and Benefits of Expansion of KTRACS Database.* Presented at the proceedings of the 25th annual University of Kansas School of Medicine–Wichita Research Forum, Wichita, Kansas, April 2017.

Publications

Articles

Mortada R, **Moore J**, Dostou JM. Metabolic Effect of Atypical Antipsychotics: How Bad It Can Be? *Kansas Journal of Medicine* 2010;3(2):31-34.

Tofteland N, **Moore J.** Simultaneous Bilateral Subdural Hygromas, Arachnoid Cyst, and Empty Sella Syndrome in a 66 Year-Old Female. *Kansas Journal of Medicine* 2010;2(2):38-39.

El-Lakkis I, Mortada R, Blatchford PT, **Moore J.** Urinary Vanillylmandelic Acid Levels in the Workup of Adrenal Incidentaloma. *Kansas Journal of Medicine* 2011;4(2):41-43.

Kakulavaram NR, **Moore J.** Should Vitamin D Screening be a Part of Primary Care? *Kansas Journal of Medicine* 2011;4(3):78-83.

Masri KR, Peters T, **Moore J**. Fish oil associated myopathy. *Kansas Journal of Medicine* 2011;4(4):117-118.

Farhoud M, Nduna P, **Moore J.** Acromegaly Presenting as Diabetic Ketoacidosis: Thinking Beyond Diabetes Mellitus. *Kansas Journal of Medicine* 2014;7(1):11-15.

Chaaban S, **Moore J**. Thyroglossal Duct Cyst Masquerading as a Thyroid Nodule. *Kansas Journal of Medicine* 2014;7(1):23-25.

Dong F, **Moore J**, Ablah E, Paull-Forney BG, Collins T. Effects of Age and Gender on Short-Term Weight Loss and Long-Term Weight Maintenance. *International Journal of Translation & Community Medicine* 2014;2(1):101-109.

Chaaban S, El Lakkis I, **Moore J.** Adrenal Hemorrhage Complicated by Hypertension. *Kansas Journal of Medicine* 2014;7(2):58-61.

Ajiboye F, Dong F, Kallail KJ, Baughman A, **Moore J.** Effects of revised consultation room design on patient-physician communication. *Health Environments Research & Design (HERD)* 2015 Winter;8(2):8-17. PMID: 25816377.

Schwasinger-Schmidt, TE, Schrage JP, **Moore JB**, Drees BM. The State of Diabetes in Kansas: A Community Centered Approach to the Treatment of Diverse Populations. Kansas Journal of Medicine 2017;10(4):96-101. PMCID: PMC5733403.

Book Chapters

Moore J. Adrenocortical Insufficiency. In Kellerman RD and Bope ET (Eds.), *Conn's Current Therapy*. Elsevier, 2013.

Moore J. Acromegaly. In Domino F (Ed.), *The 5-Minute Clinical Consult*. Lippincott, Williams & Wilkins, 2013.

Moore J, Diabetes Mellitus. In CaseNetwork, casenetwork.com, 2015.

Letters

Moore J. In Response: Statins Not Beneficial in Most Chest Pain Admits. *Kansas Journal of Medicine* 2008;1(4):93-94.

Moore J, Williams T. Forego post-meal glucose testing in the hospital. *Journal of Family Practice* 2011;60(7):386.

Estephan M, **Moore J.** Bilateral adrenal masses. *Cleveland Clinic Journal of Medicine* 2013;80(3):186-187. PMID: 23456470.

Ditch K, **Moore J.** Insulin before surgery. *Cleveland Clinic Journal of Medicine* 2014;81(6):335. PMID: 24891529.

Dingwall M, **Moore J.** Combination pill effective, but expensive. *Obesity (Silver Spring)* 2014 Aug;22(8):1772. Epub 2014 May 23. PMID: 24852345.

Braithwaite SS, **Moore J.** Treatment of Borderline Elevated Thyrotropin Levels. *JAMA Internal Medicine.* 2015;175(3):465. PMID: 25730571.

Moore J. This is public health. *Wichita Eagle*. 2016 April 6. (http://www.kansas.com/opinion/letters-to-the-editor/article70133617.html)

Moore J. Name-calling was uninformed. *Wichita Eagle*. 2016 August 24. (http://www.kansas.com/opinion/letters-to-the-editor/article97463847.html)

Moore J. Keeping us healthy. Wichita Eagle. 2017 April 8. (http://www.kansas.com/opinion/letters-to-the-editor/article143381034.html)

Media Appearances

Harris, Brett. Interview with Justin Moore, MD. Brett and Sierra Show, KSCW, 2013.

Anderson, Avery. Interview with Justin Moore, MD. KSN News, May 18, 2016. http://bit.ly/1WEggWS, last accessed 5/19/16

Extracurricular/Civic Activities

1997-1999	S.H.A.P.E. (STD, HIV, AIDS Peer Educators) -Presented programs concerning sexually transmitted diseases to on and off-campus groups
1998-1999	Kansas State University Human Ecology Ambassadors
1999-2003	Jayhawker, M.D. Student Yearbook, University of Kansas School of Medicine -Second Year Editor, 2000-2001 -Third Year Editor, 2001-2002 -Co-Editor in Chief, 2002-2003
2002-2003	University of Kansas School of Medicine-Wichita Ambassadors
2004-2006	University of Kansas School of Medicine-Wichita Medical Social Club Co-President
2005, 2009-2011	Camp Discovery (Diabetes Camp) Volunteer Medical Staff

2011-2014	Interviewer for medical school applicants, University of Kansas School of Medicine
2015-2017	Board of Trustees, Woodland United Methodist Church, Wichita, Kansas
2015-2016	Volunteer physician, AmeriCorps
2015	Judge, New Venture Competition, Wichita State University
2015-2016	Advisor, Pathway to Wellness Student Interest Group, University of Kansas School of Medicine-Wichita
2016	Volunteer, Austin Rattler Mountain Bike Race, Smithville, Texas
2016-2017	President, Parent-Teacher Association, McLean Science and Technology Magnet School, Wichita, Kansas
2017	Presenter for Medical Society of Sedgwick County's Doctors' Day at North High School, Wichita, Kansas
2018	Presenter for Medical Society of Sedgwick County's Doctors' Day at West High School, Wichita, Kansas
2018	EmCee, Skyline Schools 50th Anniversary, Pratt, Kansas

Personal Interests

Cycling, reading and writing fiction and nonfiction, architecture

BIO FOR DR. GUTHRIE

Dr. Richard Guthrie, a native of Illinois graduated from the University Of Missouri School of Medicine in 1960. After 3 YRS. In the military, he returned to the UMMC for residency in pediatrics. Following residency, he entered a fellowship in endocrinology at UMMC finishing training in 1968 at which he was offered a faculty appointment in the Dept. of Pediatrics. Dr. Guthrie worked in the dept of pediatrics at the UMMC from 1968 to 1973 when he accepted an appointment as Professor of Pediatrics and dept. chairman at the new school of medicine in Wichita. He held the position as Founding Chairman of Pediatrics and the school of medicine Wichita for 10 years. In 1983 he resigned the chairmanship to take a sabbatical leave at the Univ. of Miami medical school. After 1 year of sabbatical, he returned to KUMC Wichita as a full time professor for 2 years.

In 1985 Dr. Guthrie resigned his full time appointment at KUMC-W to enter private practice. He has retained a volunteer appointment at KUMC-W and is now Prof. Emeritus of KUMC & continues to teach at the school of medicine in Wichita.

In 1985 he established Mid-America Diabetes Associates in Wichita, a practice he maintained until retirement in 2014. Dr. Guthrie has published over 100 articles, 25 book chapters, and 3 books (1 of which has continued through 6 editions & another through 4 editions).

Dr. Guthrie gave the first injection of human insulin to a pt. This was the first injection of any substance made by recombinant DNA technology in history and is thus a benchmark in medical history. Dr. Guthrie has received many awards for his work in diabetes including the American Diabetes Association award as Physician-Clinician Of the Year in 2004 and Life Time Achievement Award by the Wichita Business Journal in 2013.

Dr. Guthrie continues in retirement to supervise a nurse diabetes practice at Great Plains Diabetes Center in Wichita and to teach at the School of Medicine, St. Francis & Wesley hospitals and to speak for drug companies to introduce new diabetes products and keep physicians up to date on the latest information on diabetes treatment for the benefit of helping them provide the best & latest methods of care for people with diabetes mellitus

Richard A. Guthrie MD, FAAP, FACE, Prof. Emeritus

Amy Siple is an Associate Professor of Nursing at Newman University where she teaches Nursing Assessment, Pharmacology, Advanced Principles of Aging and Dying Well. As a part of the national Geriatric Nursing Education Consortium, Amy is very committed to disseminating information about care of the elderly and has traveled around the country providing numerous presentations to a variety of audiences. In addition, she maintains an active practice as a geriatric based NP in her work for Wichita Medical Associates. She appreciates the opportunity to positively influence the lives of her patients, students, and her broader community.

Wendy L. Dusenbury, DNP, ARNP-BC, CNRN, ANVP-BC
502 East Periwinkle
Garden Plain, Kansas 67050
316-617-6502
wdusenburyapm@yahoo.com

EDUCATIONAL BACKGROUND

DEGREES EARNED

Year	Institution	Years Attended	Major	Degree
2018	University of Tennessee	2018-Present	Nursing	PhD
2016	University of Nebraska Medical Center	2016-2017	Nursing	ACAGNP
2014	University of Alabama-Birmingham	2013-2014	Nursing	DNP
1998	Wichita State University	1996-1998	Nursing	MSN
1994	Northwestern Oklahoma State University	1991-1994	Nursing	BSN

EMPLOYMENT RECORD

CLINICAL EXPERIENCE

Year	Institution	City, State	Position Title
4/2017-Present	The Joint Commission	Chicago, Illinois	Disease Specific Reviewer
8/2017-Present	University of Tennessee Health Sciences	Memphis, Tennessee	Assistant Professor of Neurology APRN Acute Stroke Services and Mobile Stroke Unit
8/2014-2018	Wichita State University	Wichita, Kansas	Assistant Professor School of Nursing Graduate and Undergraduate Programs
8/2014-5/2016	Via Christi Hospitals	Wichita, Kansas	Stroke Program Co-Manager
8/2010-5/2016	Via Christi Hospitals	Wichita, Kansas	APRN Neurocritical Care and Acute Stroke Program
1/2009-1/2011	Take Care Health	Wichita, Kansas	APRN Retail Clinic
4/2009-10/2010	MidKansas Pediatrics	Wichita, Kansas	APRN Pediatric Primary Care
2/2006-9/2008	Wichita Clinic	Wichita, Kansas	APRN/First Assist Neurosurgery
7/1999-2/2006	MidKansas Pediatrics	Wichita, Kansas	APRN Pediatric Primary Care
6/1998-7/1999	Kingman Rural Health	Kingman, Kansas	APRN Rural Health
5/1996-5/1998	Harper District Hospital	Harper, Kansas	RN Staff Nurse
12/1995-9/1996	Quality LifeStyles	Wichita, Kansas	RN Branch Manager
5/1994-12/1995	Hunter Health Care	Kiowa, Kansas	RN Director of Nursing

8/2017

LICENSURE AND CERTIFICATIONS

Year	License/Certification	State	Certifying Body
2017-Present	Adult Gerontology Acute Care Nurse Practitioner	National	American Nurses Credentialing Center
2013-Present	Advanced Neurovascular Practitioner	National	Association of Neurovascular Clinicians
2012-Present	Certified Neurological Registered Nurse	National	American Board of Neuroscience Nursing
2000-Present	Family Nurse Practitioner	National	American Nurses Credentialing Center
1998-Present	Advanced Registered Nurse Practitioner	Kansas	Kansas State Board of Nursing
1994-Present	Registered Nurse	Kansas	Kansas Board of Nursing

RESEARCH AND SCHOLARLY ACTIVITIES

RESEARCH PROJECTS

Year	Title	Role	Co Investigators/Authors	Other
2018	Back to Basics: Adherence with Guidelines for Glucose and Temperature Control in an American Comprehensive Stroke Center Sample	Co Author	Alexandrov, et al.	Published in Journal of Neuroscience Nurses
2018	Risk factors, depression, and drugs, influencing sexual activity in individuals with and without stroke	Lead Author	Wendy Dusenbury, et al.	Published article in Journal of Rehabilitation Nursing
2018	Ultra-fast Performance and Yield of High-resolution CT with Head and Neck CT Angiography on a Mobile Stroke Unity	Co Author	Anne Alexandrov, et al.	Podium presentation at International Stroke Conference Los Angeles, California 2018
2018	Prehospital Blood Pressure Management on the Mobile Stroke Unit for Ultra-Early Treatment of ICH and Acute Ischemic Stroke	Co Author	Anne Alexandrov, et al.	Poster presentation at International Stroke Conference Los Angeles, California 2018
2018	Can Intravenous Alteplase tPA Be Given Safely in the CT Scan Suite	Co Author	Michelle Whaley, et al.	Poster presentation at International Stroke Conference Los Angeles, California 2018
2018	Geospatial Visualization of Mobile Stroke Unit Dispatches: A Method to Optimize Service Performance	Co Author	James Rhudy, et al.	Poster presentation at International Stroke Conference Los Angeles, California 2018
2017	Determinants of sexual and dysfunction in men and women with stroke: a systematic review	Co Author	Elaine Steinke, Pernille Johansen, Victoria Mosack, Twyla Hill	Published in the International Journal of Clinical Practice
2016	Born to Run: Mobile Stroke Unit	Co Author	Anne Alexandrov, Victoria Swatzell	Abstract presented at the International Stroke Conference 2017 Houston,

				Texas
2016	Stroke in Kansas: Early Recognition and Treatment Opportunities for Nursing Impact	Author		Published in the Kansas Nurse
2016	Improving Stroke Care: Can A Non-Traditional Acute Stroke Response Team Measure Up?	Lead Author	Anne Alexandrov, Sharon	Currently being reviewed for publication in The Journal of the Neurovascular Clinician
2016	When the Topic Turns to Sex: Case studies in sexual counseling and cardiovascular disease	Co Author	Elaine Steinke, Pernille Johansen	Published Journal of Cardiopulmonary Rehabilitation and Prevention
2015	To Rest or Mobilize... When to Start Early Mobilization in Acute Stroke: A Systematic Review	Co-Investigator	Michelle Whaley, Anne Alexandrov	Abstract presented at the International Stroke Conference 2016 Los Angeles, California
2014	Improving Stroke Care: Can A Non-Traditional Team Measure Up?	Primary Investigator	Anne Alexandrov, Scott Taylor	Presented abstract at International Stroke Conference 2015 Nashville, Tennessee
2014	Glucose and Temperature Control in the Acute Stroke Patient	Co-Investigator	Sharon Biby, et al.	Abstract will be presented at International Stroke Conference 2016 Los Angeles, California
2013	Respiratory Support for Acute Stroke (Chapter for Advances Neurovascular Clinical Practice)	Co-Author of Chapter	Rhonda Young	

GRANT ACTIVITIES

Year	Name of Grant Application	Funding Agency	Role	Amount Requested	Dates	Status
2018	MURPA	Wichita State University	Primary Investigator	$7500	1/18-6/10	Funded
2014	NETSMART Junior Stroke Education	Via Christi Partners in Caring	Coordinator	$7000	10/2014-10/2015	Funded

*funding from this grant used to get RN specialized education ultimately leading to a national certification.

PRESENTATIONS

Year	Title	Organization
2016	Improving Stroke Care: Can a Non-Traditional Acute Stroke Response Team Measure Up?	Smart Strokes Conference Canberra Australia
2016	Understanding Ischemic Stroke	Wichita State University APRN Conference
	Understanding Hemorrhagic Stroke	Wichita State University APRN Conference
2016	Stroke Care and Innovative Teams	Sigma Theta Tau Conference
2015	2014 Via Christi Acute	Ascension Health

	Stroke Response Team	
2015	Innovative Teams in Stroke Care	Bi-State Stroke Symposium Kansas City, Missouri
2015	Innovative Teams in Stroke Care	Society for Interventional and Vascular Neurology Bonita Springs Florida
2015	Improving Stroke Care: How You Can Make A Difference	APRN Conference Wichita State University
2014	Understanding Acute Ischemic Stroke	Cloud County Community College
2014	Understanding Hemorrhagic Stroke	Cloud County Community College
2014	Head Up or Down, Does It really Matter?	Via Christi Health Nursing Symposium
2013	The Road to Comprehensive	Via Christi Health
2013	Anterior Circulation Strokes	Kansas Initiative for Stroke Survival
2013	From Code Red to the Neuro Bed	Via Christi Health-Nurses Symposium

PROFESSIONAL ORGANIZATIONS

Association of Neurovascular Clinicians-President Elect
American Heart Association
Kansas State Nurses Association
American Nurses Association
Kansas Advance Practice Association
Society of Vascular Interventional Neurology

HONORS AND AWARDS

Year	Name of Award	Awarding Organization
2014	Outstanding Poster Presentation	Sigma Theta Tau, DNP Intensives 2014
1998	Inducted into Sigma Theta Tau	

ATTENDANCE AND PARTICIPATION IN OTHER PROFESSIONAL MEETINGS

Association	Type	City, State	Year
American Heart Association	International Stroke Conference	Los Angeles, California	2018
American Heart Association	Conference "State of the Science Stroke Nursing Symposium 2016"	Los Angeles, California	2018

American Heart Association	International Stroke Conference	Houston, Texas	2017
American Heart Association	Conference "State of the Science Stroke Nursing Symposium 2016"	Houston, Texas	2017
Wichita State University	Conference "Improving Health Care Through Lifelong Learning"	Wichita, Kansas	2017
Wichita State University	Conference "Improving Health Care Through Lifelong Learning"	Wichita, Kansas	2016
Smart Strokes	Conference	Canberra, Australia	2016
Sigma Theta Tau	Conference	Wichita, Kansas	2016
American Heart Association	Conference "State of the Science Stroke Nursing Symposium 2016"	Los Angeles, California	2016
American Heart Association	International Stroke Conference	Los Angeles, California	2016
Methodist Hospital	Conference "Walking in Memphis"	Memphis, Tennessee	2015
American Heart Association	Conference "State of the Science Stroke Nursing Symposium 2015"	Nashville, Tennessee	2015
American Heart Association	International Stroke Conference	Nashville, Tennessee	2015
Wichita State University	Conference "Improving Health Care Through Lifelong Learning"	Wichita, Kansas	2014
Via Christi Health	Conference "Stroke Care: An Evolution in Progress"	Wichita, Kansas	2014
American Heart Association	International Stroke Conference	San Diego, California	2014
Wichita State University	Lecture "Simulation 101"	Wichita, Kansas	2014
American Heart Association	Conference "Your Role as a Stroke Coordinator from Surviving to Thriving"	Denver, Colorado	2014
American Heart Association	Conference "State of the Science Stroke Nursing Symposium 2014"	San Diego, California	2014
Wichita State University	Lecture "Best Practices for Teaching and Curricular Design	Wichita	2014
Association of Neurovascular Clinicians	ANVP Review Course	Phoenix, Arizona	2013
American Heart Association	International Stroke Conference	Honolulu, Hawaii	2013
American Heart Association	Conference "State of the Science Stroke Nursing Symposium 2013"	Honolulu, Hawaii	2013
Neurocritical Care Society	Annual Conference	Denver, Colorado	2012
Via Christi Health	Cerebrospinal Fluid Sampling from EVD	Wichita, Kansas	2010

American Academy of Nurse Practitioners	American Academy of Nurse Practitioners National Conference	Nashville, Tennessee	2009
Washington University	Complex Spine Anatomy and Instrumentation	St. Louis, Missouri	2007
Midas Rex Institute	Midas Rex Institute for Operating Room Personnel	St. Louis, Missouri	2007
	Certified Breast-Feeding Workshop	Wichita, Kansas	2005
NAE	Asthma Educators Workshop	New Orleans, Louisiana	2004
NPACE	Conference NPACE National Primary Care	Boston, Massachusetts	1999
NPACE	Conference NPACE National Primary Care	Boston, Massachusetts	1998

CONSULTANT OR OTHER ACTIVITIES

Year	Role	Activity	Organization
2016-Present	Consultant	Stroke Education	Kansas Clinical Improvement Collaborative-The University of Kansas
2015	Legal Consultant/Expert Witness	Review Case and provide written report for client	Private Attorney
2014-present	Faculty	Preceptor for Fellowship-Acute Neurovascular Practitioner	NETSMART Program
1999-present	Preceptor	Family/Pediatric/Acute Care Nurse Practitioners	

REFERENCES
Available upon request

Emilie A. Hagar, APRN-CNS, CDE, MN
7329 N. Windham
Valley Center, Kansas 67147-8560
316-291-3571
316-219-3573 (F)

MISSION:

As an Advanced Registered Nurse Practitioner/Clinical Nurse Specialist in private practice it is my intent to provide value added clinical management in order to improve the healthcare outcomes and the quality of life of the individual while enhancing the quality of healthcare in a cost effective manner.

PROFESSIONAL CREDENTIALS:

RN License, Kansas
APRN License, Kansas
Certified Case Manager 1987 to 2003
Certified Diabetes Educator
Certified Diabetes Foot Care Specialist/CFCN
ACLS Certified 1977 to present
NIH Stroke Certified 2011 to present

EDUCATIONAL BACKGROUND:

Master of Nursing, July 1989
The Wichita State University
Wichita, Kansas

Bachelor of Science in Nursing, May 1980
St. Mary's of the Plains College
Dodge City, Kansas

Diploma of Nursing, May 1976
St. Joseph School of Nursing
Wichita, Kansas

Bachelor of Arts in Philosophy, August 1974
Rockhurst College
Kansas City, Missouri

SUMMARY OF QUALIFICATIONS:

- Consultant to physicians in the areas of Cardiovascular disease, Diabetes and Lifestyle modifications
- Over 36 years of experience in nursing: critical care, acute care, hospice care, case management, nursing education and over 26 years in private practice.
- Independent Nurse Practitioner/Clinical Nurse Specialist
  - Provides nursing management in collaboration with primary care provider
  - Performs health assessments
  - Provide foot care to individuals in office, home and or facility
  - Counsels and educates individuals regarding health issues or problems
  - Develops strategies for specific health problems
  - Small group education and support groups
  - Collaborates with physicians in medical management of specific health problems related to diabetes, cardiovascular disease and lifestyle modifications

- Independent Nurse Educator
  - Contracts with individual healthcare providers and educational institutions
  - Provides lectures, training programs and seminars for healthcare professionals
  - Topics presented in the areas of nursing management, clinical issues, case management, professional image and business

    Past Educator Positions

    The Wichita State University – Clinical Instructor
    Wichita Area Vo-Tech - Instructor
    University of Kansas – Outreach Program
    Genentech – Nurse Preceptor Program
    St. Joseph Medical Center/Kansas Newman College - Perfusion Program
    Tabor College – Adjunct Faculty
    Lilly – Diabetes Interactive Network Instructor
    Miscellaneous pharmaceutical companies
  - CNE Provider with the State of Kansas

- Independent Nurse Case Manager 1991 to 2005
  - Provided onsite and/or telephonic case management on a contractual or referral basis
  - Provided services in the areas of Workman's Compensation and Catastrophic Medical Management

    Paradigm Health Corporation
    AmeriSys, Inc.
    Case Management Associates, Inc,
    The Hartford
    Miscellaneous Insurance/Case Management/Risk Management Companies

- Legal Nurse Consultant
  - Provides consultant services on a contractual basis to legal professionals (defense or plaintiff) practicing in the areas of medical-malpractice, personal injury, product liability, workman's compensation, managed care, group health, and criminal/civil case involving medical or health related issues

    Provided consulting services to the following firms

    - McDonald, Tinker, Skaer, Quinn & Herrington
    - Mike Cronan, attorney in private practice
    - Sharp, McQueen, McKinley, Dreiling & Morain, P.A.
    - Hutton & Hutton

PROFESSIONAL EXPERIENCE:

January 1998 to Present	CEO	Independent Advanced Practitioner Registered Nurse Hagan & Associates, LLC 7923 N. Woodlawn Valley Center, Kansas 67147 Clinic: 331 S. Hydraulic Wichita, Kansas 67211 Independent nursing practice providing nurse practitioner/clinical nurse specialist services in the area of diabetes, cardiovascular, peripheral vascular disease and lifestyle management, along with individual and small group educational services. In addition I provide routine/simple foot care to individuals in the office, home or facility. I am responsible for management of all business operations.
December 1980 to Present	Independent Educator	Continuing Education Lecturer Plans, develops and presents continuing education programs for nurses and other professionals in the areas of critical care, cardiovascular disease, diabetes and professional issues. CNE Providership established Plan, develop and coordinate continuing education programs for various organizations Hagan & Associates, LLc Mid-America Wound Healing Society (MAWHS) Sigma Theta Tau
October 2011 to Present	Neuro ICU RN	Part-time RN in the Neuro ICU Via Christi Health Systems 929 N St. Francis Wichita, Kansas 67214 Plan, implement and evaluate patient care for one to three neuro-critical care patients on a part-time basis.
November 2010 to October 2011	APRN	Part-time APRN in the eCare ICU Via Christi Health Systems 9727 Shannon Woods Suite 120 Wichita, KS 67226 Provide patient care per e-ICU Manager system in community hospitals in accordance with the Kansas Nurse Practice Act and to the attending physician classification. Key responsibilities are, but not limited to, independent nursing decisions and interdependent decisions with physicians in carrying out the healthcare plan; obtain medical histories; perform physical examinations of adults; follow treatment protocols per critical care standards; order and interpret diagnostic tests and x-rays; prescribe and monitor medications per protocol; assist in assuring evidence-based practice; serve as a consultant and clinical resource to nursing staff; provide staff and patient/family education; lead and assist in the quality improvement plan and in meeting the core measure performance goals of the medical center; collaboration with healthcare team promoting communication, and role modeling.

May 2008 to November 2011	PRN Staff ICU RN	Intensive Care Nurse Kansas Medical Center 1124 West 21st Street Andover, Kansas 67002 Plan, implement and evaluate patient care for one to three critical care patients on an as needed basis.
June 2002 to 2008	Contract RN	Intensive Care Nurse Interim Healthcare 333 S. Broadway Wichita, Kansas 67202 Contract Nurse for intensive care, coronary care and telemetry hospital care.
November 1998 to 2002	PRN Staff RN	Intensive Care Nurse Riverside Health Systems West River Plaza 2622 W. Central Ave. Wichita, Kansas 67203 Planned, implemented and evaluated patient care for one to three critical care patients on an as needed basis.
January 1986 to December 1997	President	Independent practice Emilie A. Hagan, RN 7329 N Woodlawn Valley Center, Kansas 67147 Sole proprietor. On a referral basis, performed health assessments, counseled and developed strategies for specific health problems; consulted with physicians in the management of diabetes, cardiovascular disease, hypertension, and weight loss; provided educational programs on health promotional issues to public and private sectors; provided outpatient education and counseling for patients and families. Provided onsite case management services in the areas of catastrophic medical and/or Worker's Compensation injury or illness; served as a consultant to attorneys in the analysis, summarization of medical records and other aspects of legal cases. Managed all aspects of business operations.
August 1990 to December 2003	Clinical Preceptor	Graduate School – Nursing Program The Wichita State University 1845 Fairmount Wichita, Kansas 67208 Acted as a role model in advanced practice role, planned learning experiences and appraised performance for graduate nursing students. Provided a clinical experience for nurses studying for their master's degree in nursing.

CNE 85

August 1988 to 1995	Cardiopulmonary Instructor	Perfusion Program St. Mary of the Plains/Kansas Newman College 3100 W. McCormick Wichita, Kansas 67213 Planned, developed and presented a three-hour credit course "Cardiopulmonary Dynamics" for nurses preparing for their bachelor degree in cardio-perfusion.
July 1977 to 1996	Staff Nurse	Coronary/Medical Intensive Care St. Joseph Medical Center 3600 E. Harry Wichita, Kansas 67218 Planned, implemented and evaluated patient care for one to three critical care patients, responsible for patient/family education and emotional support; acted as a charge nurse on a rotating basis. Experience gained in heart cath laboratory, operating room, special procedures and emergency cardiac care. Member of the first Intra-Aortic-Balloon Pump team. Planned, developed and implemented the use of nursing diagnoses and new documentation system unit wide. Member of Patient Education Committee, Procedure Committee and Documentation Committee. Lecturer in critical care courses for continuing education. CPR instructor since 1981. Acted as an "on call" critical care staff nurse from 1989 to 1996.
August 1993 to December 1993	Adjunct Professor	Graduate Nursing Program The Wichita State University 1845 Fairmount Wichita, Kansas 67208 Planned, developed and presented a four-hour graduate course entitled "Advanced Physical Assessment"
August 1989 to December 1992	Clinical Nursing Instructor	Undergraduate Nursing Program The Wichita State University 1845 Fairmount Wichita, Kansas 67218 Responsible for clinical teaching, medical/surgical nursing, planned learning experiences and appraised performance for eight to ten adult learners
September 1985 to July 1993	PRN Staff Nurse	Hospice Home Care Hospice, Inc. 313 S. Market Wichita, Kansas 67202 Planned, implemented and managed home care for one to five terminally ill patients on an as needed basis. Provided emotional support to patients and families. Functioned in a 12 to 24 hour nurse "on call" role weekly. Participated on the Documentation Committee and Continuing Education Committee

June 1976 to
July 1977

Staff RN Telemetry Unit

St. Joseph Medical Center
3600 E. Harry
Wichita, Kansas 67218

Planned, implemented and evaluated patient care for 24 post critical care and cardiac patients. Acted a relief charge nurse. Represented the unit on the Patient Education and Liaison Committees.

PROFESSIONAL ORGANIZATIONS

Present

- Mid-America Wound Healing Society
  - Educational Planning Committee 2010 to 2014

Past

- Kansas Alliance of Advanced Nurse Practitioners
  - Board of Directors 2005 to 2006
  - Secretary 2007 to 2009
- Case Management Association of Central Kansas
  - President Elect 1995 to 1996
  - President 1996 to 1997
  - Education Committee 1995 to 2002
- National Nurses in Business Association
- American Association of Critical Care Nurses
- American Nurses Association
  - Council of Nurses in Advanced Practice
- National Association of Women Business Owners
  - Networking Associate
  - Program Chairman, 1991-1994
- North American Nursing Diagnosis Association
- American Heart Association
  - Board of Directors member
  - Program Committee member
  - Guest Speaker
- American Diabetes Association
- Case Management Society of America
- American Association of Diabetes Educators
- Kansas Association of Diabetes Educators
  - Vice President 1988 to 1989
  - President 1989 to 1991
- American Red Cross
  - CPR Instructor 1976 to 1986
  - ACLS Certified 1977 to 2008
- American Association of Legal Nurse Consultants

- American Society of Law, Medicine & Ethics
- The Forum for Executive Women
- Individual Case Management Association (ICMA)
- Sigma Theta Tau, Nursing Honor Society
  - Program Committee 1985 to 1987
- St. Joseph Federated Nurses Alumnae Association
  - Vice President 1980 to1982

HONORS:

- Outstanding Senior, St. Joseph School of Nursing
- Who's Who in Nursing
  - 1990-1991
  - 1991-1992
- Sigma Theta Tau – Epsilon Gamma Chapter-at-Large
  - Excellence in Nursing Recognition- Mentorship Award-1997
- Who's Who in Executives and Businesses
  - 1998-1999
  - Lifetime Member - 1999

REPRESENTATIVE PUBLICATION/ PRESENTATIONS

"Collaborative Practice; Case Managers and Home Care Agency Nurses", The Case Manager, October 1997. Co-authored with John R. Coleman, PhD.

"The Case Management – Home Care Puzzle"

"Projecting a Professional Image" Co-presented with Kate Martin

"Current Management of the MI Patient"

"Diabetes: An Update"

"Getting to Know the 12 Lead EKG"

"Nuts & Bolts of Cardiac Dysrhythmia Interpretation"

"Hemodynamic Monitoring: Basic Principles and Skills"

"Nursing Diagnosis and Physical Assessment: Putting Them Together"

"Women Working Together" Co-presented with Kate Martin

~~"Entrepreneurship for the Health Care Professional: Managing Change, Innovation and Growth",~~
Guest Speaker, The Wichita State University. (two week workshop)

Scott Wadle serves as a Senior Management Analyst for the City of Wichita, where he is responsible for a variety of transportation projects – including coordinating and managing a variety of parking, bicycle, pedestrian, and transit projects. Examples of recent projects include: updates to the Wichita parking system, initiating of a Downtown Streets Conceptual Designs, and bicycling wayfinding improvements. Scott was recognized as one of the 2013 Wichita Business Journal's 40 under 40 recipients, received honorable mention from the Governor's Council on Fitness as a 2013 Individual Health Champion, and was recognized in 2014 by the Sedgwick County Board of County Commissioners for work on the Wichita Pedestrian Master Plan.

Paul D. Weishaar, M.D.

Vitreo-Retinal Consultants and Surgeons, P.A.
530 N. Lorraine St., Ste. 200, Wichita, Kansas 67214
Ph (316) 683-5611 Fax (316) 683-0294

Curriculum Vitae

Personal

Date of Birth: March 4, 1962; Wellington, Kansas

Education

Mid-America Nazarene College, Olathe, Kansas
1980 to 1984
- Bachelor of Sciences: Biology and Chemistry

Post-Graduate Training

University of Kansas, School of Medicine
1984 to 1988
- Doctor of Medicine

University of Kansas, School of Medicine
1988 to 1991
- Internal Medicine Residency

Bascom Palmer Eye Institute, University of Miami, School of Medicine
1991 to 1994
- Ophthalmology Residency

Bascom Palmer Eye Institute, University of Miami, School of Medicine
1994 to 1995
- Vitreo-Retinal Surgical Fellow

Professional or Teaching Appointments

Bascom Palmer Eye Institute, University of Miami, School of Medicine
1994 to 1996
- Clinical Instructor: Ophthalmology

Bascom Palmer Eye Institute, University of Miami, School of Medicine
1995 to 1996
- Chief Resident: Vitreo-Retinal Surgery

University of Kansas, School of Medicine
1997 to Present
- Clinical Assistant Professor

Kansas Society of Eye Physicians and Surgeons
- President – 2011-2013

Work Experience

Chemist, Quality Control
1984 to 1985
- B.F. Ascher Pharmaceuticals; Lenexa, Kansas

Emergency Departments
1989 to 1991
- HCA Wesley Medical Center; Wichita, Kansas
- Minor Emergency Center, P.A; Wichita, Kansas

Clinical Instructor, Ophthalmology
1994 to 1996
- Bascom Palmer Eye Institute, University of Miami; Miami, Florida

Chief Resident, Vitreo-Retinal Surgery
1995 to 1996
- Bascom Palmer Eye Institute, University of Miami; Miami, Florida

Vitreo-Retinal Specialist
1996 to present
- Vitreo-Retinal Consultants and Surgeons, P.A.; Wichita, Kansas

Certification and Licensure

Diplomat, National Board of Medical Examiners, 1989
Board of Healing Arts, State of Kansas, 1989, 1996
Board of Medicine, State of Florida, 1991 to 1996
American Academy of Ophthalmology Board Certification, 1996

Professional Society Memberships

American Academy of Ophthalmology
American Society of Retina Specialists
Association for Research in Vision and Ophthalmology
American Medical Association
Kansas Society of Eye Physicians and Surgeons
Medical Society of Sedgwick County, Kansas

Awards and Honors

Valedictorian, Argonia High School, 1980
Valedictorian, Summa Cum Laude, Mid-Nazarene College, 1984
Alpha Omega Alpha Honor Society Member, 1987
Rosco Morton, M.D. Department of Medicine Award, 1988

Professional References

Furnished upon request

Paul D. Welshaar, M.D.
530 N. Lorraine St. Ste . 200, Wichita, Kansas 67214
Ph (316)683-5611 Fax (316)683-0294

Publications and Papers

- Murray, T.G., Welshaar, P.D. (1992). Expanding Indications for Perfluorocarbon Liquids in Vitreoretinal Surgery. Presented at BPEI Resident's Day.
- Tseng, S., Welshaar, P.D. (1993). Pathogenesis and Treatment with Conjunctival Transplantation for Ptyergium. Presented at BPEI Resident's Day.
- Cohen, S., Murray, T.G., Welshaar, P.D. (1995) Effect of Photocoagulation on Laser Power Transmission through Human Retina. Presented at ARVO.
- Davis, J.L., McDonough, R., Welshaar, P.D. (1996). Clinical Features and Outcomes. Presented at BPEI Resident's Day.
- Davis, J.L., Vann, R., Welshaar, P.D. (1996). The Syndrome of HIV Uveitis. Presented at BPEI Resident's Day.
- Flynn, H.W., Jr., Murray, T.G., Welshaar, P.D., et.al. (1998) Endogenous Aspergillus Endophthalmitis: Clinical Features and Treatment Outcomes. *Ophthalmology 1998*; 105:57-65. Presented at ARVO (1995). Presented at Vitreous Society (1996).
- Discussant in "Backyard Paintball Play Leads to Serious Eye Injuries". Hawkins, D. U.S. News and World Report. p. 52, August 14, 2000.
- Discussant in "Mission: Paintball Safety". McConnell, G. (2004). American Academy of Pediatrics News. Vol. 24, No. 1, p. 17, 2004.
- Zeng J, Stevenson W, Welshaar PD, Zhang K. Lack of association of CFD polymorphisms with advanced age-related macular degeneration. Mol Vis. 2010 Nov 3;16:2273-8.

Clinical Research Studies

Co-Investigator. Alcon Pharmaceuticals. C-01-99. Phase III Study of Evaluation and Safety of Posterior Juxtascleral Injections of Anecortave Acetate 15 mg Given Every 6 Months vs. Visudyne PDT in Patients with CNM Associated with AMD.

Co-Investigator. Alcon Pharmaceuticals. C-02-60. Phase III Study on Evaluation and Safety of Posterior Juxtascleral Injections of Anecortave Acetate vs. Sham in Patients at Risk of Developing CNM Associated with AMD.

Co-Investigator. Alcon C-04-59. "Anecortave Acetate 15 MG Administered Every 3 Months Versus Anecortave Acetate 15 MG Administered Every 6 Months Versus Anecortave Acetate 30 MG Administered Every 6 Months in Patients with Exudative Age-Related Macular Degeneration (AMD)"

Co-Investigator. Alimera Sciences. C05-01-001. "A randomized, double-masked, parallel group, multi-center, dose-finding comparison of the safety and efficacy of ASI-001A 0.5 µg/day and ASI-001B 0.2 µg/day fluocinolone acetonide intravitreal inserts to sham injection in subjects with diabetic macular edema."

Co-Investigator. Aventis Pharmaceuticals. HOE 901-4016. Evaluation of Diabetic Retinopathy Progression in Subjects with Type 2 Diabetes Mellitus Treated With Insulin.

Co-Investigator. Eyetech Pharmaceuticals. EOP1004. Phase II/III, Randomized, Double Masked Study to Establish the Safety of Intravitreal

Injections of EYE001 Given Every 6 Weeks for 54 Weeks in Patients with CNM Associated with AMD.

Co-Investigator. Eyetech Pharmaceuticals. EOP1005. Phase II, Randomized Double Masked Study to Establish the Safety of Intravitreal Injection of EYE001 Given Every 6 Weeks For 12-30 Weeks in Patients with CSME Associated with Diabetic Retinopathy.

Co-Investigator. Eyetech Pharmaceuticals. EOP1006. Phase III, Randomized, Safety and PK Study of EYE001 1 mg and 3 mg Dose Given Intravitreal Every 6 Weeks for 54 Weeks in Patients with CNM Associated with AMD.

Co-Investigator. Eyetech Pharmaceuticals. EOP1009. "A Phase II prospective, randomized, double-masked, sham-controlled, dose-ranging, multi-center trial to assess the effect of pegaptanib sodium on foveal thickening in patients with exudative subfoveal age-related macular degeneration (AMD)."

Co-Investigator. Eyetech Pharmaceuticals. EOP1010. "An open label, non-comparative protocol for the use of pegaptanib sodium injection every 6 weeks in patients with exudative age-related macular degeneration (AMD)."

Co-Investigator. Eyetech Pharmaceuticals. EOP1011. "A Phase II randomized, double-masked, multi-center trial, in parallel groups, to determine the safety, efficacy and pharmacokinetics of intravitreal injections of pegaptanib sodium compared to sham injection for 30 weeks in patients with recent vision loss due to macular edema secondary to CRVO."

Co-Investigator. Eyetech Pharmaceuticals. EOP1012. "A phase 3B randomized, active, controlled, double-masked, single dummy, multi-center comparative trial, in parallel groups, to compare the safety and efficacy of intravitreous injections of Macugen Sham Photodynamic Therapy (PDT), to Macugen Plus PDT with Visudyne, in Subjects with Predominantly Classic Subfoveal Choroidal Neovascularization (CNV) Secondary to Age-Related Macular Degeneration (AMD)."

Co-Investigator. (OSI) Eyetech, Inc. EOP1013. "A Phase 2/3 Randomized Controlled, Double Masked, Multi-Center, Comparative Dose-Finding Trial, in Parallel Groups, to Compare the Safety and Efficacy of Intravitreous Injections of 0.3, 0.03, or 0.003 mg Pegaptanib Sodium (Macugen), given as often as every 6 weeks for 3 years, to sham injections in subjects with diabetic macular edema (DME) involving the center of the macula."

Co-Investigator. (OSI) Eyetech, Inc. EOP1023. "A phase IV, open label, multi-center, trial of maintenance intravitreous injections of Macugen (pegaptanib sodium) given every 6 weeks for 48 weeks in subjects with subfoveal neovascular age-related macular degeneration (AMD) initially treated with a modality resulting in maculopathy improvement."

Principal Investigator. Genentech. FVF4165g. "A phase III, multicenter, randomized, sham injection-controlled study of the efficacy and safety of ranibizumab injection compared with sham in subjects with macular edema secondary to branch retinal vein occlusion."

Principal Investigator. Genentech. FVF4166g. "A phase III, multicenter, randomized, sham injection-controlled study of the efficacy and safety of ranibizumab injection compared with sham in subjects with macular edema secondary to central retinal vein occlusion."

Principal Investigator. Genentech. FVF4168g. "A phase III, double-masked, multi-center randomized, sham-controlled study of the efficacy and safety of ranibizumab injection in subjects with clinically significant macular edema

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with center involvement secondary to diabetes mellitus."

Principal Investigator. Genentech. FVF4579g. "A phase III, multicenter, randomized, double-masked study comparing the efficacy and safety of 0.5 mg and 2.0 mg ranibizumab administered monthly or on an as needed basis (prn) with a safety run-in of a single dose of 2.0 mg ranibizumab with subfoveal neovascular age-related macular degeneration."

Co-Investigator. Hoescht Marion Roussel . AGPR002. Placebo Controlled Safety and Efficacy Study of Patients with Overt Diabetic Nephropathy.

Co-Investigator. Miravant Pharmaceuticals. SnET2 Phase III Randomized, Double Masked Study of SnET2 PDT in the Treatment of CNM Associated with AMD.

Co-Investigator. Novartis Pharmaceuticals. CSMS9950804. Randomized, Controlled Study on the Efficacy and Safety of Sandostatin LAR in the Therapy of Patients with Moderate to Severe NPDR.

Co-Investigator. Novartis Pharmaceuticals. BPD952E. "A 24 month randomized, double-masked, sham controlled, multicenter, phase IIIB study comparing photodynamic therapy with verteporfin (Visudyne) plus two different dose regiments of intravitreal triamcinolone acetonide (1mg and 4 mg) versus Visudyne plus intravitreal pegaptanib (Macugen) in patients with subfoveal choroidal neovascularization secondary to age-related macular degeneration."

Co-Investigator. Novartis Pharmaceuticals. BPD925A2308. "A 24-month randomized, double-masked, controlled, multicenter, phase IIB study assessing safety and efficacy of verteporfin (Visudyne) photodynamic therapy administered in conjunction with ranibizumab (Lucentis) versus ranibizumab (Lucentis) monotherapy in patients with subfoveal choroidal neovascularization secondary to age-related macular degeneration."

Co-Investigator. Ophthotech Corporation. OPH1000. "A phase 1, single ascending dose trial to establish the safety, tolerability and pharmacokinetic profile of intravitreous injections of E10030 (anti-PDGF pegylated aptamer) monotherapy and of E10030 given in combination with Lucentis 0.5 mg/eye in subjects with neovascular age-related macular degeneration."

Co-Investigator. Ophthotech Corporation. OPH2000. "A phase 1, ascending dose and parallel group trial to establish the safety, tolerability and pharmacokinetic profile of multiple intravitreous injections of ARC1905 (anti-C5 aptamer) given either in combination therapy with multiple doses of Lucentis 0.5 mg/eye, or with one induction dose of Lucentis 0.5 mg/eye in subjects with neovascular age-related macular degeneration."

Co-Investigator. Opko Health, Inc. ACU301. "A phase III, randomized, double-masked, parallel-assignment study of intravitreal bevasiranib sodium, administered every 8 or 12 weeks as maintenance therapy following three injections of Lucentis compared with Lucentis monotherapy every 4 weeks in patients with exudative age-related macular degeneration (AMD)."

Principal Investigator. Regeneron Pharmaceuticals. VGFT-OD-0603."A trial to assess the safety and tolerability of repeated doses of intravitreal administration of two VEGF trap formulations in subjects with neovascular age-related macular degeneration."

Principal Investigator. Regeneron Pharmaceuticals. VGFT-OD-0605. "A randomized, double-masked, active controlled phase III study of the efficacy, safety and tolerability of repeated doses of intravitreal VEGF trap in subjects with neovascular age-related macular degeneration."

Paul D. Welshaar, M.D.
530 N. Lorraine St. Ste . 200, Wichita, Kansas 67214
Ph (316)683-5611 Fax (316)683-0294

Principal Investigator. Regeneron Pharmaceuticals. VGTF-OD-0819. "A randomized, double masked, controlled Phase 3 study of the efficacy, safety and tolerability of repeated intravitreal administration of VEGF trap-eye in subjects with macular edema secondary to central retinal vein occlusion (CRVO)."

Paul D. Weishaar, M.D.
530 N. Lorraine St. Ste . 200, Wichita, Kansas 67214
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CURRICULUM VITAE

Name:	Deborah Hinnen, APRN, CDE, BC-ADM, FAAN, FAADE 18400 Lazy Summer Way Monument, CO 80132 Cell: 316-640-1506
Current Position:	Advanced Practice Nurse and Diabetes Educator Memorial Hospital, Diabetes Clinic University of Colorado Health 175 S Union Ste 305 Colorado Springs, CO 80909 Deborah.Hinnen@uchealth.org
Education:	Master of Nursing, Graduating Magna Cum Laude Wichita State University, 1978 Bachelor of Science of Nursing, Cum Laude, 1975 Associate Arts Degree, Magna Cum Laude (Order of the Purple) Butler County Community College, 1973
Licensure:	Kansas State Board of Nursing, 1975-present Advanced Registered Nurse Practitioner, 1981-present Private Pilot License – Single Engine, VFR, 1974
Certifications:	Board Certified-Advanced Diabetes Manager (BC-ADM): American Nurses Credentialing Center – 2001-present Certified Diabetes Educator (CDE), National Certification Board for Diabetes Educators, 1986-present Fellow: American Academy of Nursing 2003 to present Fellow: American Association of Diabetes Educators. 2010 -
Academic Appointments:	Wichita State University – Dept of Nursing; Graduate Adjunct Faculty; 2001-present Department of Physician Assistants; Adjunct Faculty, 2004- 2014 University of Kansas - School of Pharmacy Preceptor 1999-2014 Creighton University – School of Pharmacy Preceptor 2009-2014

Editorial Board(s)

Clinical Diabetes; 2011—
Diabetes Health 2003-2006
Canadian Journal of Diabetes Care: 1995-2006
Diabetes Care: Am Diabetes Assoc 1998-2001
Associate Editor; Spectrum – ADA 1999-2005

National Speakers bureau: American Association of Diabetes Educators 1993-→
Various Med Ed Companies→
Eli Lilly, Sanofi, Novo, Janssen, Roche →
Diabetes Interactive Network & Advisory Bd - 2015
Amylin, BMS, Boehringer Ingelheim, 2003
Abbott, PamLab 2010-2014
American Pharmacy Association: 1996-- 2012

International Speaking

-Post Conference International Diabetes Federation-Japan, Nov, 1994. "The Role of the Nurse CDE in Diabetes Care"
-European Association of Diabetes Study (EASD)
-Rome 9/08 : Pattern Management
-Vienna 9/09 : Symposia Structured SMBG : Practical Applications and Therapeutic Optioins
-Diabetes Educator Worshop-Connect : -Amsterdam 6/10 :
-Federation of European Nurses for Diabetes : Stockholm 9/10 : Outcomes from the Structured Testing Program(STeP) Study
-Nurses on Diabetes (NOD) Congress 2/11: -Johannesburg S Africa : Creative Coaching/Connect & Outcomes from the STeP Study.
- Strategies that Inspire : Revealing New Ways to Engage your Patients. Bangkok, Thailand September 2012
Helsinki May 2014
Vienna EASD September, 2014

National Speaking

American Diabetes Association Scientific Sessions.
Symposia Chair 2013, 2014
Invited speaker 2015, 2016, 2017
Louisiana State Nurse Practitioner Convention – Shreveport 2015
N Arizona Nurse Practitioner Convention – Tuscon 2015
Diabetes Masters CE/CMEProgram: Little Rock AR, Norfolk VA, Colorado Springs, Sacramento CA 2015, multiple cities 2012-14
PriMed – 2015, 2016, 2017
American Association of Diabetes Educators
Symposia Chair 2015
Speaker 2000-2017
American Association of Nurse Practitioners 2014-2017
Multiple Continuing Education Presentations for various Med Ed Co.

Board(s)

-Capella University Nursing Advisory Board- 2011-2014
-Butler Co. Community College: Board of Trustee-1999-2007
-American Nurses Credentialing Center, Clinical Expert Panel Chair; Advanced Clinical Diabetes Management, 1999-2001

CEP Member term until 2007.
-Am Assoc of Diabetes Educators Foundation Board 2003-06
-Great Plains Diabetes Research Board 1989-present
-Translation Advisory Committee, Centers for Disease Control, Diabetes Division 1995-2001
-Butler Community College, Endowment Board 1993-06
-Diabetes Advisory Board, KS Dept of Health and Environment, Diabetes Control Program: 1985-present
-American Diabetes Association – Kansas. Area Advisory Board 1978- present
Advisory Board/Consultant:
Abbott, Roche, Tethys, Intuity, Lilly, Aventis, CeQur
Consultant: Milner Fenwick 1999-2007

Honors:

Kansas Nurse of the Year-Education. Kansas State Nurses Association. 2013
Outstanding Diabetes Educator: University of Chicago: 2009
Preceptor of the Year: University of Kansas School of Pharmacy; 2005
Distinguished Service Award – American Association of Diabetes Educators, 2001
Distinguished Alumni: Butler Community College, 1994

Outstanding Volunteer: Addison B. Scovill Award – American Diabetes Association, 1993
State Winner: Nursing: The Heart of HealthCare, 1993
Nurse of the Month, The Kansas Nurse, 1981
Outstanding Educator of the Year
American Diabetes Association, 1986
Outstanding Diabetes Educator, ADA-Kansas, 1983
Charter Member, Diabetes Educator Advisory Panel, Nordisk-USA, 1986-87
Who's Who in American Junior College, 1973
Student Government President, Butler Community College, 1973
Collegiate 4H President, 1972
National Honor Society, 1971
Valedictorian, Douglass High School, 1974

Professional Memberships:

-American Diabetes Association, 1976-present
-American Association of Diabetes Educators, 1979-present
-Kansas State Nurse Association, 1975-present
-Sigma Theta Tau-Nation Nursing Honor Fraternity,1978-
-Kansas Assoc of Community College Trustees 1997-2005
-American Academy of Nursing 2003-
-American Diabetes Association So Colorado 2014-
-Rocky Mountain Diabetes Educators Association 2014-
-American Nurses Association 1975-
-Colorado Nurses Association 2014-

Diabetes Leadership

American Association of Diabetes Educators, National:

- President, 1993-94
- Chairman, AADE Education and Research Foundation 2005
- Executive Committee, 1992-95
- Nominating Committee Chair, 1994-95
- Finance Committee, 1992-94
- Board of Directors, 1989-95, 2004-05
- Chair, Advanced Practice, 1994-01
- Personnel Practice Committee, 1992-94, Chair, 1995
- Advanced Studies Institute in Diabetes Educ: Advisory Council, 1990-92
- Chairperson, Continuing Education Committee, 1989-92
- Task Force: CDE: A Video Course Review, 1990-91
- Core Curriculum Advisory Board Ex-Officio, 1987-88
- Associate Editor, Diabetes Education: A Core Curriculum, 1987-88
- Chairperson, Education Materials Review Comm, 1985-86
- Chairperson, Panel of Technical Experts, 1984-85
- Annual Meeting Planning Committee: 1997-2000, 2009
- Writing Group: Guidelines for the Practice of Diabetes Education 2008.
- Chair, Scope and Standards of Diabetes Nursing; American Nurses Association and AADE. 2009-2011.
- Fellows review committee 2017

American Association of Diabetes Educators-Kansas

- Executive Committee, 1985-87, 1991-93
- Program Chairman, 1985-87
- National Liaison, 1991-93

American Diabetes Association – National:

- Course Director; Post Graduate Symposia 2017-18
- Board of Directors, 1983-85
- Health Care and Education Advisory Panel, 1997-98
- Task Force: Goals of Diabetes Education and Youth Curriculum, 1992-93
- Chair-Education Council, 1991
- Professional Advisory Panel Member, 1991-92
- Co-Director, Post Graduate Course, 1991
- Task Force on Marketing, 1989
- Board Mentor, 1989-93
- Nominating Committee, 1979-89
- Recognition Committee, 1986-91,
- Strategic Long Range Planning Committee, 1987-88
- Consensus Development Conference Speaker and Planning

Committee
Task Force for development and implementation of NDAB Patient Education Standards (Recognition) 1986
Publication Committee, 1985-86
Regional Advisory Committee and Executive Committee, Kansas Pilot Testing National Diabetes Education Standards, 1984-85
Planning Chairman, Youth Leadership Congress, 1983-84
Chairman, Youth Services Committee, 1983-85
Public Relations, Public Education Committee, 1980 – 81
Parent and Youth Committee, 1978-80, 1981-83
Task Force: Hypertension & Lipid CE 2002-03.

International Diabetes Federation
Planning Committee-Clinical Care Section, 1989-91
International Diabetes Federation: Speaker - Advanced Practice: 2000

American Diabetes Association Southern Colorado
Board of Directors 2014-2017
Chair – Mission Delivery Committee 2014-2017
Camp Kick Start – Day Camp: comm member, camp nurse

American Diabetes Association, Kansas Affiliate
President, 1983-85
President- Elect, 1982-83
Executive committee, 1978-1998
Board of Directors (now advisory board), 1978-present
Chairperson, Corporate Wellness Task Force, 1989
Professional Education committee, Chairman, 1987-present
Member, 1977-present
Public Affairs Committee Chairman, 1985-86
Member, 1983-1990
Youth Committee Chairman, 1987-88
Member, 1977-present
Camp Discovery, Nurse Director, 1982, '84, '89, '92,'96,'07
Camp Nurse, 1978-present
State Delegate, Central Council, 1977-1999

American Nurses Association/AADE:
Chair writing group: Diabetes Nursing Scope and Standards: 2009-2011

Other Activities and Committees:

Kansas State Nurses Association
District VI Board of Directors and Executive Committee, 1981-93
District VI Secretary, 1981-83, 1989-91
Resource and Development Committee, District VI, 1977
Chair-National Nurses Day, School Project, 1990-91
Continuing Education Committee, 1992-93

University of Kansas School of Medicine, Pediatrics Department
Adolescent Medicine Committee, 1984-85
Project Success, 1976

United Methodist Church – Augusta
Chair: Higher Education and Campus Ministries, 1993
Council on Ministries, member 1993
Administrative Board, member 1993; 2003-06
Staff –Parish relations committee 2010-
United Methodist Church – Andover
Staff Parhish committee 2012-2014
United Methodist Church – Tri Lakes, Monument, Colorado
Sunday School Teacher 2015 -

Research:

Accu-Chek Connect Reports Utility and Efficiency Study (ACCRUES). Evaluation of on-line diabetes management system to obtain meaningful information for self-management. Funded by Roche. Principle Investigator 2013-2014

Structured Testing Program (STeP) Outcome Study 2008-10

Meter accuracy of the Glucometer II in normal, high and low glycemic levels. Funded by Ames company. 1981

Glucolet use for finger lancing in glucose monitoring. Patient preference study. Funded by Ames company. 1982.

Cognitive Functioning and Driver's Simulation with euglycemia, hypoglycemia, and hyperglycemia. Pilot study funded by University of Kansas School of Medicine. 1983.

Glycemic improvement with guided imagery. Funded by the University of Kansas School of Medicine. 1984.

Publications:

Guthrie D., Guthrie R., Hinnen D. "First Voided vs. Second Voided Urine Specimens", Diabetes Association, Diabetes, Vol 26, Supplement 1, 1977

Guthrie D.W., Hinnen D.A., Guthrie R.A., "I'd Rather Die". Dialogue, 1978

Barnett R., Hinnen D., "The Child With Diabetes", Presented to American Psychological Association Annual Meeting, Washington D.C., Published in ADA Proceedings Manual, 1979

Guthrie D.W., Guthrie R.A., Hinnen D. and Strack S., "A1C Hbg, A Criteria for Control of Diabetes Mellitus". Diabetes Vol 28. Supplement 1,1979

Guthrie D.W., Hinnen D., Guthrie R., "Single vs. Double Voiced Urine Testing", Diabetes Care, Vol 2. No 3, pp 269-271, May-June, 1979

Guthrie D.W., Hinnen D., Guthrie, R.A., "Backpacking", Diabetes in the News, 1979

Guthrie D.W., "Correlation of Parameters Of Urine Testing Procedures", Diabetes Vol 29; Supplement 1, pg 65, 1980.

Hinnen D., "Self Management: Focus of Weeklong Diabetes Education Program" Presented to ADA Scientific Meeting. Diabetes Vol 29, Supplement 1, pg 65,1980

Hinnen D., Friesen J., "The School Age Child with Diabetes Education Program" Presented to ADA Scientific Meeting. Diabetes 31, Supplement 2:456, 1982

Speelman D., Guthrie D., Hinnen D., "Psychological Staffing", Diabetes 31, Supplement 2:456, 1982

Hinnen D., "Blood Glucose Monitoring – A New Approach" Panel. Emergency Medicine, November, 1983

Hinnen D., "Consider Camp" – Guest Editorial Diabetes Forecast, March-April, 1983

Hinnen D., Barnett R., "Classically Conditioned Glycemic Responses in Human Subjects with Diabetes Mellitus", University of Kansas School of medicine, Wichita, Study, 1982-83

Hinnen D., "No Time to Loose" – Book Review Diabetes Forecast, March-April, 1984

Hinnen D., Speelman D., Hoffman R., Conley, K,, Knapp R.,Guthrie R., "Decreased Cognitive and Motor Skills at Hypoglycemic Glucose Levels" Poster Session, American Diabetes Association Scientific Session at Anaheim California, Diabetes, Vol 35. Supplement #78, 1986

Guthrie R., Guthrie D., Hinnen D., "Self Management of Blood Glucose. An Important Adjunct to Diabetes Therapy", Comprehensive Therapy 12 (1): 62-66, 1986

Hinnen, D., "Memory Joggers Can Help You on Diabetes Plan", Diabetes in the News, pg 44 September-October, 1986.

Hinnen D., "Six Common Mistakes When Giving Injections" Diabetes Self Management, 1987

Guthrie D., Hinnen D., "Urine Testing", Diabetes Forecast, October, 1987

Hinnen D., "If a little is good..." Guest Editorial in Diabetes in the News, April, 1988.

Hinnen D., "Diabetes Patient Education and Reimbursement in Kansas: A Status Report". Kansas Profile American Diabetes Association Vol 1, Issue 1, Spring, 1988.

Hinnen D., "Special Issues In Management" (Chapter) Diabetes Education A Core Curriculum for Health Professionals. American Association of Diabetes Educators. 1988.

Guthrie D.W., Ed,: Hinnen, D., DeShetler L., Assoc. Editors. Diabetes Education: A Core Curriculum for Health Professionals. 1st ed. American Association of Diabetes Educators. 1988

Hoffman R.G., Speelman, D., Hinnen D., Conley K.L., Guthrie R.A., Knapp R.K., "Changes in Cortical Functioning With Acute Hyperglycemia in Type I Diabetes". Diabetes CARE The Journal of Clinical and Applied Research and Education. American Diabetes Association Vol 12, #3, pg 193-197. March 1989

Hinnen D., "Turning Over Management Responsibilities to your Diabetic Youngster" Diabetes in the News, 1989

Hinnen D., "School Bells Always Ring for Diabetics". Diabetes in the News. 1990

Hinnen D., "Short and Long Term Complications: Prevention is the Best Solution for Most Diabetic Problems". Diabetes in the News, 1991

Hinnen D., Hume J., "Pregnancy" (Chapter) Nursing Management of Diabetes-Springer: New York. Guthrie R. and Guthrie D.W. eds. 1991.

Hinnen D., "Issues in Diabetes Education" in Nursing Clinics of North America. WB Saunders Philadelphia Vol 28 No1, pp 113-121. March, 1993

Hinnen, D. Special Issues in Management. Chapter in: A Core Curriculum for Diabetes Education. 2nd ed. AADE. 1993.

Hinnen D. Monitoring and Management. Chapter in: A Core Curriculum for Diabetes Education. 2nd ed. AADE 1993.

Hinnen D., President's Message in The Diabetes Educator. September, 1993 – November, 1994

Hinnen D., President's Message in AADE News. September, 1993 – August, 1994

Hinnen D., "Pregnancy" (Chapter) Nursing Management of Diabetes Mellitus, 1997

Hinnen (Hentzen) D., "Diabetes Update" American Association of Occupational Health Nurses Journal, Vol 45, #2, Feb 1997, pp 93-106.

Hinnen (Hentzen) D., "The Challenge of Timing" Diabetes Spectrum, Vol 10, #2, July 1997, pp 141-145

Hinnen D., Guthrie D., Childs B., Guthrie R.A., "Pattern Management of Blood Glucose" (Chapter) Core Curriculum for Diabetes Education 3rd Ed. American Association of Diabetes Educators. 1998

Hinnen D., Childs B., "Diabetic Ketoacidosis and Hyperglycemic Hyperosmolar Non-Ketotic Coma" chapter in: Critical Care Nursing, WB Saunders: Philadephia,1999

Hinnen, D. Spectrum. Three Controversies, Many Answers. Diabetes Spectrum. 14:2. 2001.

Hinnen D, Guthrie D, Childs B., Guthrie RA. Pattern Management of Blood Glucose (Chapter). Core Curriculum for Diabetes Educators 4th Ed. American Association of Diabetes Educators. 2001.

Guthrie RA, Hinnen, DA, Childs, BA. Glargine: A New Basal Insulin, A New Opportunity. Diabetes Spectrum. Vol 14. 3:120-22. 2001.

Johnson K, O'Neil R, Hinnen D. Alternate Site Glucose Monitoring: A Welcome Respite. Diabetes Spectrum. Vol 14. 4:193-34. 2001.

Hinnen D. Editorial: Why should I take one more exam? From Larvae to Butterfly. Diabetes Spectrum: Vol 15. 3:132-33. 2002

Hinnen, D. Self-Monitoring of Blood Glucose. Chapter in Nursing Management of Diabetes Mellitus. Guthrie and Guthrie eds. 5th Ed. Springer: New York. 2002

Hinnen D, Pregnancy. Chapter in Nursing Management of Diabetes Mellitus. Guthrie and Guthrie eds. 5th ed. Springer: New York. 2002.

Valentine V, Kulkarni K, Hinnen D. Evolving Roles: From Diabetes Educators to Diabetes Managers. Diabetes Spectrum. Vol 16. 1: Spg 2003.

Hinnen D, Childs B, Guthrie D, Friesen J, Rhiley D, Guthrie R. Pattern Management chapter in: A Core Curriculum for Diabetes Education. Franz M editor. 5th Edition. American Association of Diabetes Educators: 2003.

Hinnen D, Childs B, Marynuik M, Vu J. Pharmaceutical Treatment of Hypertension and Dyslipidemia in People with Diabetes: An Educator's Perspective. Part 1: Hypertension. Diabetes Spectrum Vol 12, Number 1, Winter 2004.

Trussell K, Hinnen D, Gray P, Drake-Nisley S Bratcher K, Ramsey H, Early J. Case Study: Weight Loss Leads to Cost Savings and Improvement in Metabolic Syndrome. Diabetes Spectrum Vol 18: 77-79 2005.

Hinnen D, Guthrie RA. Self Management Practices. Chapter in: A Complete Nurses Guide to Diabetes Care: Editor: Childs,B. American Diabetes Association. 2005.

Hinnen D, Childs B, Guthrie DW, Guthrie R, Martin S. Combating Clinical Inertia with Pattern Management in: The Art and Science of Diabetes Self-Management of Education. Editor: Carole Mensing. American Association of Diabetes Educators. 2006

Balasubramanyam A, Hinnen D, Polonsky W. Cardiovascular Event Prevention in the Person with Type 2 Diabetes: Case Examples for Identifying and Treating Multiple Risks. The Diabetes Educator. Vol 32 Suppl 5 July/August 2006.

Hinnen D, Nielsen L, Waninger A, Kushner P. Incretin Mimetics and DPP-IV Inhibitors: New Paradigms for the

Treatment of Type 2 Diabetes. JABFM (Journal of the board of Family Medicine). P 612-620 November-December 2006.

Hinnen D, Valentine V. Overcoming clinical inertia in Diabetes Care. Advance for Nurse Practitioners. P 69-72. April 2007.

Hinnen D, Kruger D, Pratley R. Treating to Success in Type 2 Diabetes: What to do When Oral Therapies Fail. Journal of the American Academy of Nurse Practitioners. 20:11 P5-23, 2008.

Mensing C, Hinnen D. Making the Most out of the Outpatient Visit in: Educating your Patient with Diabetes. Weinger K and Carver C. eds. Humana Press p 61-81, 2009.

Hinnen D, Guthrie RA, Guthrie D. Medications for Type 2 Diabetes. Chapter in: Management of Diabetes Mellitus: A Guide to the Pattern Approach. Springer, 2009.

Parkin C, Hinnen D, Valentine V, Rice D, Batts Turner M, Haas L, Mensing C, Lumber T, Fitzner K, Stetson B, McKnight K, Ernst K, Compton T, Nelson J, Jeffrie Seley J, Letassy N, Sheer D. Guidelines for the Practice of Diabetes Education. AADE 2009.

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Fisher L, Polonsky Wm, Schikman C, Hinnen D, Jelsovsky Z, Parkin C, Wagner R. Emotional Distress is Linked to Medication Adherence in Type 2 Diabetes. Diabetes Suppl. ADA Scientific Meetings June 2009.

Hinnen D. Picture This. Finding Diabetes Motivation. . Diabetes Connect. Nov-Dec 2009.

Hinnen D, and Guthrie RA. Evolution of Self-Management Practices. In Complete Nurse's Guide to Diabetes Care. 2nd ed. Childs B ed. American Diabetes Association 2009.

Hinnen D, Parkin C. Structured blood glucose monitoring intervention leads to significant glycemic improvement in poorly controlled, non-insulin treated type 2 diabetes: Results from the STeP Study. Abstract and Poster presentation. Federation of European Nurses in Diabetes. September 19, 2010

Polonsky W, Fisher L, Schikman C, Hinnen D, Parkin C, Jelsovsky Z, Peterson B, Schweitzer M, Wagner R. Structured blood glucose monitoring intervention leads to significant glycemia improvement in poorly controlled, non-insulin treated type 2 diabetes: results from the STeP study. Diabetologia (2010) 53: [Suppl] S 417.

Polonsky W, Fisher L, Schikman C, Hinnen D, Parkin C, Jelsovsky Z, Amstutz L, Schweitzer M, Wagner R. The value of episodic, intensive blood glucose monitoring in non-insulin treated persons with type 2 diabetes: Design of the Structured Testing Program (STeP) Study, a cluster-randomised, clinical trial [NCT00674986]. BMC Family Practice 2010,11:37. http://www.biomedcentral.com/1471-2296/11/37.

Hinnen D. and Tomky D. Overcoming Clinical Inertia by Intensifying Therapy in: The Art and Science of Diabetes Self-Management: A Desk Reference for Healthcare Professionals. Mensing C ed American Association of Diabetes Educators, 2010

Hinnen D. The Proof is in the Pattern. Connect; The magazine for Better Diabetes Self Care. Fall 2010/Winter 2011

- Polonsky W, Fisher L, Schikman C, Hinnen D, Parkin CG, Jelsovsky Z, Petersen B, Schweitzer M, and Wagner R. Structured Self-Monitoring of Blood Glucose Significantly Reduces A1C Levels in Poorly Controlled, Noninsulin-Treated Type 2 Diabetes: Results from the Structured Testing Program (SteP) study Diabetes Care February 2011 34:262-267;

Guthrie R, Guthrie DW, Hinnen D, Childs B. It's time to abandon the sliding scale. The Journal of Family Practice. May 2011 (Vol 60, No5).

Hinnen, D. Neuropathic Pain. In Diabetes Self-Management. July/August 2012

Unger J, Hinnen D, Schreiner B. Putting medications where they belong: Practical advice for managing type 2 diabetes

in clinical practice. J Am Assoc Nurse Practitioners. 2013. 25. pp65-76.

Hinnen D. The Role of the Kidney in Hyperglycemia: A New Therapeutic Target in Type 2 Diabetes Mellitus. J Cardiovascular Nursing. March - April 2013. 28. (2) pp157-165.

Hinnen D, Buskirk A, Lyden M, Amstutz L, Hunter T, Parkin C, Wagner R. Use of Diabetes Data Management Software Reports by Health Care Providers, Patients with Diabetes, and Caregivers Improves Accuracy and Efficiency of Date Analysis and Interpretation Compared with Traditional Logbook Data. First Results of the Accu-Chek Connect Reports Utility and Efficiency Study (ACCRUES). J Diabetes Sci Technol. November 2, 2014

Hinnen D, Buskirk A, Lyden M, Amstutz L, Hunter T, Parkin C, Wagner R. Use of Diabetes Data Management Software Reports by Patients with Diabetes and Caregivers Improves Accuracy and Efficiency Data Analysis and Interpretation Compared with Traditional Logbook Data: First Results of the Accu-Chek Connect Reports Utility and Efficiency Study (ACCRUES). Abstract: Diabetes Technology Meeting. November 6, 2014.

Hinnen D, Buskirk A, Lyden M, Amstutz L, Hunter T, Parkin C, Wagner R. Use of Diabetes Data Management Software Reports by Health Care Providers Improves Accuracy and Efficiency Data Analysis and Interpretation Compared with Traditional Logbook Data: First Results of the Accu-Chek Connect Reports Utility and Efficiency Study (ACCRUES). Abstract: Diabetes Technology Meeting. November 6, 2014

Hinnen D.Clinical Implications of Canagliflozin Treatment in Patients with type 2 Diabetes Mellitus. Clinical Diabetes. Vol 33, No1, Winter 2015

Hinnen D. Glucuretic Effects and Renal Safety of Dapagliflozin in Patients with Type 2 Diabetes Mellitus. Ther Adv Endocrinol Metabol. 1-11
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Hinnen D. Therapeutic Options for the Management of Postprandial Glucose in Pattients with Type 2 Diabetes on Basal Insulin. Clinical Diabetes. Fall 2015.

Shaefer C, Hinnen D, Sadler C. Hypoglycemia and diabetes: increased need for awareness. Curr Med Res Opin. 2016 Apr 20:1-8. [Epub ahead of print]

Hinnen D. Glucagon-Like Peptide 1 Receptor Agonists for Type 2 Diabetes Diabetes Spectrum 2017 Feb; ds160026. https://doi.org/10.2337/ds16-0026

Triplitt C, Hinnen D, Valentine V. How Similar Are Biosimilars? What Do Clinicians Need to Know About Biosimilar and Follow-On Insulins? Clinical Diabetes 2017 Apr; cd160072. Clinical Diabetes 2017 Oct; 35 (4): 209-216. https://doi.org/10.2337/cd16-0072

Skolnik N, Hinnen D, Kiriakov Y, Magwire M, and White J. Initiating Titratable Fixed-Ratio Combinations of Basal Insulin Analogs and Glucagon-Like Peptide-1 Receptor Agonists: What You Need to Know. Clinical Diabetes 2018 Feb; cd170048. https://doi.org/10.2337/cd17-0048

Hinnen D, Strong J. iGlarLixi: A New Once-Daily Fixed-Ratio Combination of Basal Insulin Glargine and Lixisenatide for the Management of Type 2 Diabetes. Diabetes Spectrum, May 2018; Vol. 31, No. 2

Revised: 5-18

Hagan & Associates, LLC
7329 N Woodlawn
Valley Center, Kansas 67147

Overall Program Evaluation Form

Program Title: Live Well With Diabetes: 3rd Annual Healthcare Professional Conference
Location K-State Research & Extension Sedgwick County Office, Wichita, KS
Date: November 2, 2018

You are: __RN __ARNP __Pharmacist __Dietitian CCM CNE PT __Other:_____

Please Give Us Your Feedback

		Excellent	Good	Average	Poor
1.	General Impression of the Scientific Content	1	2	3	4
2.	General Impression of the Conference as a Whole	1	2	3	4
3.	General Impression of the Audio/Visual Equipment	1	2	3	4
4.	Variety of Conference Content	1	2	3	4
5.	Accessibility	1	2	3	4
6.	Seating/Room Arrangements	1	2	3	4
7.	Food Quality and Variety (if applicable)	1	2	3	4
8.	Parking	1	2	3	4

Would you prefer programs to be held (Circle One): MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY WEEKENDS

Which program times would you prefer? (Circle Two): 8:00AM to 5:00PM 9:00AM to 6:00PM 12:00PM to 6:00PM 5:00PM to 8:00PM

Topic Suggestions for future programs:

_____

_____

Any Additional Comments:

_____

_____

_____

Thank you for taking the time to fill out this evaluation. The answers you have provided will help us plan for future conferences.

CNE 110

Hagan & Associates, LLC

7329 N Woodlawn
Valley Center, Kansas 67147

CONTINUING EDUCATION PROGRAM

Evaluation Form

Program Title: Trendy Diets and Diabetes
Speaker: Julia Bippert RD, CDE
Location Sedgwick County Extension Center – 7001 W. 21st St. N., Wichita, KS 67205
Date: November 1, 2018

You are: __RN __ARNP __LPN __PT __RD __Pharm Other:_____

I. This program met my learning needs and expectations: (Circle One) Fully Partially Not at all

II. Assessing Learning Outcomes

1. As a result of this activity, I have increased knowledge in the difference between a "trendy" and healthy diet.
   Yes_____ No_____
   If no, please explain
   _____
2. As a result of this activity, I have increased knowledge about the benefits and limitations of popular diets through current research.
   Yes_____ No_____
   If no, please explain
   _____
3. As a result of this activity, I have increased knowledge in counseling method to help empower patients to make informed dicisions.
   Yes_____ No_____
   If no, please explain
   _____
4. Please state at least one concept that you will take from this lecture and incorporate into your current professional practice:

_____

_____

_____

III. Rate the speaker on each of the listed characteristics using the following scale:
1) Excellent 2) Good 3) Average 4) poor

		Excellent	Good	Average	Poor
1.	Knowledge of subject	1	2	3	4
2.	Organization/Clarity of content	1	2	3	4
3.	Enthusiasm of speaker	1	2	3	4
4.	Content met the objectives	1	2	3	4
5.	Effective teaching methods	1	2	3	4
6.	Balanced amount of theory and application in presentation	1	2	3	4

In your opinion, was the lecture free from bias, meaning it did not promote the products or services of any individual practitioner or organization?

YES NO; Explain_____

CNE 111

Hagan & Associates, LLC

7329 N Woodlawn
Valley Center, Kansas 67147

CONTINUING EDUCATION PROGRAM

Evaluation Form

Program Title: Diabetes and Stroke
Speaker: Wendy Dusnbury DNP, APRN, FNP-BC, CNRN, ANVP-BC
Location Sedgwick County Extension Center – 7001 W. 21st St. N., Wichita, KS 67205
Date: November 2, 2018

You are: __RN __ARNP __LPN __PT __RD __Pharm Other: _____

I. This program met my learning needs and expectations: (Circle One) Fully Partially Not at all

II. Assessing Learning Outcomes

1. As a result of this activity, I have increased knowledge in signs and symptoms of stroke.
   Yes_____ No_____
   If no, please explain _____
2. As a result of this activity, I have increased knowledge in current research supporting diabetes care in stroke patients.
   Yes_____ No_____
   If no, please explain _____
3. As a result of this activity, I have increased knowledge in geographical locations with increased incidence of stroke.
   Yes_____ No_____
   If no, please explain _____
4. As a result of this activity, I have increased knowledge in best practices in managing diabetes for preventions of stroke and post stroke.
   Yes_____ No_____
   If no, please explain _____
5. Please state at least one concept that you will take from this lecture and incorporate into your current professional practice:

_____

_____

_____

_____

III. Rate the speaker on each of the listed characteristics using the following scale:
1) Excellent 2) Good 3) Average 4) poor

		Excellent	Good	Average	Poor	
1.	Knowledge of subject	1	2	3	4	
2.	Organization/Clarity of content	1	2	3	4	
3.	Enthusiasm of speaker		1	2	3	4
4.	Content met the objectives	1	2	3	4	
5.	Effective teaching methods	1	2	3	4	
6.	Balanced amount of theory and application in presentation		1	2	3	4

In your opinion, was the lecture free from bias, meaning it did not promote the products or services of any individual practitioner or organization?

YES NO; Explain_____

CNE 112

Hagan & Associates, LLC

7329 N Woodlawn
Valley Center, Kansas 67147

CONTINUING EDUCATION PROGRAM

Evaluation Form

Program Title: Diabetes Technology and Emerging Therapies
Speaker: Richard Guthrie MD, FAAP, FACE, Professor Emeritus
Justin Moore MD, FACP
Location Sedgwick County Extension Center – 7001 W. 21st St. N., Wichita, KS 67205
Date: November 2, 2018

You are: __RN __ARNP __LPN __PT __RD __Pharm Other: _____

I. This program met my learning needs and expectations: (Circle One) Fully Partially Not at all

II. Assessing Learning Outcomes

1. As a result of this activity, I have increased knowledge about the debate of different guidelines by different associations.
   Yes_____ No_____
   If no, please explain _____
2. As a result of this activity, I have increased knowledge about the guidelines for diabetes control.
   Yes_____ No_____
   If no, please explain _____
3. As a result of this activity, I have increased knowledge in the purpose of guidelines and reasons for the debate on guidlines.
   Yes_____ No_____
   If no, please explain _____
4. Please state at least one concept that you will take from this lecture and incorporate into your current professional practice:

_____

_____

_____

_____

III. Rate the speaker on each of the listed characteristics using the following scale:
1) Excellent 2) Good 3) Average 4) poor

		Excellent	Good	Average	Poor	
1.	Knowledge of subject	1	2	3	4	
2.	Organization/Clarity of content	1	2	3	4	
3.	Enthusiasm of speaker		1	2	3	4
4.	Content met the objectives	1	2	3	4	
5.	Effective teaching methods	1	2	3	4	
6.	Balanced amount of theory and application in presentation		1	2	3	4

In your opinion, was the lecture free from bias, meaning it did not promote the products or services of any individual practitioner or organization?

YES NO; Explain_____

CNE 113

Hagan & Associates, LLC

7329 N Woodlawn
Valley Center, Kansas 67147

CONTINUING EDUCATION PROGRAM

Evaluation Form

Program Title: The Diabolic Twins: Diabetes & Hypertension
Speaker: Emilie Hagan APRN, CDE, CFCN
Location Sedgwick County Extension Center – 7001 W. 21st St. N., Wichita, KS 67205
Date: November 2, 2018

You are: __RN __ARNP __LPN __PT __RD __Pharm Other: _____

I. This program met my learning needs and expectations: (Circle One) Fully Partially Not at all

II. Assessing Learning Outcomes

1. As a result of this activity, I have increased knowledge in how diabetes and hypertension are related.
   Yes_____ No_____
   If no, please explain _____
2. As a result of this activity, I have increased knowledge in guidelines/ best practices for treatment of patients with coexisting diabetes and hypertension.
   Yes_____ No_____
   If no, please explain _____
3. As a result of this activity, I have increased knowledge in minimizing risk and improving management of individuals with coexisting diabetes and hypertension.
   Yes_____ No_____
   If no, please explain _____
4. As a result of this activity, I have increased knowledge in how to better integrate management of diabetes and hypertension in the clinical setting.
   Yes_____ No_____
   If no, please explain _____
5. Please state at least one concept that you will take from this lecture and incorporate into your current professional practice:

_____

_____

_____

_____

III. Rate the speaker on each of the listed characteristics using the following scale:
1) Excellent 2) Good 3) Average 4) poor

		Excellent	Good	Average	Poor	
1.	Knowledge of subject	1	2	3	4	
2.	Organization/Clarity of content	1	2	3	4	
3.	Enthusiasm of speaker		1	2	3	4
4.	Content met the objectives	1	2	3	4	
5.	Effective teaching methods	1	2	3	4	
6.	Balanced amount of theory and application in presentation		1	2	3	4

In your opinion, was the lecture free from bias, meaning it did not promote the products or services of any individual practitioner or organization?

YES NO; Explain_____

CNE 114

Hagan & Associates, LLC

7329 N Woodlawn
Valley Center, Kansas 67147

CONTINUING EDUCATION PROGRAM

Evaluation Form

Program Title: Case Studies in Diabetes: Practical Pointer for Evidenced Based Practice
Speaker: Debbie Hinnen, APRN, CDE, BC-ADM, FAAN, FAADE
Location Sedgwick County Extension Center – 7001 W. 21st St. N., Wichita, KS 67205
Date: November 2, 2018

You are: __RN __ARNP __LPN __PT __RD __Pharm Other: _____

I. This program met my learning needs and expectations: (Circle One) Fully Partially Not at all

II. Assessing Learning Outcomes

1. As a result of this activity, I have increased knowledge about how to apply clinical practice guidelines to improve patient outcomes in the diabetic patient population.
   Yes_____ No_____
   If no, please explain _____

2. As a result of this activity, I have increased knowledge about determining appropriates treatment options for optimal glycemic targets in individuals with diabetes.
   Yes_____ No_____
   If no, please explain _____

3. As a result of this activity, I have increased knowledge about techniques for assessing medication adherence obstacles.
   Yes_____ No_____
   If no, please explain _____

4. As a result of this activity, I have increased knowledge about how to implement practical methods for promoting better medication adherence.
   Yes_____ No_____
   If no, please explain _____

5. Please state at least one concept that you will take from this lecture and incorporate into your current professional practice:

_____

_____

_____

_____

III. Rate the speaker on each of the listed characteristics using the following scale:
1) Excellent 2) Good 3) Average 4) poor

		Excellent	Good	Average	Poor	
1.	Knowledge of subject	1	2	3	4	
2.	Organization/Clarity of content	1	2	3	4	
3.	Enthusiasm of speaker		1	2	3	4
4.	Content met the objectives	1	2	3	4	
5.	Effective teaching methods	1	2	3	4	
6.	Balanced amount of theory and application in presentation		1	2	3	4

In your opinion, was the lecture free from bias, meaning it did not promote the products or services of any individual practitioner or organization?

YES NO; Explain_____

CNE 115

Hagan & Associates, LLC

7329 N Woodlawn
Valley Center, Kansas 67147

CONTINUING EDUCATION PROGRAM

Evaluation Form

Program Title: Managing Diabetes in Long Term Care
Speaker: Amy Siple APRN, FNP, GS-C
Location Sedgwick County Extension Center – 7001 W. 21st St. N., Wichita, KS 67205
Date: November 2, 2018

You are: __RN __ARNP __LPN __PT __RD __Pharm Other: _____

I. This program met my learning needs and expectations: (Circle One) Fully Partially Not at all

II. Assessing Learning Outcomes

1. As a result of this activity, I have increased knowledge in challenges in diabetes management for long term care clients.
   Yes_____ No_____
   If no, please explain _____
2. As a result of this activity, I have increased knowledge in dietary recommendations or diabetic clients in long term care.
   Yes_____ No_____
   If no, please explain _____
3. As a result of this activity, I have increased knowledge in the unique concerns of diabetic medications and older adult.
   Yes_____ No_____
   If no, please explain _____
4. Please state at least one concept that you will take from this lecture and incorporate into your current professional practice:

_____

_____

_____

_____

III. Rate the speaker on each of the listed characteristics using the following scale:
1) Excellent 2) Good 3) Average 4) poor

		Excellent	Good	Average	Poor	
1.	Knowledge of subject	1	2	3	4	
2.	Organization/Clarity of content	1	2	3	4	
3.	Enthusiasm of speaker		1	2	3	4
4.	Content met the objectives	1	2	3	4	
5.	Effective teaching methods	1	2	3	4	
6.	Balanced amount of theory and application in presentation		1	2	3	4

In your opinion, was the lecture free from bias, meaning it did not promote the products or services of any individual practitioner or organization?

YES NO; Explain_____

CNE 116

Hagan & Associates, LLC

7329 N Woodlawn
Valley Center, Kansas 67147

CONTINUING EDUCATION PROGRAM

Evaluation Form

Program Title: Creating Communities for Physical Activity
Speaker: Scott Wadle AICP
Location Sedgwick County Extension Center – 7001 W. 21st St. N., Wichita, KS 67205
Date: November 2, 2018

You are: __RN __ARNP __LPN __PT __RD __Pharm Other: _____

I. This program met my learning needs and expectations: (Circle One) Fully Partially Not at all

II. Assessing Learning Outcomes

1. As a result of this activity, I have increased knowledge in how conditions for getting around Wichita by bicycling, walking, and/or transit has improved.

   Yes_____ No_____

   If no, please explain _____

2. As a result of this activity, I have increased knowledge in recent process, infrastructure and program changes.

   Yes_____ No_____

   If no, please explain _____

3. As a result of this activity, I have increased knowledge in how I can get involved to continue to making Wichita even better.

   Yes_____ No_____

   If no, please explain _____

4. Please state at least one concept that you will take from this lecture and incorporate into your current professional practice:

   _____

   _____

   _____

_____

III. Rate the speaker on each of the listed characteristics using the following scale:
1) Excellent 2) Good 3) Average 4) poor

		Excellent	Good	Average	Poor	
1.	Knowledge of subject	1	2	3	4	
2.	Organization/Clarity of content	1	2	3	4	
3.	Enthusiasm of speaker		1	2	3	4
4.	Content met the objectives	1	2	3	4	
5.	Effective teaching methods	1	2	3	4	
6.	Balanced amount of theory and application in presentation		1	2	3	4

In your opinion, was the lecture free from bias, meaning it did not promote the products or services of any individual practitioner or organization?

YES NO; Explain_____

CNE 117

Hagan & Associates, LLC

7329 N Woodlawn
Valley Center, Kansas 67147

CONTINUING EDUCATION PROGRAM

Evaluation Form

Program Title: Creating Communities for Physical Activity
Speaker: Paul Weishaar, MD
Location Sedgwick County Extension Center – 7001 W. 21st St. N., Wichita, KS 67205
Date: November 2, 2018

You are: __RN __ARNP __LPN __PT __RD __Pharm Other: _____

I. This program met my learning needs and expectations: (Circle One) Fully Partially Not at all

II. Assessing Learning Outcomes

1. As a result of this activity, I have increased knowledge in how conditions for getting around Wichita by bicycling, walking, and/or transit has improved.

   Yes_____ No_____

   If no, please explain _____

2. As a result of this activity, I have increased knowledge in recent process, infrastructure and program changes.

   Yes_____ No_____

   If no, please explain _____

3. As a result of this activity, I have increased knowledge in how I can get involved to continue to making Wichita even better.

   Yes_____ No_____

   If no, please explain _____

4. Please state at least one concept that you will take from this lecture and incorporate into your current professional practice:

_____

_____

_____

_____

III. Rate the speaker on each of the listed characteristics using the following scale:
1) Excellent 2) Good 3) Average 4) poor

		Excellent	Good	Average	Poor	
1.	Knowledge of subject	1	2	3	4	
2.	Organization/Clarity of content	1	2	3	4	
3.	Enthusiasm of speaker		1	2	3	4
4.	Content met the objectives	1	2	3	4	
5.	Effective teaching methods	1	2	3	4	
6.	Balanced amount of theory and application in presentation		1	2	3	4

In your opinion, was the lecture free from bias, meaning it did not promote the products or services of any individual practitioner or organization?

YES NO; Explain_____

CNE 118

Hagan & Associates, LLC

7329 N Woodlawn
Valley Center, Kansas 67147

CONTINUING EDUCATION PROGRAM

Evaluation Form

Program Title: Diabetes Technology and Emerging Therapies
Speaker: Nate Wiehl PharmD, BC-ADM

Location Sedgwick County Extension Center – 7001 W. 21st St. N., Wichita, KS 67205
Date: November 1, 2018

You are: __RN __ARNP __LPN __PT __RD __Pharm Other: _____

I. This program met my learning needs and expectations: (Circle One) Fully Partially Not at all

II. Assessing Learning Outcomes

1. As a result of this activity, I have increased knowledge about available options for continuous glucose monitoring.
   Yes_____ No_____
   If no, please explain _____
2. As a result of this activity, I have increased knowledge about available options for insulin pump therapy.
   Yes_____ No_____
   If no, please explain _____
3. As a result of this activity, I have increased knowledge in new insulin products.
   Yes_____ No_____
   If no, please explain _____
4. Please state at least one concept that you will take from this lecture and incorporate into your current professional practice:

_____

_____

_____

_____

III. Rate the speaker on each of the listed characteristics using the following scale:
1) Excellent 2) Good 3) Average 4) poor

		Excellent	Good	Average	Poor	
1.	Knowledge of subject	1	2	3	4	
2.	Organization/Clarity of content	1	2	3	4	
3.	Enthusiasm of speaker		1	2	3	4
4.	Content met the objectives	1	2	3	4	
5.	Effective teaching methods	1	2	3	4	
6.	Balanced amount of theory and application in presentation		1	2	3	4

In your opinion, was the lecture free from bias, meaning it did not promote the products or services of any individual practitioner or organization?

YES NO; Explain_____

CNE 119

Long Term CNE Provider Checklist
(K.A.R. 60-9-107)

Name of Provider: Mid-America Wound Healing Society LT 0296-1215

Name of Program Coordinator: Lyndel F. Walker, MSN, RN

_____ **New Initial Application** ___X__ **Renewal**

Date Received: 10/13/2020 **Date Review complete:** 10/26/2020

Date to CNE Committee: 12/8/2020

_____ **Approved** _____ **Not Approved:**

_____ **Approved Pending:** _____

Date Notified: _____

Information Required	Received	NA
Completed application for initial approval or five-year renewal for LT CNE providership shall be submitted at least 60 days before a scheduled board meeting	Received 10/13/2020	
The name and address of the organization on the application	✓	
The name and address of the department or unit within the organization responsible for approving CNE, if different from the name and address of the organization		✓
The name, education and experience of the program coordinator responsible for CNE	Lyndel F. Walker, MSN, RN	
• Be a licensed professional nurse	✓	
• Have three years of clinical experience	✓	
• Have one year of experience in developing and implementing nursing education	✓	
• Have a baccalaureate degree (unless held this position for the provider at least five years immediately prior to January 1, 1977)	✓	
Policies & Procedures:		
Written policies and procedures, including at least the following areas:		
• Assessing the Need and planning for CNE activities	✓	
• Fee Assessment	✓	
• Advertisements or offering announcements. Published information shall contain the following statement: "(name of provider) is approved as a provider of continuing nursing education by the Kansas State Board of Nursing.	State language will be included, however not included on announcements for both offerings	

This course offering is approved for contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: "		
• Notice of Change of coordinator or required policies and procedures. The program coordinator shall notify the board in writing of any change of the individual responsible for the providership or required policies and procedures within 30 days	✓	
For long term providers, the policies and procedures for the Offering Approval Process shall include the following:		
• A Summary of the Planning	✓	
• The Behavioral Objectives	✓	
• The Content, which shall meet the definition of CNE in KSA 65-1117	✓	
• The Instructor's Education and Experience, documenting knowledge and expertise in the content area	✓	
• A Current Bibliography that is reflective of the offering content. The bibliography shall include books published within the past 10 years, periodicals published within the past five years, or both	✓	
• An offering Evaluation that includes each participant's assessment of the following:		
▪ The achievement of each objective	✓	
▪ The expertise of each individual presenter	✓	
An approved provider may award any of the following:		
• Contact hours as documented on an offering agenda for the actual time attending, including partial credit for one or more contact hours	✓	
• Credit for fractions of hours over 30 mins to be computed towards a contact hour	✓	
• Instructor credit, which shall be twice the length of the first-time presentation of an approved offering, excluding an standardized, prepared curriculum	✓	
• Independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results		✓
• Clinical hours		✓
Documentation of Attendance		
Each provider shall maintain documentation to verify that each participant attended the offering. The provider shall require each participant to sign a daily roster, which shall contain the following information:		
• The provider's name, address, provider number, and coordinator	✓	

• The date and title of the offering, and the presenter or presenters	✓	
• The participant's name and license number and the number of contact hours awarded	Number of contact hours awarded not listed for each participant	
Each provider shall maintain documentation to verify completion of each independent study offering, if applicable. To verify completion of an independent study offering, the provider shall maintain documentation that includes the following:		
• The provider's name, address, provider number, and coordinator		✓
• The participant's name and license number, and the number of contact hours awarded		✓
• The title of the offering		✓
• The date on which the offering was completed		✓
• Either the completion of a posttest or a return demonstration		✓
Certificate of Attendance/CE Transcript		
A certificate of attendance shall be awarded to each participant after completion of an offering, or a CE transcript shall be provided according to the policies and procedures of the long-term provider	✓	
Each certificate and each CE transcript shall be complete before distribution to the participant	✓	
Each certificate and each CE transcript shall contain the following information:		
• The provider's name, address and provider number	✓	
• The title of the offering	✓	
• The date or dates of attendance or completion	✓	
• The number of contact hours awarded and, if applicable, the designation of any independent study or instructor contact hours awarded	✓	
• The signature of the individual responsible for the providership	✓	
• The name and license number of the participant	✓	
Recordkeeping & Storage		
For each offering, the approved provider shall retain the following for two years:		
• A summary of the planning	✓	
• A copy of the offering announcement or brochure	✓	
• The title and objectives	✓	
• The offering agenda or, for independent study, pilot test results	✓	
• A bibliography	✓	

• A summary of the participants' evaluations	✓	
• Each instructor's education and experiences	✓	
• Documentation to verify completion of the offering	✓	
The record storage system used shall ensure confidentiality and easy retrieval of records by authorized individuals	✓	
Program Evaluation Plan		
For long-term providers, a copy of the total program evaluation plan	Template but no findings included	
Two Proposed Offerings		
The provider shall submit two proposed offerings, including the following:	#1	#2
	Partners in Wound Healing Annual Conference "Heroes in Wound care" April 25 & 26, 2019	Prevention of Delayed wounds Healing: TIME principles of Wound Bed Preparation June 13, 2019
• A summary of planning	✓	✓
• A copy of the offering announcement or brochure	✓	Does not contain KSBN required language
• The title and behavioral objectives	✓	On evaluation form
• The offering agenda or, for independent study, pilot test results	✓	On announcement only
• Each instructor's education and experience	✓	✓
• A current bibliography	Some outdated	On powerpoints
• The offering evaluation form	✓	✓

06/2019

Application reviewed and approval checklist completed on 10/26/2020 by Carol Moreland, MSN, RN

Reference No.: 24819 **Date submitted:** Oct 13 12:09 2020

radio ~ Renewal
Providername ~ Mid-America Wound Healing Society
providernum ~ LTO296-1215
legalbody ~ ~
address ~ 8923 W. Westlawn
adress2 ~ Wichita, KS 67212
telephone ~ 316-706-4151
email ~ lyndelwrn@gmail.com
coordinator ~ Lyndel F Walker, MSN, RN (CV attached #1)
date ~ 10-13-2020
planningce ~ The MAWHS has an established planning committee consisting of a physician, RN's, LPN's and a PT who work in settings that include wound clinics, acute care, long term care, and home health agencies. These
representatives from various professional disciplines and care settings help identify the education needs
relative to the areas in which they practice. The education coordinator will review all suggested offerings for
compliance with the definition of CNE in KSA 65-1117(a) to ensure that the subject matter will enhance present knowledge and experience.

Program evaluation forms completed by attendees provide feedback and suggestions for future CNE offerings
including improvements and additional subjects that can be covered. The planning committee meets approximately 8 times/year to review these evaluations and to continually plan for future offerings with the largest being our yearly spring conference.

The CNE presentations offer advanced wound care and nursing knowledge for nurses and other professionals
who work with individuals at risk which will build on basic knowledge and experience they may already have and
integrates current evidence based information regarding the best practices in wound care.
These offerings benefit the general healthcare community as well as their patients. Offerings provided by the Mid-America Wound Healing Society may include related subject areas that could include infectious diseases, venous insufficiency, diabetes management, psycho-social issues, regulatory compliance and patient activation for improved compliance and quality outcomes just to name a few possibilities.

feeassessment ~ In fulfillment of our mission statement as a nonprofit organization, we determine
fees based on what the prospective cost will be and compare with other organizations,
to ensure we are not only competitive but usually lower than other area offerings.

MAWHS has established online registration which primarily is paid through credit cards,
so insufficient fund checks has not been an issue. If we did have an issue, we would run the check through
a second time, and if it failed to be collectable, we would contact the participant and
ask for another form of payment. In the event we are unsuccessful in collecting, we
would not pursue further collection measures.

Refunds due to cancellations are primarily handled through our online registration
process, up to the registration deadline. In the event of an emergency, we would refund
the participant. A processing fee of $5 may be deducted post registration deadlines.
In the event of inclement weather or natural disaster, the planning committee would
determine if it is possible to reschedule the conference. If not, refunds with a $5 processing fee would be
provided to participants. Full refunds were made for our spring conference this year when COVID-19 prevented us from holding it.

advertisement ~ MAWHS sends out "Save the Date" postcards several months ahead of time for our yearly conference; produces and distributes comprehensive brochures throughout the medical community, including physician offices, acute care
facilities, KS nursing homes and surrounding areas, home health agencies, schools of nursing as well as direct emails to organization members. We also make use of Facebook announcements/invitations.
For our quarterly meetings, we publicize through direct emails to our

members and through Facebook announcements.

Information about refunds and cancellations are included on brochures for which there are registration and
payment requirements. There is normally no charge for our quarterly meetings. If there is, it is collected at the door, so there would be no need for pre-registration or refunds.

All announcements regarding the offerings will include the following statement. "Mid-America Wound Healing
Society is approved as a provider of continuing nursing education by the Kansas State Board of Nursing.
This course is approved for ____ contact hours applicable for APRN, RN, LPN, or LMHT relicensure. Kansas State
Board of Nursing provider number: LT0296-1215.

Sample announcement attached (2)

approvalprocess ~ 1. Planning committee members meet regularly during pre-conference months - usually monthly but no less
than every 2 months for the 9 months preceding the 2 day event. Quarterly events are also planned during
this time. At least one meeting is held following our major conference to evaluate it.

2. Behavioral objectives are clearly identified for each educational opportunity/topic with a minimum of one objective per 50 minute presentation.

3. The program coordinator ensures that the content of all offerings meets the definition of CNE as described in KSA 65-1117.

4. A current curriculum vitae will be obtained for each instructor providing education, and reviewed by the coordinator to ensure appropriate qualifications for the offering being presented.

5. The bibliography of each presentation will be reviewed by the coordinator. The bibliography
will include current sources, no more than 10 yr. old for textbooks or 5 yr old for periodicals.

6. Evaluation forms reflecting the qualifications of the presenter and the presentation, the degree that objectives of the program were met, and

its applicability, will be distributed to all participants at the beginning of each presentation, and collected from each participant before awarding CNE certificates.

contacthours ~ CNE hours will be calculated according to the KSBN guidelines, based on actual time attended, (at least 50 min. per 1 CNE credit). This includes partial credit for one or more contact hours. Credit for fractions of hours over 30 minutes will be computed towards a contact hour.

Late arrivals and early departures will not be awarded partial credits. Participants shall not be more than 10 min. late, and no credit will be awarded in case of early departure.
In extenuating circumstances however, the program coordinator will determine if partial CNE's will be provided
and will document the extenuating circumstance as well as the actual time of attendance and number of
CNE's awarded based on above stated policy.

Instructor credit shall be at the rate of 2 CNE for each hr (50 minute) or increment thereof as described above
of a first time presentation, excluding standardized, prepared curriculum.

Independent study will not be offered through MAWHS.

verifycompletion ~ For major programs, the MAWHS roster of attendance is custom populated via our online registration,
up to and including the date of the presentation. Participants will sign an attendance roster daily before entering the venue. Participant entry and exit into the program venue will be monitored to ensure appropriate participation by all registrants.

For single CNE presentations of 2 hours or less, a pre-printed roster containing member names will be provided for participants to complete and sign in on. A blank form will be used for non-members or first attenders.

In all cases, the roster will contain:
Provider name, address, provider # and coordinator's name,
Date and title of offering,
Program presenter(s),
Participant's name, license # and # of CNE awarded.

The certificate will contain:
The provider's name, address, provider number
Title of the offering, date(s) of attendance,
# of contact hrs awarded.
Signature of the person responsible for the providership (education coordinator)
Name and license number of the participant.

The CNE certificate will be awarded after the close of the offering and will be completed in full prior to distribution.
SEE SAMPLE (3)

recordkeeping ~ MAWHS will retain the following records for each presentation, for a minimum of 2 years:

Summary of the planning
Copy of announcement/brochure
Title and objectives of the offering
Offering agenda
Bibliography,
Summary of participant evaluations
Each instructor's education and experience
Documentation to verify completion of the offering.

The records will be stored in a locked file cabinet, with the organization's other documents and monitored by the MAWHS Secretary.
notice of change ~ The president or secretary of the MAWHS organization will notify KSBN in writing within 30 days of any program coordinator changes.

noticeofchange ~ The president or secretary of the MAWHS organization will notify KSBN in writing within 30 days of any program coordinator changes. The program coordinator will be required to have a BSN or greater degree and relevant education experience. Job description attached. (4)

programevaluation ~ The MAWHS conference planning committee will work with the education coordinator to perform a full program evaluation at the beginning of each new year, including all offerings provided under this providership number. The attached format will be followed.

Evaluation form attached. (5)

Submission date ~ 10-13-2020 12:25:23
Form ID ~ 1672730

ANNUAL Mid-America Wound Healing TOTAL PROGRAM EVALUATION DATE:

This total program evaluation is completed at least annually, and reported in the annual report to the KSBN. It involves a systemic process for collecting and analyzing the data needed to determine if the providership is meeting the established policies and procedures. This must evaluated the entire MAWHS program, not individual offerings.

AREA	FREQUENCY	RESPONSIBLE PERSON	CRITERIA	FINDINGS	ACTIONS/RECOMMENDATIONS
ADMINISTRATION	Annually		Review job description		
Policies: Assess need, planning -written tool -evaluation summaries	Annually		Review survey for appropriateness; were survey findings and identified needs from evaluation summaries used in program planning		
Policies: Fee Assessment	Annually		Policy meets organization and customer needs		
Policies: Announcement	Annually		Review to be certain they reflect necessary information		
Policies: Offering approval process	Annually		Review policies and compare to KSBN requirements		
Policies: Awarding contact hours	Annually		Review agendas/pilot test results to verify contact hours awarded; review documentation of partial credit		
Policies: Verifying participation/ completion	Annually		Review rosters and certificates; compare to KSBN requirements		
Policies: Record Keeping	Annually		Audit contents of files for compliance with KSBN requirements		

Policies: Notification of changes	Annually		Review procedures for changes reported to KSBN		
Total Program Evaluation effectiveness	Annually		Review total program evaluation and compare contents to KSBN requirements		

COMPLETED BY: _____ **Program Coordinator**_____ **DATE:**

CURRICULUM VITAE

LYNDEL F. WALKER, RN, MSN

1005 E. Lincoln • Hesston, KS 67062
Cell (316)706-4151 • LyndelwRN@gmail.com

Learner – Communicator - Dependability – Arranger – Includer

EDUCATION

2000 Newman University Wichita, Kansas
- MSN - Concentration in Nursing Administration. GPA – 4.0

1993 Wichita State University Wichita, Kansas
- BSN – Magna Cum Laude GPA – 3.8

1985 St. Mary of the Plains Wichita, Kansas
- ADN

1983 – 1984 Tabor College Hillsboro, Kansas
- Pre-nursing

1972 Wichita Area Vocational School Wichita, Kansas
- LPN

WORK EXPERIENCE

Current
Hesston College School of Nursing
Hesston, KS
Nursing Faculty
- Acute Care Nursing I – Med-Surgical clinical
- Acute Care Nursing II – Classroom and clinical
- Inter-professional Communication and Practice

April 2013 – December 2015
Tabor College School of Adult and Graduate Studies
Wichita, KS
Assistant Professor of Nursing
- Teaching RN to BSN students both online and in-class.
- Master Course Editor: Nursing Leadership and Management, Healthcare Organizations and Environments, Pathophysiology, and Health Assessment. Also teach: Community Health Nursing and Evidence Based Practice.
- Developed and taught intensive elective weekend courses in two areas of expertise; Patient Advocacy and Chronic Wound Care.
- Advise ongoing cohort groups through their capstone practicum and project from beginning of program to graduation.

August 2010 – April 2013

Hand-in-Hand Patient Advocate Services, LLC

Wichita, KS

Owner & Professional RN Patient Advocate

- Providing assistance and support to the elderly and those with medically complex conditions who may be feeling lost and confused in the healthcare system.

August 2010 – April 2013

WesleyCare Family Medicine, Wesley Medical Center

Wichita, KS 67214

Staff Nurse

- Providing nursing support in a busy Residency Clinic (KU Family Practice Residency) Served on research committee.

November 2000 – March 2010

Mid-West Center for Wound Healing and Hyperbaric Medicine, Wesley Medical Center

Wichita, KS 67214

Manager

- Managing a multi-disciplinary department that includes an out-patient wound care clinic, hyperbaric oxygen unit, diabetic foot care, and inpatient wound, ostomy, and continence consulting.
- Developed a comprehensive wound care data base that tracked patients and their outcomes enabling multiple quality improvement initiatives
- Initiated quarterly pressure ulcer prevalence surveys hospital wide and supervised in NDNQI data collection
- Initiated a wound care SWAT team in which representatives from each adult nursing unit were trainded to act as resources for skin and wound care and pressure ulcer prevention.

November 1996 – January 2000

Sunflower Support Services, Inc.

Hutchinson, KS 67501

Owner/Administrator

- Responsible for all areas of management of a non-Medicare certified home health agency with three area offices.
- Services provided under state waiver programs, local government programs, and private pay. Included homemaker, attendant care, and pediatric skilled nursing .
- Developed high tech pediatric home care program and provided direct nursing supervision for technology dependent pediatric clients.

January 1994 – November 1998

Sunflower Home Care, Inc.

McPherson, KS 67460

Owner/Administrator

- Responsible for all areas of start-up, growth and management of a Medicare certified home care agency with five area offices.

October 1992 – June 1995

Coram Home Care (aka, Caremark Home Care)

Wichita, Kansas

Case by Case and On-call Nurse

- Home infusion therapy company.
- Provided home infusion therapy/teaching to home care clients as well as inservice training to rural home care agencies.

August 1992 – September 1993

Wesley Medical Center

Wichita, Kansas

Staff/Charge Nurse

- Medical floor and IV team

July 1972 – Present

Additional Professional Experience

- Adjunct faculty at Tabor College, Wichita, teaching in the RN to BSN program – Advanced Concepts of Nursing Leadership and Mangement. 2007 – 2008.
- Home health management consulting including assisting in the start-ups of other home health agencies and consultation on policy and procedures and regulatory compliance.
- Taught Certified Nurse Aide and Home Health Aide classes for Pratt Community College and Hutchinson Community College
- Other staff positions at Wesley Medical Center including MICU and relief charge on a Medical Unit and float pool – intermittently 1972 – 1999.
- Psychiatric and Geriatric Long Term Care staff, charge nurse, and DON initially as an LPN and later as an RN.

ACADEMIC LEADERSHIP AND SERVICE

- Member of Faculty Practice Council, Tabor College (2013 – 2015)
- Member of Nursing Faculty Council, Tabor College (2012 – 2015)
- Member of Academic Practice Council, Tabor College Wichita (2012 – 2015)

- CNE Education Coordinator – Mid-America Wound Healing Society, Wichita, KS (2015 – present)
- Served on the Board of Directors for the Kansas Home Care Association, (1995 – 2000)

PROFESSIONAL DEVELOPMENT (LAST 3 YEARS)

- Skin Tears: Updates on Prevention, Assessment and Treatment – 1 CNE
- Midwest Educator Update: Best Practices for Faculty and Student Success – 10.5 CNE
- 2016 Partners in Wound Healing, The Past, The Present, and The Future – 15 CNE
- Preventing and Treating Pressure Ulcers – 6.7 CNE
- Manageing Key Barriers to Wound Healing – 1 CNE
- 41st Annual National Conference on Professional Nursing Education and Development
  Leading Reform and Advancing the Science of Nursing Education
  October 3-5, 2014, Rochester, Minnesota

PRESENTATIONS

- Historical Perspectives on Wound Healing, Past, Present and Future of Wound Healing, Mid-America Wound Healing Annual Conference, April 19, 2016.
- Organize and present yearly Professional Wound Care Education seminars (CEU's) first presented at Wesley Medical Center for one day then expanded to a state-wide, two day activity in conjunction with VA hospital and ultimately became part of the Mid-America Wound Healing Society annual conference with 130+ participants (2001 – present)
- Multiple CNE presentations in a variety of settings on subjects including: Home IV therapy, Home Health OASIS and other regulatory compliance, basic and advanced wound care subjects, and patient advocacy for nurses. (1997 – 2016)

PROFESSIONAL MEMBERSHIPS

- Member and CNE Education Coordinator – Mid-America Wound Healing Society, Wichita, KS
- Member Sigma Theta Tau
- Member of Leadership Resource Group – Kansas Action Coalition
- Board Member for Heartland Pregnancy Care Center, Newton, KS
- Past Vice President and founding member – Mid-America Wound Healing Society, Wichita, KS

OTHER

- Completed 43 hour CNE training for RN Patient Advocacy through RN Patient Advocates in association with the University of Arizona School of Nursing – October 2010

Mid-America Wound Healing Society

Mid-America Wound Healing Society, 8923 W. Westlawn, Wichita, KS 67212
Provider # LT0296-1215, Program Coordinator: Lyndel Walker RN, MSN
Heroes in Wound Care - Partners in Wound Healing - 2019 - Day 1 - April 25, 2019 - 7.5 CNE

First Name	Last Name	Email Address	Address	City	State	Zip	License type & #	Signature

CERTIFICATE *of* ATTENDANCE

THIS ACKNOWLEDGES THAT

Name:_____ License #_____

ATTENDED

Prevention of Delayed Wound Healing: TIME Principles of Wound Bed Preparation
Billi J. Payne, BSN, RN
Mid-America Wound Healing Society Quarterly Meeting

JUNE 13,
2019

x Lyndel Walker MSN, RN
PROGRAM COORDINATOR

CE HOURS AWARDED: 1 HOUR
Mid-America Wound Healing Society, 9811 E. 18th, Wichita, KS 67205 is an approved program provider for the Kansas State Board of Nursing.
Provider no: **LT0296-1215.**

M-A WHS
Mid-America Wound Healing Society

Offering #1

Planning for June 13, 2019 Quarterly meeting

One committee member recommended Billi Payne as a speaker to the group. Once approved by the group, the Education Coordinator obtains information from Ms. Payne about her education and background and communicates expectations that the presentation will build upon the nurse's knowledge and experience and will not be specific to a product or company meant to "sell" products or services, Education Coordinator also communicates expectations for materials required ahead of time and requests information about her technology needs. Information is provided to the presenter about the usual audience and their general understanding about the subject matter.

Planning for 2 day meeting April 25 – 26, 2019

The MAWHS has an established planning committee consisting of a physician, RN's, LPN's and a PT who work in settings that include wound clinics, acute care, long term care, and home health agencies. These representatives from various professional disciplines and care settings help identify the education needs relative to the areas in which they practice. The education coordinator will review all suggested offerings forcompliance with the definition of CNE in KSA 65-1117(a).

The committee acts as described above with each providing ideas for speakers and subjects. We meet monthly through the winter to plan, delegate various responsibilities, and provide updates to the group. The Education Coordinator is intimately involved at all times and approves speakers and offerings as described.

Gmail

Lyndel Walker <lyndelwrn@gmail.com>

TONIGHT!! Dec 14th- 6pm -Venue 3130 Join us!

1 message

Mid-America Wound Healing Society <ronda@woundsociety.org> Thu, Dec 14, 2017 at 5:02 AM
Reply-To: ronda@woundsociety.org
To: lyndelwrn@gmail.com



Join us TONIGHT! December 14th for a wonderful evening of food, friends, music and fun!

(some education too!)

~MEMBERSHIP RENEWAL NIGHT~ for 2018~

Thursday - December 14th, 2017

6 pm - Dinner
Wine and Beer Available

Mike Doom's Band will be preforming!

7:15-8:15 pm Speaker: Martha R. Kelso Founder and CEO of Wound Care Plus, LLC

Topic: Care Transitions and the Wound Care Patient

CNE 141

Venue 3130
3130 W. Central, Wichita, KS 67212
West of Barney's Pharmacy

We will also be celebrating with the
Volunteers of the Medical Loan Closet- they have a special award for a well deserving volunteer!

Members free, guests $20.00 IF you sign up for a new membership this evening you can get this night free, included in the 2018 membership!
Yearly membership renewals due for 2018

First Quarterly Meeting of 2018-
March 8th, 2018 - Mark your calendar!
more details to follow

Partners in Wound Healing 2018 Annual Conference
~The Next Frontier~
April 26 & 27, 2017

Registration opens Feb 1st, 2018

Vendor spots available!

The Mid-America Wound Healing Society is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for 1 contact hour applicable for RN, LPN, or LMHT relicensure. Kansas State Board of Nursing Provider Number: LT0296-1215

Mid-America Wound Healing Society
www.woundsociety.org

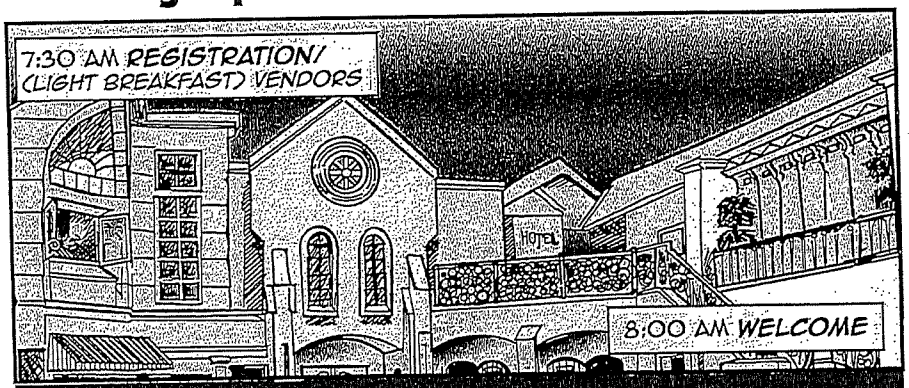
Mid-America Wound Healing Society, 331 S. Hydraulic Street, Wichita, KS 67211

SafeUnsubscribe™ lyndelwrn@gmail.com
Forward this email | Update Profile | About our service provider
Sent by ronda@woundsociety.org in collaboration with

CNE 142

Thursday: April 25th

2019 PARTNERS IN WOUND HEALING
ANNUAL CONFERENCE



8:10 AM KEYNOTE — SKIN CHANGES AT THE END OF LIFE
WOUND HEROES ACCURATELY ASSESS THE SITUATION



10:10 - 10:30 BREAK/VENDORS

10:30 AM — ACCURATE DOCUMENTATION FOR RESPONSIBLE CARE
WOUND HEROES ACT RESPONSIBLY AND DEFENSIVELY

PRESENTED BY KAREN LOU KENNEDY-EVANS, RN, FNP, APRNBC

LUNCH!

11:45 AM SPECIAL GUESTS/VENDORS
12-1:00 PM LUNCH/VENDORS

1:00 PM DIABETES AND IMPAIRED WOUND HEALING
WOUND HEROES SAVE LIMBS

2:00 PM BIOFILMS IN WOUNDS
WOUND HEROES ATTACK THE INVISIBLE ENEMY

3:00 PM BREAK/VENDORS



3:15 PM BURN WOUNDS: AN OVERVIEW OF THE PATHOPHYSIOLOGY OF CUTANEOUS THERMAL INJURY
WOUND HEROES CAN TAKE THE HEAT

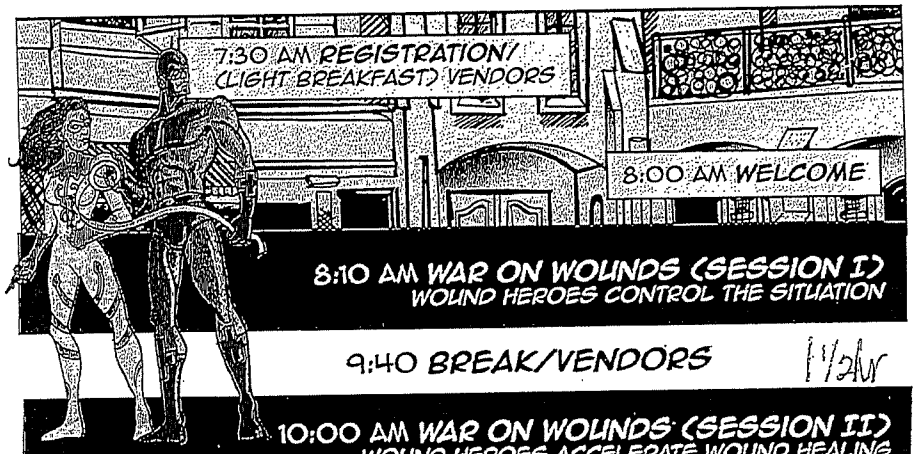
PRESENTED BY ROBERT BEARDEN, PH.D.

4:15 PM CONCLUSION/EVALUATIONS/CERTIFICATES

Conference Objectives: At the end of this conference, participants will be able to:

- Identify unique skin changes at end of life including specific characteristics of the Kennedy Terminal ulcer and important keys to documentation.
- Differentiate characteristics of the four most common chronic wounds, and identify appropriate treatments for high risk and complicated patients.
- Increase understanding of processes that impede wound healing and how to overcome these in the diabetic, the burn patient, and in the infected wound.

Friday: April 26th



8:10 AM WAR ON WOUNDS (SESSION I)
WOUND HEROES CONTROL THE SITUATION

9:40 BREAK/VENDORS 1 1/2hr

10:00 AM WAR ON WOUNDS (SESSION II)
WOUND HEROES ACCELERATE WOUND HEALING

LUNCH!

11:30 AM SPECIAL GUESTS/VENDORS 1 1/2hr
11:45-12:30 LUNCH/VENDORS

12:30 PM WAR ON WOUNDS (SESSION III)
WOUND HEROES KEEP THEIR SKILLS SHARP



2:00 - 2:15 BREAK/~~VENDORS~~ 1hr 30m

2:15 PM WAR ON WOUNDS (SESSION IV)
WOUND HEROES STAY AHEAD OF THE CURVE ON BEST PRACTICE

PRESENTED BY NANCY MORGAN RN, BSN, MBA, WOCN, DWC, OMS

4:00 PM CONCLUSION/EVALUATIONS/CERTIFICATES 1hr 45m



MAWHS Conference Schedule for April 25 – 26, 2019 - Heroes in Wound Care

Conference Objectives: At the end of this conference, participants will be able to:

Thursday: April 25th

7:30 am Registration/ (Light Breakfast) Vendors

8:00 am Welcome

8:10 am **Keynote – - Skin Changes at the End of Life**
Wound Heroes accurately assess the situation
Karen Lou Kennedy-Evans, RN, FNP, APRN-BC
Objectives:
1. Describe skin changes at life's end
2. Identify factors of the Kennedy Terminal Ulcer

10:10 – 10:30 Break/Vendors

10:30 am **Accurate Documentation for Responsible Care**
Wound Heroes act responsibly and defensively
Karen Lou Kennedy-Evans, RN, FNP, APRN-BC
Objectives:
1. Explore distinguishing factors for documentation of pressure ulcers

11:45 am Special Guests/Vendors

12:00 pm Lunch/Vendor Displays

1:00 pm **Diabetes and Impaired Wound Healing**
Wound heroes save limbs
Robert Bearden, Ph.D.
Objectives:
1 Understand and summarize Type 2 Diabetes Mellitus pathophysiology.
2 Recognize the clinical sig ns and symptoms associated with the development of diabetic foot ulcers.
3 Understand and become familiar with appropriate assessment and treatment strategies for diabetic foot ulcers.

2:00 pm **Biofilms in Wounds**
Wound heroes attack the invisible enemy
Robert Bearden, Ph.D.
Objectives:
1 Understand and summarize which properties define biofilm and the barrier posed in wound healing.
2 Recognize the clinical sig ns and symptoms associated with the development of biofilm and its delayed wound healing.
3 Understand and become familiar with appropriate assessment and treatment strategies f or biofilm.

3:00 pm Break/Vendors

3:15 pm **Burn Wounds: An Overview of the Pathophysiology of Cutaneous Thermal Injury**
Wound heroes can take the heat
Robert Bearden, Ph.D.
Objectives:
1 Understand and summarize burn classifications based on severity, type, depth, and extent of the injury.
2 Recognize the clinical signs and symptoms associated with the progression and conversion of burn wounds.
3 Understand and become familiar with appropriate assessment and treatment of the zones of injury f or burn wounds.

4:15 pm Conclusion/Evaluations/Certificates

Friday, April 26th

7:30 am Registration/ (Light Breakfast) Vendors

8:00 am Welcome

8:10 am **War on Wounds (Session I)**
Wound Heroes-control the situation
Nancy Morgan RN, BSN, MBA, WOCN, DWC, OMS
Objectives:
1 Assess specific characteristics of 4 types of common chronic wounds: pressure ulcers, venous leg ulcers, arterial ulcers and neuropathic foot ulcers.
2 List characteristics of acute wounds versus chronic wounds.

9:40 am Break/Vendors

10:00 am **War on Wounds (Session II)**

Wound Heroes accelerate wound healing
Nancy Morgan RN, BSN, MBA, WOCN, DWC, OMS
Objectives:
1. Differentiate the phases of wound healing for full thickness chronic wounds.
2. Review the newest strategies, tools and products that can accelerate healing and produce positive wound outcomes.

11:30 am Special Guests/Vendors

11:45 -12:30 Lunch/Vendors

1.

12:30 pm **War on Wounds (Session III)**
Wound Heroes keep their skills sharp
Nancy Morgan RN, BSN, MBA, WOCN, DWC, OMS
Objectives:
1. Identify interventions to implement based upon current standards of care for high risk patients and patients with chronic wound complications.

2:00 pm Break

2:15 pm **War on Wounds (Session IV)**
Wound Heroes stay ahead of the curve on best practice
Nancy Morgan RN, BSN, MBA, WOCN, DWC, OMS
Objectives:
1 Discuss prevention interventions for the 4 common chronic wounds: pressure ulcers, venous leg ulcers, arterial ulcers and neuropathic foot ulcers.

4:00 pm Conclusion/Evaluations/Certificates

This offering is approved for 15 CNE
April 25 – 7.5, April 26 – 7.5

MID-AMERICA WOUND HEALING SOCIETY, 9811 E. 18th, Wichita, KS 67205 IS AN APPROVED PROGRAM PROVIDER FOR THE KANSAS STATE BOARD OF NURSING.
PROVIDER NO: **LT0296-1215**

KAREN L. KENNEDY-EVANS RN, FNP, APRN-BC is President at KL Kennedy LLC. Karen Lou Kennedy-Evans has been a nurse for 49 years, a Nurse Practitioner for 45 and has worked in Long Term Care for 44. In 1974 she became the very first Family Nurse Practitioner in Fort Wayne, Indiana. In 1983 while working at the Byron Health Center, a 500 bed long term care facility, she started one of the first Wound Care Teams in Long Term Care. During this time, she identified a particular finding occurring before death known as the "Kennedy Terminal Ulcer." Karen has been on numerous founding boards such as the Association of Advancement of Wound Care (AAWC), FRAIL (For the Recognition of the Adult Immobilized Life and SCALE (Skin Changes At Life's End). Karen has published numerous articles, chapters and has lectured extensively. In 2016 Karen spoke at the French Wound Healing Society Annual Conference in Paris, France on the "Kennedy Terminal Ulcer."

1/8/19

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Robert N. Bearden, Ph.D.

C: (817) 925 - 1782 ~ robertnbearden@gmail.com

Life sciences professional in the **Clinical, Medical, and Safety Affairs** division with Smith & Nephew biotherapeutics. Function as a scientific resource in medical and scientific communication, responsible for supporting scientific and clinical knowledge of medicinal products for subsequent application in presenting wound care cases. **Medical device background** including four years of intra-operating room experience in orthopedics. Proven ability to be creative and innovative in research and development, and successful **recipient of multiple competitive funding grants. Areas of expertise include:**

- Project Management
- Corporate Communication
- Team Building
- Leadership
- Sales and Marketing
- Public Speaking
- Communication
- Budgeting
- Grant Writing
- Technical Writing
- Inventory Management
- Employee Development
- Data Analysis
- Molecular Signaling
- Assay Optimization

PROFESSIONAL EXPERIENCE

Smith and Nephew Biotherapeutics, Fort Worth, TX 8/2016 – present

Director of Global Content Development 1/2019 - present

Collaborate with global regions to create high-quality, program-specific materials to support healthcare professionals in their daily efforts to improve the lives of patients.

Medical Science Liaison 8/2016 – 1/2019

Trained and deployed as a scientific resource to provide an interface between research and clinical medicine in the field of wound care. Established relationships with commercial, research, and clinical teams to facilitate collaborations of advancement in scientific understanding and knowledge.

- In-depth clinical knowledge and experience pertaining treatment of multiple wound types (pressure injuries, diabetic foot ulcers, venous ulcers, peripheral arterial ulcers, burn injuries, traumatic wounds, and other) and modalities
- Provide peer-reviewed literature and education to clinicians in order to create understanding with subsequent development of alternative treatment strategies in non-healing injuries
- Engage with key thought leaders of the field to establish collaborative efforts in advancement of research and product knowledge
- Collaborate with commercial, legal, compliance, regulatory, clinical, drug safety, and quality assurance to maintain ethics of corporate medical affairs and communication

Key Contributions:

- Respond to all clinician initiated medical science inquiries and serve as a clinical, medical, and scientific reviewer for promotional review committee collateral for internal and external utilization
- United States clinical, medical, and scientific affairs member of biotechnology product launch
- Collaborate with marketing brand managers to develop product messaging designed to gain FDA approval in making substantial claims of efficacy and mechanism of action.
- Support to develop burn wound strategy with company leadership, collateral development, and plan for utilization by the acting sales force.
- Assist in development of Speaker's Bureau presentations and training for sponsored programs
- Assist in developing and presenting educational training for field based sales representatives
- Serve as a resource for clinicians and sales representatives to provide open discussion pertaining to disease state, product mechanism of action, and treatment modalities in consideration of underlying etiologies
- Assist in merging and further developing non-promotional global platforms to provide stream-lined online education resource for clinicians
- Assist corporate and national accounts in providing scientific and clinical rationale in for contracting and participation in pharmacy and therapeutic committee meetings

Robert N. Bearden, Ph.D.

C: (817) 925 - 1782 ~ robertnbearden@gmail.com

Comparative Orthopedics and Cellular Therapy Lab, College Station, TX 9/2012 – 8/2016

Graduate Student/Doctoral Candidate

Responsible for executing research and experimental design to acquire and assess data to attain the laboratory goals. Established project-management, operational protocols, and team collaborations necessary for production with budgetary constraints. Involved in technical writing for publications, grant proposal, and protocol guidelines.

- Succeeded in primary mesenchymal stem cell line isolation, characterization, and assay development for a bioengineered scaffold as a means of delivering cellular therapy.
- Performed cell-culture and molecular biology scientific research, using methods including primary cell isolation, Boyden migration assays, enzyme-linked immunosorbent assay (ELISA), Western blotting, zymography, immunomodulation, RNA isolation, real-time and reverse-transcriptase polymerase chain reaction (PCR), flow cytometry, three-dimensional cell culture, hydrogel fabrication, scanning electron microscopy, and stem cell tri-lineage differentiation assays.
- Led laboratory bench studies and bioassays for research advancements, helping to evaluate mesenchymal stem cell capabilities through cytokine and growth factor studies.
- Manage and train lab employees and volunteers, assign tasks and deliver training on various experimental lab protocol techniques.
- Involved in collaborative technical writing for assay protocols, grant and funding procurement, regulatory and biosafety compliance, and publication of research findings.

Key Contributions:

- College of Veterinary Medicine Intern/Resident/Graduate Student Research Grant recipient
- College of Veterinary Medicine Graduate Student Continuing Education Grant recipient
- Pioneered methods for incorporation of canine mesenchymal stem cells within synthetic polymers
- Successfully implemented experimental methods for clinical application of canine mesenchymal stem cell therapy in non-union fractures.

Key Projects Managed:

- Evaluation of Platelet Derived Growth Factor-BB (PDGF-BB) influence of invasion and migration of human osteosarcoma cells in a three-dimensional environment.
- Canine mesenchymal stem cell isolation and characterization of in vitro efficacy.
- Mesenchymal stem cell culture in biocompatible synthetic and biologic three-dimensional systems as a means of delivery for regenerative medicine.
- Determine the role of matrix metalloproteinase collagenase in invasion, migration, and wound repair of three-dimensional collagen systems.

Smith and Nephew Orthopedics, Fort Worth, TX 10/2009 – 8/2012

Associate Sales Representative

Recruited as member of a sales team to spearhead inventory organization and increase regional sales. Established communication with orthopedic surgeons to provide clinical literature, specialized instrumentation, and patient information to better assist in clinical practice.

- Gained in depth knowledge and experience pertaining to surgical implant techniques, specifications, and mechanical function
- Provided clinical literature, specialized instrumentation, and patient information to better assist surgeons in improving clinician efficiency
- Assisted in primary case preparation, coverage, and post surgical follow up for primary and revision surgery for knee and hip reconstruction and acute trauma.

Key Contributions:

- Grew sales from 5.1 million in 2009 to 6.4 million in 2010
- Quota buster for all 4 quarters in 2010
- Increased sales from 4.0 million in 2008 to 5.1 million in 2009

Robert N. Bearden, Ph.D.

C: (817) 925 - 1782 ~ robertnbearden@gmail.com

- Ranked number 1 in regional growth in 2009
- President's Club 07/08/09- Fort Worth

Smith and Nephew Orthopedics, Addison, TX 10/2008–10/2009
Operation Service Center Specialist

- Assisted in case planning, preparation, and organization for regional territory
- Provided service support for sales representatives in the district
- Assisted in logistics for the regional sales representatives and office inventory
- Establish communication with districts across the United States

EDUCATION AND TECHNICAL SKILLS

Texas A&M University, College Station, TX
Ph.D., Biomedical Science- Molecular Cell Physiology August 2016
B.S., Biomedical Science May 2008

Technical Skills:

Microsoft (Word, Excel, PowerPoint, Outlook), GraphPad Prism, Papers, Gen3Bio, CellSens, QPCR, RT-PCR, ELISA, Western blotting, Boyden migration assay, colony forming unit assay, Oil Red O staining, Alizarin Red Staining, alkaline phosphatase kinetic assay, zymography, cell culture, primary cell isolation, siRNA transfection, three-dimensional collagen gel invasion assay, DNA quantification, immunohistochemistry, chondrogenesis, immunomodulation assay, flow cytometry, hydrogel fabrication, lactase dehydrogenase assay, fluorescent microscopy, scanning electron microscopy, proliferation assays, in vivo animal surgical implant and care, histology.

Publications:

- **R.N. Bearden**, S.S. Huggins, K. Cummings, R. Smith, C.A. Gregory, W.B. Saunders. "Characterization of canine multipotent stromal cells isolated from synovium, bone marrow, and adipose tissue: a donor-matched comparison using assays optimized for the dog" (pending acceptance).
- **R.N. Bearden**, S.S. Huggins, W.B. Saunders. "Platelet-derived growth factor-BB (PDGF-BB) stimulates MG-63 osteosarcoma cell invasion of three-dimensional collagen matrices in a membrane-type MMP dependent manner" (pending submission).
- **R.N. Bearden**, E. Gacasan, R. Sehnert, M.W. Teixeira, S.S. Huggins, M. Grunlan, W. B. Saunders. "The use of novel and conventional polyethylene glycol diacrylate (PEG-DA) hydrogels as three-dimensional (3D) scaffolds for canine multipotent stromal cell delivery" (pending submission).
- W.B. Saunders, C.A. Gregory, **R.N. Bearden**, and E. McNeill. "Stem Cell Therapy". Johnston and Tobias 2nd edition.
- W.B. Saunders, S. Franklin, and **R.N. Bearden**. "Platelet Rich Plasma, Conditioned Sera, and Biologics". Johnston and Tobias 2nd edition.
- S.S. Huggins, J.S. Suchodolski, **R.N. Bearden**, J.M. Steiner, W.B. Saunders. "Serum concentrations of canine interleukin-1 receptor antagonist protein in healthy dogs after incubation using an autologous serum processing system. Research in Veterinary Science, 101, 28-33.
- T.P. Gharat, P. Diaz-Rodriguez, J.D. Erndt-Marino, C. Jimenez, D. Munoz-Pinto, **R.N. Bearden**, S.S. Huggins, M. Grunlan, W.B. Saunders, M.S. Hahn. "A canine in vitro model for evaluation of marrow-derived mesenchymal stromal cell-based bone scaffolds. Journal of Biomedical Materials Research Part A 2018: 106A: 2382-2393.



Curriculum Vitae

Nancy Morgan RN, BSN, MBA, WOCN, WCC, DWC, OMS, CWCMS
25828 Pastoral Dr. Plainfield, IL 60585
630.699.1143 nancy@wcei.net

Certified in Wound Care and Co-Founder of the Wound Care Education Institute. Nancy combines her expertise in wound care with her extensive background in wound care education, wound management, program development, business management and marketing. Nancy is a nursing entrepreneur, who is an experienced and recognized international presenter. Her motivational teaching style has inspired health care professions across the nation.

PROFESSIONAL EXPERIENCE

2002 - Present

Co-Founder/Clinical Instructor
Wound Care Education Institute, Lake Geneva, WI

- Program Development, Services & Products
- Strategy, Vision & Mission Planning
- Sales & Marketing Leadership
- Profitability & Cost Analysis

1995 - 2005

Clinical Consultant /Territory Therapy Specialist/Field Sales Trainer
Hill-Rom, Inc., Charleston, SC

- Wound Care consultation for over 300 Long-term Care Facilities in IL
- Regional Field Sales Trainer in Midwest
- Assisted on the development of Strategic Wound Solutions
- Account Management in Long-term Care sales of pressure ulcer prevention and treatment surfaces, bed frames, and room furniture
- Survey crisis intervention, policy and procedure development
- Assist facilities in development and utilization of wound management programs and specialty bed usage to achieve quantifiable and cost effective pressure ulcer treatment and prevention solutions.

EDUCATIONAL ACHIEVEMENTS AND CERTIFICATIONS

Bachelor's Degree in Nursing, 1993 Lewis University, Romeoville, IL
Certified Wound Care Nurse, WOCN, 1995, 2000, 2005
RN Licensure Illinois Board of Nursing – 1993-present
Certificate in Customer Oriented Selling - 1998
Wound Care Certified by National Alliance of Wound Care – 2002, 2007, 2012, 2017

HILL-ROM AWARDS

Above & Beyond Award	2003
National Masters Award	2002
National Masters Award	2000
Excellence in Therapy Sales Award	2000
National Area Award	1996
Regional Sales Award	1996 & 1997
Recognition Award	1989 & 1990

SPECIAL PROJECTS AND PRESENTATIONS

2017

- "Wipe Out Wounds National Conference Tour" Tempe, AZ. May 16, 2017
- "Wipe Out Wounds National Conference Tour" San Jose, CA. May 11, 2017
- "Wipe Out Wounds National Conference Tour" Ontario, CA. May 9, 2017
- "Wipe Out Wounds National Conference Tour" Ft. Lauderdale, FL. May 2, 2017
- "Wipe Out Wounds National Conference Tour" Atlantic City, NJ. April 17, 2017
- "Wipe Out Wounds National Conference Tour" Cincinnati, OH. April 13, 2017
- "Is it Really Infected" Webinar. Plainfield, IL. April 4, 2017
- "Wipe Out Wounds National Conference Tour" Denver, CO. April 4, 2017
- "Wipe Out Wounds National Conference Tour" Downers Grove, IL. March 30, 2017
- "Wipe Out Wounds National Conference Tour" Raleigh, NC. March 16, 2017
- "Wipe Out Wounds National Conference Tour" Boston, MA. March 9, 2017
- "Treating Chronic Diabetic Wounds" Webinar. Plainfield, IL. March 7, 2017
- "The International Pressure Ulcer Guidelines" San Diego, CA. February 16, 2017
- "Wound Assessment" Webinar. Plainfield, IL. January 17, 2017

2016

- "Treating Chronic Diabetic Wounds" Webinar. Plainfield, IL. December 14, 2016
- "Peristomal Skin Complications" Webinar. Plainfield, IL. November 9, 2016
- "What's New? The International Pressure Ulcer Guidelines (Part 3 of 3)" Webinar. Plainfield, IL. November 8, 2016
- "Wipe Out Wounds, Solutions for Healing Chronic Wounds" Veteran's Administration. Palo Alto, CA. October 27, 2016
- "Ostomy 101: Accurate Stoma Assessment" Webinar. Plainfield, IL. October 18, 2016
- "Wound Assessment and Support Surface Selection" St. Joseph Villa Canonsburg, PA. October 18, 2016

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SPECIAL PROJECTS AND PRESENTATIONS

2016

- "Pressure Ulcer Staging - New NPUAP Terminology and Definitions" Webinar. Plainfield, IL. October 12, 2016
- "Wound Assessment" Flourtown, PA. October 10, 2016
- "Solutions for Healing Chronic Wounds and Bariatric Skin and Wound Care" James A Haley Veteran's Hospital. Tampa, FL. October 6, 2016
- "Wet to Dry: The Good, The Bad, The Ugly" Webinar. Plainfield, IL. September 27, 2016
- "Wound Assessment and Support Surfaces" Bedford Veterans Hospital. Bedford, MA. August 15, 2016
- "Wipe out Wounds" Andrews Institute. Gulf Breeze, FL. July 30, 2016
- "Wipe out Wounds" Reno, NV. July 9, 2016
- "Wipe out Wounds" Carson City, NV. July 8, 2016
- "Pressure Injuries: Choosing the Right Treatment. Webinar. Plainfield, IL. June 23, 2016
- "Topical Wound Management and Skin Tears" Sans Clinic. Santa Barbara, CA. June 18, 2016
- "What's New? The International Pressure Ulcer Guidelines (Part 2 of 3). Webinar. Plainfield, IL. June 7, 2016.
- "Wipe out Wounds" Sierra Vista Regional. Sn Luis Obispo. May 26, 2016
- "Wipe out Wounds" Los Angeles, CA. May 19, 2016
- "Wipe out Wounds" Burlington, CA. May 17, 2016
- "Wipe out Wounds" Addison, TX. May 12, 2016
- "Wipe out Wounds" Houston, TX. May 10, 2016
- "Wound Assessment" Symphony of Chicago West. Chicago, IL. April 28, 2016
- "Wipe out Wounds", Orlando, FL. April 13, 2016
- "Wipe out Wounds", Indianapolis, IN. April 7, 2016
- "Wipe out Wounds", Glenview, IL. April 5, 2016
- "Wipe out Wounds" Stoneham, MA. March 30, 2016
- "Wipe out Wounds" Elliott, MD. March 24, 2016
- "Wound Assessment" Wexford Health. Columbia, MD. March 23, 2016
- "Wipe out Wounds" Coraopolis, PA. March 22, 2016
- "What's New? The International Pressure Ulcer Guidelines. Part 1 of 3. Webinar. Plainfield, IL. March 17, 2016.
- "Wound Assessment and Support Surfaces" Concord, NC. March 15, 2016
- "The New International Pressure Ulcer Guidelines: How To Get Them To Work" Murrieta, CA. January 28, 2016
- "Troubleshooting Common Peristomal Skin Complications" Webinar. Plainfield, IL. January 26, 2016

2015

- "Wound Assessment and Topical Wound Management" Kaiser Permanente San Diego, CA December 2015
- "Get the Skinny Skin Issues Nobody Talks About and Skin of Color" Holy Cross Hospital Healogics, FT. Lauderdale, FL October 2015
- "Buzz Report 2015 and Skin of Color" Southwest Hospital System Temecula, CA October 2015
- "Is it Pressure, Bariatric Skin and New Pressure Ulcer Guidelines" Blackburn's Pharmacy, Cranberry, PA September 2015
- "Insider Secrets to Wound Care" Sault Tribe, Ste. Saint Marie, MI August 2015
- "Wound Assessment" Akron, OH July 2015; Grand Rapids, MI and Traverse City, MI August 2015

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SPECIAL PROJECTS AND PRESENTATIONS

2015

- "Wound and Stoma Assessment" LA County Hospital System Downey, CA July 2015
- "Align Your Sight to the Line: Post-Operative" Nurse.com Webinar July 2015
- "Wound Assessment and Topical Wound Management" Kaiser Permanente San Diego, CA July 2015
- "Wound Assessment" Queens Medical Center Honolulu, HI April 2015
- "Pressure Ulcers Choosing the Right Treatment" Pennsylvania Director of Nursing State Convention (PADONA) Hershey, PA March 2015
- "The New International Pressure Ulcer Guidelines: How To Get Them To Work" Ellicott, MD. March 3, 2015
- "The New International Pressure Ulcer Guidelines: How To Get Them To Work" Dania Beach, FL. March 5, 2015
- "The New International Pressure Ulcer Guidelines: How To Get Them To Work" Crossroads Hospice. Independence, MO. March 10, 2015
- "Wound Assessment" Quest College: School of Vocational Nursing. Quest College of Vocational Nursing. San Antonio, TX. March 19, 2015
- "The New International Pressure Ulcer Guidelines: How To Get Them To Work" Philadelphia, PA. April 2, 2015
- "The New International Pressure Ulcer Guidelines: How To Get Them To Work" Glenview, IL. April 4, 2015
- "The New International Pressure Ulcer Guidelines: How To Get Them To Work" Indianapolis, IN. April 9, 2015
- "The New International Pressure Ulcer Guidelines: How To Get Them To Work" Memphis, TN. April 16, 2015
- "Wound Assessment and Support Selection" Kerrville, TX. April 16, 2015
- "The New International Pressure Ulcer Guidelines: How To Get Them To Work" East Elmhurst, NY. April 21, 2015
- "Wound Assessment and Topical Management" Charlotte, NC. February 17, 2015
- "Wound Assessment and Surface Selection" Valley Presbyterian Hospital. Van Nuys, CA. February 12, 2015
- "Insiders Secrets To Wound Care" Aurora Medical Center. Kenosha, WI. February 7, 2017
- "Topical Wound Management and Surface Selection" Hialeah, FL. February 5, 2015
- "Wound Assessment and Surface Selection" James A Haley VA Hospital. Tampa, FL February 3, 2015
- "How To: Bariatric and Skin Fold Management" Webinar. Plainfield, IL. February 3, 2015
- "Wound Assessment and Support Selection" James A Haley VA Hospital. Tampa, FL. February 2, 2015
- "Wound Assessment and Topical Wound Management" Charlotte, NC February 2015
- Seminar and Workshop Tour: "International Pressure Ulcer Guidelines" Ellicott City, MD, Ft. Lauderdale, Independence, MO, and San Antonio, TX March 2015; Philadelphia, PA, Chicago, IL, Indianapolis, IN, Memphis, TN, and New York City, NY April 2015; San Francisco, CA and Los Angeles, CA May 2015; Waukesha, WI, August 2015; Commerce, CA October 2015
- Seminar Tour Career Fair: "Is it Pressure?, Is it Infected?, and Wound Healing Rules and Barriers" Nurse.com Career Fair Ft. Lauderdale October 2015; Pasadena, CA November 2015
  "Medical Device Related Pressure Ulcers and Moisture Associated Skin Breakdown" Webinar. Plainfield, IL. December 8, 2015

2014

- "Wound Assessment and Topical Wound Management" Kaiser Permanente San Diego, CA December 2014
- "Wound Assessment and Surface Selection" Suburban Medical Center. Paramount, CA. November 19, 2014

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SPECIAL PROJECTS AND PRESENTATIONS

2014

- "Topical Wound Management" St. Bernard's Medical Center. Jonesboro, AR. November 6, 2014
- "Wound Assessment and Surface Selection" Regional Medical Center. Hudson, FL. November 3, 2014
- "Topical Wound Management and Support Surfaces" Pittston, PA and Veterans Administration Memphis, TN April 2014; Methodist Hospital Memphis, TN, Jonesboro, AR, and Paramount, CA November 2014
- "Pressure Ulcer Choosing the Right Treatment and Skin Tears" Jacksonville, FL October 2014
- "Palliative Wound Care" Crossroads Hospice Independence, MO October 2014
- "Insiders Secrets To Wound Care" Webinar. Plainfield, IL. October 29, 2014
- "Is it Pressure? and Wound Assessment" Holy Cross Hospital Ft. Lauderdale, FL October 2014
- "Wound Assessment, Topical Wound Management and Buzz Report" Sierra Vista Regional Medical Center Sierra Vista, AZ July 2014
- "Wound Assessment and Topical Management" St. Joseph Health. Apple Valley, CA. July 24, 2014
- "Wound Assessment and Surface Selection" Centennial Medical Center. Nashville. TN. July 24, 2014
- "Assessment, Topical Wound Management and Buzz Report" Sierra Vista Regional Medical Center. San Luis Obispo, CA. July 26, 2014
- "Wound Assessment and Surface Selection" Palos Hills, IL. June 30, 2014
- "Wound Assessment, Bariatric Skin and Wound Care" St. Francis Cabrini Hospital." Alexandria, LA. June 27, 2014
- "Wound Assessment and Surface Selection" St. Bernard's Medical Center. Jonesboro, AR. June 25, 2014
- "Wound Assessment and Surface Selection" Skokie, IL. June 23, 2014
- "Wound Assessment and Topical Management" Bradenton (Black Medical Center), Port Charlotte, St. Petersburg (Northside Hospital), Hudson (Regional Medical Center), FL. June 17 - 20, 2014
- "Tissue Tolerance Testing" Webinar. Plainfield, IL June 3, 2014
- "Wound Assessment" Olney, IL April 2014; St. Joseph Health, Apple Valley, CA May 2014
- "Wound Assessment and Surface Selection" Methodist LeBoheur Healthcare, Memphis, TN. May 22, 2014
- "Insider Secrets and Topical Wound Dressing. Hands On Workshop " Coraopolis, PA. May 8, 2014
- "Insider Secrets and Topical Wound Dressing. Hands On Workshop Linthicum. MD. May 6, 2014
- "Topical Wound Management and Surface Selection" VA Medical Center, Memphis, TN. April 22 - 23, 2014
- "Wound Assessment" Olney Central College, Olney, IL. April 16, 2014
- "Wound Assessment and Surface Selection" Pittston, PA. April 14, 2014
- "Insider Secrets and Topical Wound Dressing. Hands On Workshop" Cincinnati, OH. April 10, 2014
- "Insider Secrets and Topical Wound Dressing. Hands On Workshop" Milwaukee, WI. April 8, 2014
- "Wound Assessment and Science of Surface Selection" Omaha, NE. April 4, 2014
- "Insider Secrets and Topical Wound Dressing. Hands On Workshop" Sacramento, Los Angeles, CA. March 10 - 12, 2014
- "Insider Secrets and Topical Wound Dressing. Hands On Workshop" Phoenix, AZ. March 14, 2014
- "Insider Secrets and Topical Wound Dressings" San Antonio, Houston, TX. February 25 - 27, 2014
- "Wound Assessment and Surface Selection" Memphis VA Medical Center, Memphis, TN. January 15 - 16, 2014 "Wound
- "Wound Assessment and Support Surfaces" Veterans Administration Tampa, FL January 2014; Bradenton, FL and St. Petersburg, FL June 2014; Hudson, FL November 2014

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SPECIAL PROJECTS AND PRESENTATIONS

2014

- SEMINAR TOUR AND WORKSHOP: "Insider Secrets to Wound Care and Topical Wound Dressings" Jasper, AL February 2014; Sacramento, CA, El Segundo, CA, and Phoenix, AZ March 2014; Milwaukee, WI and Cincinnati, OH April 2014; Baltimore, MD and Pittsburgh, PA May 2014

2013

- "Wound Care Insider Secrets and Topical Wound Dressings" Webinar. Plainfield, IL. December 12, 2013
- "Wound Assessment and Topical Wound Management" Glenview, IL. November 14, 2013
- "Insider Secrets and Topical Wound Dressing. Hands On Workshop" Ft. Lauderdale, FL. November 12, 2013
- "Wound Assessment and Topical Management" San Antonio, Houston, TX. November 5 - 7, 2013
- "Wound Assessment and Surface Selection" Sarasota, FL. November 2, 2013
- "Wound Assessment and Palliative Wound Care" Bridgeville, PA September 2013; Jacksonville, FL October 2013
- "Wound Assessment and Topical Wound Management" Ancillary Providers Services and Skilled Nursing Pharmacy, Commerce, CA October 2013
- "Insider Secrets to Wound Care, Wound Assessment and Wounds on the Web" Nurse.com Career Fair Oakbrook, IL October 2013
- "Wound Care, It's More Than Skin Deep" Jacksonville, FL. October 24, 2013
- "Insider Secrets and Topical Wound Dressing. Hands on Workshop" East Elmhurst, NY. October 17, 2013
- "Insider Secrets and Topical Wound Dressing. Hands on Workshop Denver, CO. October 15, 2013
- "Insider Secrets and Topical Wound Dressing. Hands on Workshop" San Francisco, CA. October 10, 2013
- "Wound Assessment and Topical Management" Seattle, WA. October 8, 2013
- "Wound Assessment and Topical Management: Hands on Workshop" Los Angeles, CA. October 3, 2013
- "Wound Assessment and Topical Management" Portsmouth, NH. September 25, 2012
- "Insider Secrets and Topical Wound Dressing. Hands on Workshop" Des Plaines, IL. March 28, 2013
- "Insider Secrets and Topical Wound Dressing. Hands on Workshop" Shawnee, KS. March 27, 2013
- "Insider Secrets and Topical Wound Dressing. Hands on Workshop" Dallas, TX. March 26, 2013
- "Insider Secrets and Topical Wound Dressing. Hands on Workshop Raleigh, NC. May 10, 2013
- "Insider Secrets and Topical Wound Dressing. Hands on Workshop" Nashville, TN. May 8, 2013
- "Insider Secrets and Topical Wound Dressing. Hands on Workshop" Orlando. FL. May 6, 2013
- "Topical Wound Management" Apple Valley, CA. May 2, 2013
- "Learn How to Assess Wounds Like an Expert" Ellisville, MS. February 9, 2013
- "Wound Assessment and Surface Selection" Plantation, FL. February 6, 2013
- "Insider Secrets and Topical Wound Dressing. Hands on Workshop" San Diego, Ontario, Oakland, Modesto, CA. February 18 - 22, 2013
- Seminar and Workshop Tour: "Insider Secrets to Wound Care and Topical Wound Management" San Diego, CA, Riverside, CA, Oakland, CA, and Modesto, CA February 2013; Dallas, TX, Kansas City, MO, and Chicago, IL, March 2013; Philadelphia, PA, Boston, MA, and Baltimore, MD April 2013; Orlando, FL, Nashville, TN, and Raleigh, NC May 2013

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SPECIAL PROJECTS AND PRESENTATIONS

2012

- "Lower Extremity Wounds and Chronic Wound Care" Maryland Hospital Association and Health Facilities Association of Maryland Ellicott City, MD November 2012
- "ABC's of Diabetic Foot Ulcers" 8th Annual Skin, Wound, and Ostomy Symposium, Santa Barbara, CA August
- "Wound Assessment and Topical Wound Management" Great River Wound and Hyperbaric Clinic West Burlington, IA July 2012
- "Wound Assessment and Topical Management" Albuquerque, NM. July 27, 2012
- "Wound Assessment and Topical Management" Tempe, Tucson, AZ. July 24-26, 2012
- "Wound Assessment and Topical Management" Houston, El Paso, TX. April 17-18, 2012
- "Topical Wound Management" Philadelphia, PA. April 4, 2012
- "Wound Assessment and Topical Management" Wilkinsburg, PA. March 16, 2012
- "Wound Assessment and Topical Management" Minnetonka, MN. March 5, 2012
- "Topical Wound Management" Ann Arbor, MI, Santa Clara, CA February 2012
- "Chronic Wound Care" Norwalk, CA February 2012
- "Wound Assessment and Topical Management" San Diego, Santa Clara, Sacramento, CA. February 21 - 24, 2012
- "Topical Wound Management" Coraopolis, PA. January 25, 2012

2011

- "Ostomy 101 and Palliative Wound Management" Orlando, FL December 2011
- "Topical Wound Management and Support Surface Selection" San Diego, CA, and Covina, CA September 2011
- "Wound Assessment and Topical Management" Marina Village, San Diego, CA. September 23, 2011
- "Insider Secrets to Wound Care" St. Rose Hospital, Hayward, CA August 2011
- "Wound Assessment and Topical Management" Deer Meadows, Philadelphia, PA. August 9, 2011
- "Wound Assessment and Insider Secrets to Wound Care" 7th Annual Skin, Wound, and Ostomy Symposium, Santa Barbara, CA August 2011
- "Wound Assessment" National Black Nurses Association, Indianapolis, IN July 2011
- "Wound Assessment" Cedar Rapids, MI, Iowa Foundation for Medical Care Storm Lake, IA and West Des Moines, IA June 2011
- "The Big 3 and Bariatric Skin Care" Washington, DC Board of Nursing, Washington DC April 2011
- "Wound Assessment and Topical Management" Houston, TX. April 12, 2011
- "Wound Assessment and Topical Management" Melville, NY. April 7, 2011
- "Wound Assessment and Topical Management" East Elmhurst, NY. April 6, 2011
- "Wound Assessment and Topical Management" Buffalo, NY. April 5, 2011
- "Wound Assessment and Topical Management" Des Plaines, IL. March 29, 2011
- "Wound Assessment and Topical Management" Greenville, SC. March 24, 2011
- "Wound Assessment and Topical Management" Coraopolis, PA. March 17, 2011
- "Wound Assessment and Topical Management" Florence, SC. March 22, 2011
- "Inside Secrets to Wound Care" Norwalk, CA. February 24, 2011
- "Wound Assessment and Topical Management" Orlando, FL. October 4, 2010

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SPECIAL PROJECTS AND PRESENTATIONS

2010

- Seminar and Workshop Tours: "Wound Assessment" Pittsburgh, PA March 2012; Albuquerque, NM July 2012; Indiana Health Care Association in Evansville, IN August 2012; Portsmouth, NH September 2012
- Seminar Tour and Workshop: "Wound Assessment" John Muir Hospital Concord, CA January 2011; Norwalk, CA February 2011; Pittsburgh, PA, Florence, SC, and Greensville, SC March 2011; Buffalo, NY, East Elmhurst, NY, and Melville, NY April 2011; Montgomery, AL May 2011; Orlando, FL December 2011
- "Wound Assessment" Maryland Hospital Association and Health Facilities Association of Maryland Clarksville, MD November 2010
- "Wound Assessment and Topical Management" Elkridge, MD. November 30, 2010
- "Wound Assessment" Maryland Hospital Association and Health Facilities Association of Maryland Clarksville, MD November 2010
- "Wound Assessment and Topical Management" Elkridge, MD. November 30, 2010
- "Wound Assessment and Topical Management" Springfield, IL. October 25, 2010
- "Prevention, Identification and Treatments" Fort Wayne, IN. October 14, 2010
- "Wound Assessment and Topical Management" Philadelphia, PA. October 6, 2010
- "Wound Assessment and Topical Management" Jackson., MS. September 2, 2010
- "Wound Assessment and Topical Management" Kenner, LA. September 1, 2010
- "Wound Assessment and Topical Management" Terre Haute, IN. August 25, 2010
- "Wound Assessment" Elmhurst, IL. August, 20, 2010
- "Wound Assessment" Romulus, MI. August 19, 2010
- "Wound Assessment and Topical Management" Oklahoma City, OK. August, 17, 2010
- "Wound Assessment" Columbus, OH, August 11, 2010
- "Inside Secrets to Wound Care" San Diego, CA. August 5, 2010
- "Wound Assessment and Topical Management" Albuquerque, NM. July 21, 2010
- "Wound Assessment and Topical Management" Glendale, AZ. July 20, 2010
- "Wound Assessment and Topical Management" Aurora, CO. July 22, 2010
- "Wound Assessment and Topical Management" Las Vegas, NV. July 19, 2010
- "Wound Assessment and Topical Management" Sacramento, Burlingame, Norwalk, CA, July 12-15, 2010
- "Wound Assessment and Topical Management" Reno, NV. May 13, 2010
- "Wound Assessment and Topical Management" Modesto, CA. May, 12, 2010
- "Prevention, Identification and Treatments" DeKalb Memorial Hospital, Auburn, IN April 1, 2010
- "Wound Assessment" Adams Memorial Hospital, Decatur, IN, March 31, 2010
- "Wound Assessment and Topical Management" Tyler, TX March 26, 2010
- "Wound Assessment and Topical Management" Washington University. Washington, D.C., March 1, 2010
- "Wound Assessment and Topical Management" Norwalk, CA, February 25, 2010

Continued on next page

SPECIAL PROJECTS AND PRESENTATIONS

2009-1996

- "Wound Assessment" LaGuardia College, New York City, NY, November 14, 2009
- "Wound Assessment" Asheville, NC, November 17, 2009
- "Wound Assessment and Topical Management" Medela, Orlando, FL August 5, 2009
- "Wound Assessment and Topical Management" Philadelphia, PA April 15, 2009
- "Wound Assessment" Philadelphia, PA April 2009
- "Wound Assessment and Topical Management" Anaheim, CA March 18, 2009
- "Palliative Wound Care" Alliance Hospital Alliance, OH May 2009
- "Wound Assessment and Topical Management" Cleveland, Columbus, Cincinnati, OH Feb. 23 - 25, 2009
- "Wound Assessment" Cleveland, OH, Columbus, OH, Cincinnati, OH February 2009
- "Palliative Wound Care" Cleveland, OH February 2009
- "Wound Assessment and Topical Management" Covina, CA Jan 21, 2009
- "How to Start a Wound Care Consulting Business" Wild on Wounds Convention Orlando, FL September 2008
- "Assessment", Ancillary Provider Services, Covina, CA. 2008
- "How to Start a Wound Care Consulting Business" Wild on Wounds Convention Orlando, FL September 2008
- "Assessment", Ancillary Provider Services, Covina, CA. 2008
- "Topical Wound Management" Ancillary Service Providers Covina, CA August 2008
- "Wound Assessment" Alta Bates Sutton Hospital Berkley, CA August 2008
- "Wound Assessment and Topical Wound Management" Hayward, CA August 2008
- "Wound Assessment and Topical Wound Management" Driscoll Children's Hospital Corpus Christi, TX July 2008
- "Wound Assessment and Topical Wound Management" Medela Orlando, FL June 2008
- "Prevention" International Congress of Wound Care Guadalajara-Jalisco, Mexico May 2008
- "Wound Assessment" International Congress of Wound Care Guadalajara-Jalisco, Mexico May
- "Improving Your Odds: The Hottest Tips for Your Wound Healing Dollars" Indiana Health Care Association French Lick, IN March 2008
- "Wound Assessment and Topical Wound Management" Ancillary Provider Services Dublin, CA March 2008
- "Wound Assessment" Ancillary Provider Services Covina, CA February 2008
  "Wipe out Wounds" Ramat Medical Los Angeles, CA February 2008
- "How to Start a Wound Consulting Business" Advances in Skin and Wound Care Annual Convention Nashville, TN October 2007
- "WOW Wild on Wound Seminar" Annual Convention for Wound Care Clinicians
- "Skin and Wound Care Management Course" week long course offered through the Wound Care Education Institute; taught 40,000+ clinicians in USA & Mexico

Mid-America Wound Healing Society

Partners in Wound Healing Annual Conference - 2019

Thursday, April 25, 2019 - Evaluation Form

Mid-America Wound Healing Society

We are constantly striving to improve the level of our conferences. We ask that you please complete the following evaluation form. Your feedback is highly valued to help us improve and provide quality evidence based information you are able to apply to your practice.

What are your goals for this conference?

___ To remain informed about wound care
___ To make new contacts/network
___ To learn from the leaders in wound care
___ Other (Please specify) _____

8:10 am - **Keynote - - Skin Changes at the End of Life**
Karen Lou Kennedy-Evans, RN, FNP, APRN-BC

1. **Describe skin changes at life's end**
2. **Identify factors of the Kennedy Terminal Ulcer**

Please rate the following on a scale of 1 – 5 with 1 being the lowest and 5 as excellent

How would you rate the speaker's presentation skills?	
How would you rate the speaker's command of the topic?	
How well did the session meet Objective 1?	
How well did the session meet Objective 2?	
How useful is this information to your professional practice?	

Level of understanding: Above me ____ Appropriate ___ Below me ____ N/A_____

10:30 am - **Accurate Documentation for Responsible Care**
Karen Lou Kennedy-Evans, RN, FNP, APRN-BC

1. **Explore distinguishing factors for documentation of pressure ulcers**

Please rate the following on a scale of 1 – 5 with 1 being the lowest and 5 as excellent

How would you rate the speaker's presentation skills?	
How would you rate the speaker's command of the topic?	
How well did the session meet Objective 1?	
How useful is this information to your professional practice?	

Level of understanding: Above me ____ Appropriate ___ Below me ____ N/A_____

1:00 pm **Diabetes and Impaired Wound Healing**
Robert Bearden, Ph.D.

1 Understand and summarize Type 2 Diabetes Mellitus pathophysiology.
2 Recognize the clinical sig ns and symptoms associated with the development of diabetic foot ulcers.
3 Understand and become familiar with appropriate assessment and treatment strategies for diabetic foot ulcers.

Please rate the following on a scale of 1 – 5 with 1 being the lowest and 5 as excellent

How would you rate the speaker's presentation skills?	
How would you rate the speaker's command of the topic?	
How well did the session meet Objective 1?	
How well did the session meet Objective 2?	
How well did the session meet Objective 3?	
How useful is this information to your professional practice?	

Level of understanding: Above me ____ Appropriate ___ Below me ____ N/A_____

2:00 pm - **Biofilms in Wounds**
Robert Bearden, Ph.D.

1 **Understand and summarize which properties define biofilm and the barrier posed in wound healing.**
2 **Recognize the clinical sig ns and symptoms associated with the development of biofilm and its delayed wound healing.**
3 **Understand and become familiar with appropriate assessment and treatment strategies for biofilm.**

Please rate the following on a scale of 1 – 5 with 1 being the lowest and 5 as excellent

How would you rate the speaker's presentation skills?	
How would you rate the speaker's command of the topic?	
How well did the session meet Objective 1?	
How well did the session meet Objective 2?	
How well did the session meet Objective 3?	
How useful is this information to your professional practice?	

Level of understanding: Above me ____ Appropriate ___ Below me ____ N/A_____

3:15 pm **Burn Wounds: An Overview of the Pathophysiology of Cutaneous Thermal Injury**
Wound heroes can take the heat
Robert Bearden, Ph.D.

1 **Understand and summarize burn classifications based on severity, type, depth, and extent of the injury.**
2 **Recognize the clinical signs and symptoms associated with the progression and conversion of burn wounds.**
3 **Understand and become familiar with appropriate assessment and treatment of the zones of injury for burn wounds.**

Please rate the following on a scale of 1 – 5 with 1 being the lowest and 5 as excellent

How would you rate the speaker's presentation skills?	
How would you rate the speaker's command of the topic?	
How well did the session meet Objective 1?	
How well did the session meet Objective 2?	
How well did the session meet Objective 3?	
How useful is this information to your professional practice?	

Level of understanding: Above me ____ Appropriate ___ Below me ____ N/A_____

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How did you hear about the Mid-America Would Healing Society (MAWHS)?

___ Advertisement in print of publication. (Please specify) _____
___ Email form conference organizer
___ Colleague/Friend
___ Internet/Web Search
___ Mail Flyer
___ Other (Please specify) _____

Please rate the following features of the conference

	Excellent	Good	Fair	Poor	N/A
Ease of registration					
Customer service at the event					
Quality of venue					
Location of venue					
Session rooms					
Catering Services					
Vendor services					
Room Comfort					

Additional comments or suggestions:

Optional information:

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Job Title_____ First Attendance Yes___ No___

Thank you for completing this evaluation

Please return your completed evaluation to the Registration Desk at the end of the conference

CNE 166

Mid-America Wound Healing Society

Partners in Wound Healing Annual Conference – 2019

Friday, April 26, 2019 - Evaluation Form

Mid-America Wound Healing Society

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___ Other (Please specify) _____

8:10 am **War on Wounds (Session I)**
Nancy Morgan RN, BSN, MBA, WOCN, DWC, OMS
Objectives:
1 **Assess specific characteristics of 4 types of common chronic wounds: pressure ulcers, venous leg ulcers, arterial ulcers and neuropathic foot ulcers.**
2 **List characteristics of acute wounds versus chronic wounds.**

Please rate the following on a scale of 1 – 5 with 1 being the lowest and 5 as excellent

How would you rate the speaker's presentation skills?	
How would you rate the speaker's command of the topic?	
How well did the session meet Objective 1?	
How well did the session meet Objective 2?	
How useful is this information to your professional practice?	

Level of understanding: Above me ____ Appropriate ___ Below me ____ N/A_____

10:00 am **War on Wounds (Session II)**
Wound Heroes-control the situation
Nancy Morgan RN, BSN, MBA, WOCN, DWC, OMS
Objectives:
1 **Differentiate the phases of wound healing for full thickness chronic wounds.**
2 **Review the newest strategies, tools and products that can accelerate healing and produce positive wound outcomes..**

Please rate the following on a scale of 1 – 5 with 1 being the lowest and 5 as excellent

How would you rate the speaker's presentation skills?	
How would you rate the speaker's command of the topic?	
How well did the session meet Objective 1?	
How well did the session meet Objective 2?	
How useful is this information to your professional practice?	

Level of understanding: Above me ____ Appropriate ___ Below me ____ N/A_____

12:30 pm **War on Wounds (Session III)**
Nancy Morgan RN, BSN, MBA, WOCN, DWC, OMS
Objectives:
1. **Identify interventions to implement based upon current standards of care for high risk patients and patients with chronic wound complications.**

Please rate the following on a scale of 1 – 5 with 1 being the lowest and 5 as excellent

How would you rate the speaker's presentation skills?	
How would you rate the speaker's command of the topic?	
How well did the session meet Objective 1?	
How useful is this information to your professional practice?	

Level of understanding: Above me ____ Appropriate ___ Below me ____ N/A_____

2:15 pm **War on Wounds (Session IV)**
Wound Heroes stay ahead of the curve on best practice
Nancy Morgan RN, BSN, MBA, WOCN, DWC, OMS
Objectives:
1. **Discuss prevention interventions for the 4 common chronic wounds: pressure ulcers, venous leg ulcers, arterial ulcers and neuropathic foot ulcers.**

Please rate the following on a scale of 1 – 5 with 1 being the lowest and 5 as excellent

How would you rate the speaker's presentation skills?	
How would you rate the speaker's command of the topic?	
How well did the session meet Objective 1?	
How useful is this information to your professional practice?	

Level of understanding: Above me ____ Appropriate ___ Below me ____ N/A_____

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___ Advertisement in print of publication. (Please specify) _____
___ Email form conference organizer
___ Colleague/Friend
___ Internet/Web Search
___ Mail Flyer
___ Other (Please specify) _____

Please rate the following features of the conference

	Excellent	Good	Fair	Poor	N/A
Ease of registration					
Customer service at the event					
Quality of venue					
Location of venue					
Session rooms					
Catering Services					
Vendor services					
Room Comfort					

Additional comments or suggestions:

Optional information:

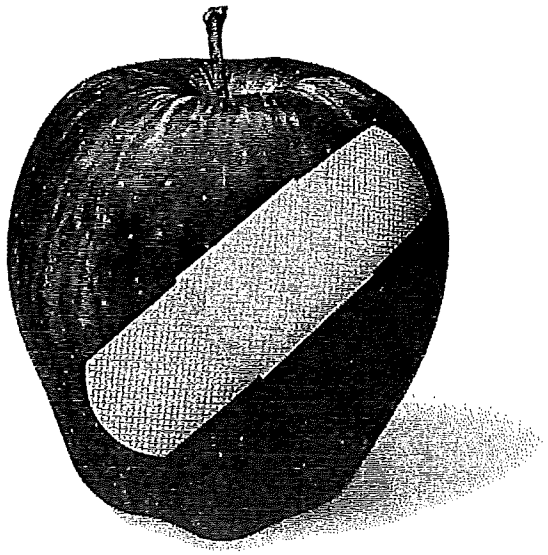
Name _____ Email _____

Company_____ Phone _____

Job Title_____ First Attendance Yes___ No___

Thank you for completing this evaluation

Please return your completed evaluation to the Registration Desk at the end of the conference



Chronic Wound Healing

Nancy Morgan RN, BSN, MBA, WOC, WCC, DWC, OMS
Wound Care Education Institute

CNE 170

The information in this handout reflects the state of knowledge, current at time of publication; however, the authors do not take responsibility for data, information, and significant findings related to the topics discussed that became known to the general public following publication.

The recommendations contained herein may not be appropriate for use in all circumstances. Decisions to adopt any particular recommendation must be made by the practitioner in light of available resources and circumstances presented by individual patients.

Acknowledgements: This handout and presentation was prepared using information generally acknowledged to be consistent with current industry standards. The authors whose works are cited in the Bibliography Section of this manual are hereby recognized and appreciated.

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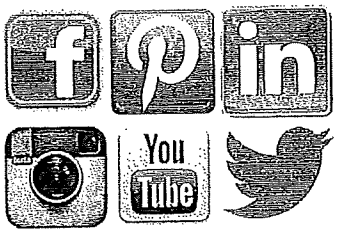

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Chronic Wound Healing

Presented by: Wound Care Education Institute - www.wcei.net

Objectives: Upon completion of this program, the participant will be able to:

- Differentiate characteristics of 4 common chronic wounds: pressure injuries, venous leg ulcers, arterial ulcers and neuropathic foot ulcers.
- Choose appropriate topical wound management products for 4 types of chronic wounds based upon wound characteristics, etiology, and goal of care.
- Identify interventions to implement based upon current standards of care for high risk patients and patients with chronic wound complications.

To receive web links, forms, tools discussed in this presentation text Wounds to 444999 or download directly at http://bit.ly/woundlinks

Outline

I. Chronic Wounds
   A. Some Details
      1. Definition: A wound that has failed to proceed orderly through the healing process or fails to result in durable closure.[18]
         a. Orderly refers to a sequence of biological events including: control of infection, resolution of inflammation, angiogenesis, regeneration of a functional connective tissue matrix, contraction, resurfacing, differentiation, and remodeling.[85]
      2. AKA 'problem wound' 'chronic and non-healing wounds' 'non-healing wounds', 'hard-to-heal wounds', 'recalcitrant wounds', 'difficult' or 'complex[84]
      3. In the United States alone, chronic wounds affect 6.5 million patients.[1]
      4. The most common chronic wounds are pressure injuries (ulcers), lower extremity (venous, arterial, or mixed ulcers), and diabetic neuropathic ulcers.[2]
      5. What is Delayed healing - Healing progresses at a slower rate than expected. As a guide:
         a. In open surgical wounds healing mainly by epithelialization, the epithelial margin advances at about 5mm per week.[105]
         b. Clean pressure injuries with adequate blood supply and innervation should show signs of healing within two weeks.[3]
            1) Signs of healing include: decreased length, width, and depth of ulcer; progressively less exudate, changes in tissue types from less devitalized to healthy.[3]
         c. A reduction in venous leg ulcer surface area of >30% during the first two weeks of treatment is predictive of healing. [106]
         d. If diabetic foot ulcer has not healed 50% in first 4 weeks of treatment, there is only a 9% chance it will go on to healing in 3 months. [107]
         e. Lack of healing after 2 weeks of Topical Therapy
   B. Interesting Facts
      1. An estimated 2.5 million patients are treated each year in US acute care facilities for pressure injuries. [9,10]
      2. An estimated 60,000 US patients die each year of pressure injury complications.[9-11]
      3. According to the Agency for Healthcare Research and Quality, there are more than 17,000 pressure injury related lawsuits filed annually (second only to wrongful death lawsuits).[8]
      4. Venous leg ulcers (VLU) are extremely common in the United States. They affect 2.5 million people annually, and are responsible for over 50 percent of all lower extremity ulcers.[1,12,13]
      5. Venous stasis ulcers account for 80% to 90% of all leg ulcers.[40]

6. Insufficient arterial flow to tissues causes ischemia and eventually necrosis, resulting in arterial ulcers. These ulcers account for approximately 20% of all leg ulcers.[14]
7. It is estimated that between 10 and 25% of patients with diabetes will develop a foot ulcer in their lifetime.[15]
8. The 5-year mortality of patients with newly diagnosed Diabetic foot ulcers (DFU) is nearly 50% and carries a worse prognosis than breast cancer, prostate cancer, or Hodgkin's lymphoma. [16,17]
9. Diabetic foot ulcers are at increased risk for infections and other comorbid sequelae, as a result, foot ulcers are a major cause of hospitalizations and additional healthcare expenditures.[15-17]

C. Chronic wounds are MASSIVE financial burden on healthcare systems
1. Chronic wound costs US healthcare system approx. $20 Billion annually.[1,2]
2. Data on the cost of treatment for a pressure injury vary, but some estimates range between $37,800 and $70,000 per ulcer with total annual costs in the United States as high as $11 billion.[3,4,9] Medicare estimated in 2007 that each pressure injury added $43,180 in costs to a hospital stay.[8]
3. Treatment costs for VLUs, which are directly related to time to achieve complete closure, average approximately $4,000 per month and $16,000 per treatment episode.[5] Up to one-third of treated patients experience four or more episodes of recurrence.[6]
4. Approximately 2.5 to 3.5 billion is spent annually on management of venous ulcers.[41]
5. A US study in 1999 estimated the average outpatient cost of treating one DFU episode as $28,000 USD over a two–year period.[7] These same patients spent more days in the hospital, experienced more visits to the emergency room, and attended more outpatient physician office visits than other patients with Diabetes. [7]

II. Pressure Injuries (Ulcers)

A. Definition – a pressure injury is localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear. [19] Painful, costly, and often preventable health complication[19]
1. NPUAP Definition Pressure Injury: [200] A pressure injury is localized damage to the skin and/or underlying soft tissue usually over a bony prominence or related to a medical or other device. The injury can present as intact skin or an open ulcer and may be painful. The injury occurs as a result of intense and/or prolonged pressure or pressure in combination with shear. The tolerance of soft tissue for pressure and shear may also be affected by microclimate, nutrition, perfusion, co-morbidities and condition of the soft tissue.

B. Causes
1. A number of contributing or confounding factors are also associated with pressure injuries; the primary of which is impaired mobility. [19]
   a. Being bedfast, chair fast or a reduction in frequency of movement or ability to move is usually described as having a mobility limitation.
   b. Mobility and activity limitations can be considered a necessary condition for pressure injury development. In the absence of these conditions, other risk factors should not result in a pressure injury.[19]
2. Pressure is the compression or squeezing together of soft tissue (especially over bony prominences), caused by weight or tension.
   a. These forces cause blood vessels to collapse resulting in an ischemic response and, potentially, tissue necrosis.
   b. Pressure-Related damage can occur within minutes to hours and the time frame and intensity will vary from person to person.[22,23,24,26,29]
      1) Tissue hyperemia (Blanchable erythema or redness) - 30 minutes or less[29]
      2) Tissue ischemia (Deeper redness with damage of the underlying tissue) – 2-6 hours of unrelieved pressure[26,29]

3) Necrosis (Destruction of tissue) > 6 hours unrelieved pressure[29]

3. Shear
   a. An internal, opposing motion of tissue layers and bone.
   b. Shear is caused by gravity pushing down on the body and resistance (friction) between the patient and a surface, such as the bed or chair. e.g. elevation of head of bed, and sliding down in chair.[20]
   c. Shearing forces stretch or even tear the blood vessels, thereby reducing the amount of pressure needed to occlude them.[20]
   d. Shearing causes undermining and tunneling.
4. Friction
   a. The force of rubbing two surfaces against each other.
   b. Friction without pressure causes damage to the epidermis and upper dermal layers only. (Partial thickness) AKA sheet burn, skin tear.
   c. Friction accompanied with gravity causes shear.
   d. Friction injuries are often misdiagnosed as pressure injuries.[21]
      1) Friction can cause minor to substantial skin impairment, but friction alone is not a direct cause of a "pressure injury." [21]
      2) Friction is a risk factor that may contribute to or exacerbate pressure injury development due to the shear it creates. [21]
      3) Friction causes the shear strain in the tissue, which can increase the risk of tissue breakdown and lead to pressure injuries. [21]

C. Risk Factors
   1. Consider the impact of mobility limitations on pressure injury risk.[19]
   2. Consider individuals with an existing pressure injury (any Stage) to be at risk of additional pressure injuries. [19]
   3. Consider adults & children with medical devices to be at risk for pressure injuries.[19]
      a. A Medical Device Related (MDR) Pressure injury is defined as a localized injury to the skin or underlying tissue as a result of sustained pressure from a medical device.[36,37]
         1) Directly under diagnostic or therapeutic devices (examples: nasal cannulae tubing, braces, splints, oxygen face masks, prostheses, tape, ostomy appliances, catheters, bedpans, ID bands, TED stockings, etc.
         2) Insertion sites for devices
         3) Tend to progress rapidly as the often occur over areas without adipose tissue
         4) Resultant PUs typically mimic the device shape and size. [36,37]
      b. Several studies cite that medical devices contribute up to 35% of all hospital-acquired pressure injuries.[22,23,24]
      c. More than 50% of pressure injuries in children are due to medical devices.[24,25]
   4. Consider the general status of skin on pressure injury risk.
   5. Consider the impact of the following factors on an individual's risk of pressure injury development:[19]
      a. Perfusion and oxygenation
      b. Poor nutritional status
      c. Increased skin moisture
   6. Consider the potential impact of the following factors on an individual's risk of pressure injury development:[19]
      a. Increased body temperature
      b. Advanced age
      c. Sensory perception
      d. Hematological measures

e. General health status

7. A structured risk assessment should be undertaken on all individuals upon entry to health care settings, with the aim of identifying those who are at potential risk in order that individualized preventive interventions can be planned and initiated.
   a. Conduct risk assessment as soon as possible (but within a maximum of eight hours after admission) to identify individuals at risk of developing pressure injuries.[19]
   b. Repeat the risk assessment as often as required by the individual's acuity.[19]
   c. Conduct a comprehensive skin assessment with every risk assessment.[19]
   d. Do not rely on the results of a risk assessment tool alone when assessing an individual's pressure injury risk.[19] Risk assessment should support not replace clinical judgment.

D. Characteristics
   1. Location - At any site, most frequently over bony prominences
   2. Distribution - Isolated individual lesions
   3. Shape - Rounded, crater-like shape, can resemble shape of object that caused the pressure
   4. Depth – Varies; partial or full thickness
   5. Wound Bed – Varies; erythema, slough, eschar, granulation tissue, epithelial tissue, bone, ligaments, tendons
   6. Margins – Smooth, regular edge; demarcated
   7. Surrounding Skin - Varies; often the peri-wound has non-blanchable erythema or, in dark-skinned clients, a deepening of natural color.
   8. Associated Findings
      a. Pressure and/or shear must be present.
      b. Pain variable with each individual. Assess for deterioration of the ulcer or possible infection when the individual reports increasing intensity of pain over time.[19]

E. Staging
   1. Assessment system that classifies pressure injuries based on anatomic depth of soft tissue damage.
      a. Developed by the National Pressure Ulcer Advisory Panel (NPUAP) as method of communication between health care providers.
      b. The National Pressure Ulcer Advisory Panel redefined the definition of a pressure injuries (ulcers) during the NPUAP 2016 Staging Consensus Conference that was held April 8-9, 2016.
         1) The stages were revised based on questions received by NPUAP from clinicians.32
         2) The term "pressure injury" replaces "pressure ulcer"; more accurately describes pressure injuries to both intact and ulcerated skin. 32
         3) Arabic numbers are now used in the names of the stages instead of Roman numerals. 32
         4) Based upon the deepest tissue injury/destruction through the layers of the skin
      c. The deepest a pressure injury will be is when there is visible/palpable: bone, tendon/ligament or muscle.
      d. Cannot be accurately staged until the deepest viable tissue layer is visible/palpable.
   2. *Stage 1 Pressure Injury: Non-blanchable erythema of intact skin[200]: Intact skin with a localized area of non-blanchable erythema, which may appear differently in darkly pigmented skin. Presence of blanchable erythema or changes in sensation, temperature, or firmness may precede visual changes. Color changes do not include purple or maroon discoloration; these may indicate deep tissue pressure injury.*[200]
      a. Injury to epidermis only, Skin remains intact[19,30]
      b. Intact skin with non-blanchable redness in localized area usually over a bony prominence.
         1) Non-blanchable – is visible skin redness that persists with the application of pressure; indicates structural damage to the capillary bed (micro-circulation).[19]

2) Blanchable – is visible skin redness that becomes white when pressure is applied and reddens when pressure is relieved; may result from inflammatory erythema with intact capillary bed. [19]
3) How to test for blanch response
   - Finger pressure method — a finger is pressed on the erythema for three seconds and blanching is assessed following removal of the finger
   - Transparent disk method — a transparent disk is used to apply pressure equally over an area of erythema and blanching can be observed underneath the disk during its application.

c. The area may be painful, firm, soft, warmer or cooler as compared to adjacent tissue.
d. Stage 1 may be difficult to detect in individuals with dark skin tones.
   1) Darkly pigmented skin may not have visible blanching; its color may differ from the surrounding area.
   2) Localized heat, edema, and change in tissue consistency in relation to surrounding tissue (e.g., induration/hardness) are important indicators of early pressure damage to the skin in individuals of darker skin tone. [19]
   3) Noncontact infrared thermometers can detect localized increases/decreases in skin surface temperature comparable to scientific grade instruments.[184]

3. *Stage 2 Pressure Injury: Partial-thickness skin loss with exposed dermis[200]: Partial-thickness loss of skin with exposed dermis. The wound bed is viable, pink or red, moist, and may also present as an intact or ruptured serum-filled blister. Adipose (fat) is not visible and deeper tissues are not visible. Granulation tissue, slough and eschar are not present. These injuries commonly result from adverse microclimate and shear in the skin over the pelvis and shear in the heel. This stage should not be used to describe moisture associated skin damage (MASD) including incontinence associated dermatitis (IAD), intertriginous dermatitis (ITD), medical adhesive related skin injury (MARSI), or traumatic wounds (skin tears, burns, abrasions).*[200]
   a. Partial thickness - Damage to epidermis, dermis, or both[19,30]
   b. Shiny or dry shallow open ulcer with a red pink wound bed, without slough or bruising. [19,30] *(Slough is made up of dead collagen matrix from the subcutaneous tissue. The presence of slough indicates full thickness tissue damage.)* [19,30]
   c. May also present as an intact or open/ruptured serum-filled (clear fluid) blister[19,30]
   d. Easy way to remember 3 P's (Pink, partial, & painful)
4. *Deep Tissue Pressure Injury[200]: Persistent non-blanchable deep red, maroon or purple discoloration: Intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood filled blister. Pain and temperature change often precede skin color changes. Discoloration may appear differently in darkly pigmented skin. This injury results from intense and/or prolonged pressure and shear forces at the bone-muscle interface. The wound may evolve rapidly to reveal the actual extent of tissue injury, or may resolve without tissue loss. If necrotic tissue, subcutaneous tissue, granulation tissue, fascia, muscle or other underlying structures are visible, this indicates a full thickness pressure injury (Unstageable, Stage 3 or Stage 4). Do not use DTPI to describe vascular, traumatic, neuropathic, or dermatologic conditions.*[200]
   a. Non-intact skin (epidermal separation) has been added.[200]
   b. May present with a mirror image bilaterally.[32]
   c. The area may be preceded by tissue that is painful, firm, mushy, boggy, warmer or cooler as compared to adjacent tissue. [19,30]
   d. Deep tissue injury may be difficult to detect in individuals with dark skin tones. Visual assessment cannot be trusted in patient with dark skin, rely on assessment of skin

temperature, change in tissue consistency and pain to identify DTPI.[19] Palpation: SHOULD BE USED on ALL Dark skin in high risk areas.[19]

e. Evolution/Progression of DTPI[19,30]
   1) Evolution may be rapid, exposing additional layers of tissue even with optimal treatment.
   2) May include a thin blister over a dark wound bed.
   3) The wound may further evolve and become covered by thin eschar. Once necrotic tissue occurs, should be re-staged to Unstageable, Stage 3, or Stage 4.

f. Seven day Principle[33]
   1) For the purposes of deep pressure injuries that present as a demarcated red/purple area, clinicians can count back 7 days to pinpoint when the actual pressure damage occurred. [33,201]
   2) Deep pressure injuries take 7 days from the early signs of redness to demarcate; by day 9 to 11 spontaneous "skin slippage" occurs and 14 to 15 days are required to form a mature brown/black eschar to form. [33]

5. *Stage 3 Pressure Injury: Full-thickness skin loss: Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.*[200]
   a. Full thickness tissue loss involving epidermis, dermis and into but not through subcutaneous fat[19,30]
   b. Slough may be present but does not obscure the depth of tissue loss. [19,30,200]
   c. May include undermining and tunneling. [19,30,200]
   d. The depth varies by anatomical location. [19,30,200]
      1) The bridge of the nose, ear, occiput and malleolus do not have subcutaneous tissue and Stage 3 pressure injuries can be shallow.
      2) In contrast, areas of significant adiposity can develop extremely deep Stage 3 pressure injuries.

6. *Stage 4 Pressure Injury: Full-thickness skin and tissue loss*[200]*: Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer. Slough and/or eschar may be visible. Epibole (rolled edges), undermining and/or tunneling often occur. Depth varies by anatomical location. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.*[200]
   a. The depth varies by anatomical location.
      1) The bridge of the nose, ear, occiput and malleolus do not have subcutaneous tissue and these ulcers can be shallow. [19,30]
      2) Stage 4 pressure injury can extend into muscle and/or supporting structures (e.g., fascia, tendon or joint capsule) making osteomyelitis possible. [19,30]

7. *Unstageable Pressure Injury: Obscured full-thickness skin and tissue loss*[200]*: Full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar. If slough or eschar is removed, a Stage 3 or Stage 4 pressure injury will be revealed. Stable eschar (i.e. dry, adherent, intact without erythema or fluctuance) on an ischemic limb or the heel(s) should not be removed.* [200]
   a. Full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green or brown) and/or eschar (tan, brown or black) in the wound bed.
   b. Until enough slough and/or eschar is removed to expose the base of the wound, the true depth, and therefore stage, cannot be determined.

8. *Mucosal Membrane Pressure Injury: Mucosal membrane pressure injury is found on mucous membranes with a history of a medical device in use at the location of the injury. Due to the anatomy of the tissue these injuries cannot be staged.*[200]
    a. Where are mucous membranes
        1) Mucous membrane is the moist lining (inner tissue) of body cavities that communicate with the exterior (open to the outside).
        2) Mucous membrane tissues line the tongue, gastrointestinal (GI) tract, nasal passages, urinary tract and vaginal canal.
        3) Body cavities featuring mucous membrane include most of the respiratory system.
        4) The glans penis (head of the penis) and glans clitoris, urethra, and the inside of the prepuce (foreskin) and clitoral hood are mucous membranes, not skin.
    b. Injury of mucous membrane[33]
        1) Injury to mucous membrane can occur from direct trauma (burns, bites, pinching, radiation, pressure or infection).
        2) Pressure applied to this tissue can render it ischemic and lead to ulceration.
        3) Vulnerable to pressure from medical devices, such as oxygen tubing, endotracheal tubes, bite blocks, orogastric and nasogastric tubes, urinary catheters and fecal containment devices.
        4) Examples: A pressure injury that develops on nasal mucosa from pressure exerted by oxygen/CPAP nasal prongs; A pressure injury that develops on the inside of the lip from pressure exerted by an endotracheal tube
9. Reverse Staging
    a. Pressure injuries heal to progressively more shallow depth; they do not replace lost muscle, subcutaneous fat, or dermis before they re-epithelialize.
    b. Instead, the ulcer is filled with granulation (scar) tissue composed primarily of endothelial cells, fibroblasts, collagen and extra-cellular matrix.
    c. A Stage 4 pressure injury cannot become a Stage 3, Stage 2, and/or subsequently Stage 1. When a Stage 4 pressure injury has healed, it should be classified as a healed Stage 4 pressure injury not a Stage 0 pressure injury. Therefore, reverse staging does not accurately characterize what is physiologically occurring in the wound.

F. Avoidable vs Unavoidable
1. Clinical practice, expert opinions, and published literature indicates that most, but not all, pressure injuries can be prevented.
2. Unavoidability varies from patient to patient, and is judged by assessment of physiologic and functional factors in the context of the patient's state of illness and trajectory of decline.
3. NPUAP Definition of Unavoidable - The individual developed a pressure injury even though the provider evaluated the individual's clinical condition and pressure injury risk factors, defined and implemented interventions that are consistent with individual needs, goals, and recognized standards of practice, monitored and evaluated the impact of the interventions, and revised the approaches as appropriate.[38]
4. Consensus Findings of when Pressure injury may be unavoidable:[39]
    a. When an individual's cardiopulmonary status is significantly altered and recovery to baseline does not occur within minutes, an unavoidable pressure injury can occur.[39]
    b. When an individual is repositioned and alterations in hemodynamic stability require ongoing vasopressor support, an unavoidable pressure injury can occur.[39]
    c. When sustained head-of-bed of greater than 30 ° elevation is medically necessary, an unavoidable pressure injury can occur.[39]
    d. Septic shock and/or systemic inflammatory response syndrome increase(s) the likelihood that an unavoidable pressure injury can occur.[39]

e. Extensive body edema increases the risk of an unavoidable pressure injury occurring.[39]
f. Severe burn injury increases the likelihood of developing an unavoidable pressure injury.[39]
g. In hemodynamically unstable or critically ill/critically injured individuals, when management of life-threatening conditions must take precedence over skin-preservation interventions, development of an unavoidable pressure injury can occur.[39]
h. Immobility can increase the likelihood of developing an unavoidable pressure injury.[39]
i. When life-sustaining, vascular access, or other medical devices preclude turning and/or repositioning, the likelihood that an unavoidable pressure injury can occur increases.
j. An unstable pelvic fracture or spinal cord injury that precludes turning an individual increases the likelihood of an unavoidable pressure injury occurring.[39]
k. Terminally ill individuals who become immobile are at increased risk for unavoidable pressure injuries.[39]
l. Individuals with malnutrition in combination with multiple comorbidities are at increased risk for the development of unavoidable pressure injuries.[39]
m. Individuals with cachexia are at increased risk for the development of unavoidable pressure injuries.[39]
n. A medical device–related unavoidable pressure injury can occur in situations where it would be medically contraindicated to adjust, relocate or pad underneath a therapeutic medical device.[39]

III. Venous Ulcers
A. Circulatory Review - There are 3 varieties of blood vessels:
1. Arteries - carry blood away from the heart
2. Capillaries - connect the arteries to the veins
3. Veins - carry blood back to the heart
B. Definition of venous ulcer - an open skin lesion of the leg or foot that occurs in an area affected by venous hypertension.[43]
C. Cause/Physiology
1. Venous Hypertension - The veins return blood to the heart from all the body's organs. To reach the heart, the blood needs to flow upward from the veins in the legs. To do this, the calf muscles and the muscles in the feet need to contract with each step to squeeze the veins and push the blood upward. To keep the blood flowing up, and not back down, the veins contain one-way valves.[42]
2. Chronic venous insufficiency occurs when these valves become damaged, allowing the blood to leak backward. Result = venous stasis: the stagnation of blood in the venous system.
D. Risk Factors[43,44]
1. Advanced age
2. Obesity
3. Pregnancy
4. Thrombophilia
5. Systemic inflammation
6. Anticardiolipin antibody
7. Venous thromboembolism (VTE)/phlebitis
8. Varicose veins
9. Pulmonary embolus
10. Sedentary lifestyle or occupation; reduced mobility
11. Simultaneous insufficiency of two out of three venous systems
12. Trauma/surgeries/leg fractures
13. Impaired calf muscle pump
14. Restricted range of motion of the ankle

15. Family history of venous disease
16. Injection drug user
17. Previous wound

E. Characteristics
1. Location - Medial lower leg, ankle, above the medial ankle, on the lower leg including back of the leg/posterior calf, seldom if ever do they occur on the foot or above the knee.[43, 44]
2. Distribution - Isolated individual lesions
3. Shape - Irregular
4. Depth – Usually shallow
5. Wound Bed – Ruddy red; granulation tissue present; yellow adherent or loose slough may be present.
6. Exudate: Moderate to heavy. Usually serous unless infection present.[45]
7. Margins – Irregular
8. Surrounding Skin
   a. Surrounding skin may be crusty, scaling, weepy
   b. Increased dermal thickness
   c. Edema: Pitting or non-pitting; worsens with prolonged standing or sitting with legs dependent
   d. Hemosiderosis/Hemosiderin staining - Hyper-pigmentation stain of skin from leakage of red blood cells into the tissue, pigmentation changes on the surface of the skin that generally appear as a brown discoloration affecting the medial portion of the leg results from venous hypertension.
   e. Scarring from previous wounds
   f. Maceration
9. Pain
   a. Leg pain may be variable: Dull aching, itchy, sore, tender; severe sharp or throbbing.[44]
   b. Pain with complaints of heaviness[44]
   c. Leg pain worsens with dependency, increased edema, or infection [44,45]
   d. Elevation relieves pain[44]
10. Associated Findings
   a. Feet typically warm with good pulses (if no co-existing arterial disease)[46]
   b. Capillary refill: Normal (less than 3 seconds)[44]
   c. Venous refill time: Shortened (less than 20 seconds) [44]
   d. Ankle brachial index (ABI): Within normal limits (1.0–1.3)
   e. Varicose veins – most common manifestation of chronic venous insufficiency caused by reflux [45]
   f. Lipodermatosclerosis - woody induration of the leg; when fibrous tissue replaces the fatty layer, edema remains above this area, making the leg look like an inverted champagne bottle. [42]A fibrosing panniculitis of the leg; the skin is bound down to the subcutaneous tissues.
   g. Atrophie blanche - smooth, ivory-white plaque with an irregular hyperpigmented border and surrounding telangiectasias (red dots of dilated capillary loops); [42,45] Abnormality of skin scar formation
   h. Ankle flare - distension of the small veins on the medial aspect of the foot caused by chronic venous hypertension[44]
   i. Venous Dermatitis
      1) Chronic inflammatory condition, also referred to as varicose eczema, gravitational eczema, stasis eczema, and stasis dermatitis[49]

2) Etiology not understood, possible relationship to changes in skin as result of chronic edema and congestion, or may result from contact with sensitizing products[49]
3) Erythema (remains stable and doesn't advance) [49]
4) Itching, scaling, and eczematous patches on the lower extremities[42]
5) Medial ankle is most frequently and severely involved. In advanced cases the inflammation may encircle the ankle and extend to just below the knee; this is sometimes referred to as stocking erythroderma. [49] The dorsal part of the foot may be involved in severe cases.[48]
6) Bilateral presentation in the legs
7) No tenderness, no warmth
8) Vesicles lesions on other parts of the body, particularly other leg and arms[49]
9) Normal WCC, CRP and temperature[49]
10) May be chronic or acute, may be unilateral or bilateral[42]

j. Cellulitis
1) Spreading bacterial infection of the skin and underlying soft tissue[42]
2) Typically, unilateral
3) Usually follows a breach in the skin
4) Skin is hot, red, and edematous; Inflammation is diffuse with ill-defined borders[49]
5) May have elevated temperature
6) Petechiae are common; Vesicles and bullae may develop and rupture[49]
7) Erythrocyte sedimentation rate (ESR, C-reactive protein (CRP) and white cell count (WCC) are usually high[49]

F. Classification System for Chronic Vascular Disease
1. CEAP system (Clinical-Etiology-Anatomy-Pathophysiology) created by American Venous Forum and adopted worldwide to facilitate meaningful communication about CVD, and to serve as a basis for scientific analysis of CVD and treatment options.
2. Classified according to the severity, cause, site and specific abnormality
a. The fundamentals of the CEAP classification include a description of the clinical class (C) based upon objective signs, the etiology (E), the anatomical (A) distribution of reflux and obstruction in the superficial, deep and perforating veins, and the underlying pathophysiology (P), whether due to reflux or obstruction.[47]
3. Basic CEAP classification system[47]
a. Clinical classification
1) C0 No visible or palpable signs of venous disease
2) C1 Telangiectases or reticular veins
3) C2 Varicose veins
4) C3 Edema
5) C4a Pigmentation and/or eczema
6) C4b Lipodermatosclerosis and/or atrophie blanche
7) C5 Healed venous ulcer
8) C6 Active venous ulcer
9) CS Symptoms, including ache, pain, tightness, skin irritation, heaviness, muscle cramps, as well as other complaints attributable to venous dysfunction
10) CA Asymptomatic

b. Etiologic classification
1) Ec Congenital
2) Ep Primary
3) Es Secondary (post-thrombotic)
4) En No venous etiology identified

c. Anatomic classification
    1) As Superficial veins
    2) Ap Perforator veins
    3) Ad Deep veins
    4) An No venous location identified
d. Pathophysiologic classification
    1) Pr Reflux
    2) Po Obstruction
    3) Pr,o Reflux and obstruction
    4) Pn No venous pathophysiology identifiable

IV. Arterial Ulcers

A. Peripheral Arterial Disease

1. The term peripheral artery disease (PAD) broadly encompass the vascular diseases caused primarily by atherosclerosis and thromboembolic pathophysiologic processes that alter the normal structure and function of the aorta, its visceral arterial branches, and the arteries of the lower extremity. [51,52] PAD is the preferred clinical term however also known as, peripheral vascular disease (PVD), Peripheral arterial occlusive disease (PAOD) Lower Extremity Arterial Disease (LEAD), Arterial insufficiency, and peripheral vascular disease (PVD).[51,53]
2. Lower Extremity Arterial Disease (LEAD) includes only arterial disease that affects the leg arteries and excludes arterial diseases of the aorta, carotid, upper extremity or visceral arteries.[53]
    a. LEAD is defined by an ankle-brachial index (ABI) of 0.90 or less.[53]
    b. LEAD is a problem with blood flow in the arteries. Arteries carry blood to the muscles and organs in the body. When disease is present, they become narrow or blocked with fatty deposits, or plaque. The buildup of plaque causes the arteries to harden and narrow, which is called atherosclerosis.
    c. The most advanced stages of LEAD can lead to Critical Limb Ischemia (CLI).
3. Individuals at Risk for Lower Extremity Peripheral Arterial Disease[52]
    a. Age less than 50 years, with diabetes and one other atherosclerosis risk factor (smoking, dyslipidemia, hypertension, or hyperhomocysteinemia)
    b. Age 50 to 69 and a history of smoking and diabetes
    c. Age 70 or older
    d. Leg symptoms with exertion (suggestive of claudication) or ishemic rest pain
    e. Abnormal lower extremity pulse examination
    f. Known atherosclerotic coronary, carotid, or renal artery disease
4. Pathology of Ulceration
    a. Spontaneous ulceration generally involves the toes or distal foot and is result of progressive occlusion resulting in cellular ischemia and tissue necrosis. [54]
    b. Ulceration may be caused by minor trauma that results in non-healing wound due to vessels inability to meet increased demands for oxygen. [54]

B. Characteristics

1. Location –frequently found at the most distal point of arterial perfusion
    a. Between toes (web spaces) or tips of toes
    b. Over phalangeal heads
    c. Mid-tibial area (shin)
    d. Around lateral malleolus
    e. Areas subjected to pressure, repetitive trauma/rubbing footwear
2. Shape – round, punched-out appearance
3. Depth – varies shallow or deep

4. Wound Bed - Pale; granulation rarely present; necrosis common; eschar may be present
5. Exudate - Minimal
6. Margins – Edges rolled, smooth, undermined; punched-out appearance caused by the ulcer borders having a clear demarcation from the adjacent tissue
7. Surrounding Skin
   a. Thin, shiny, dry skin
   b. Temperature: Skin feels cool to touch
8. Associated Findings
   a. Loss of hair growth on ankle/foot
   b. Thickened toenails
   c. Pallor on elevation and dependent rubor– Lifting the leg greater than 30 degrees can induce pallor in the ischemic limb. When dropped to a dependent position, the limb may become very red.
   d. Cyanosis - Ischemic tissue appears pale, then mottles and becomes dark purple as ischemia progresses.[55]
   e. Diagnostics
      1) Diminished or absent pulses - Should not be used as only measure of arterial insufficiency as some individuals with normal perfusion lack one or both pedal pulses. [54]
      2) Capillary refill: Abnormal (more than 3 seconds)[44]
      3) Venous refill time: Prolonged (greater than 20 seconds) [44]
      4) Ankle brachial index (ABI): [44]
         - LEAD: Equal to/or less than 0.9
         - Borderline: Equal to/or less than 0.6–0.8
         - Severe ischemia: Equal to/or less than 0.5
         - Critical ischemia: Equal to/or less than 0.4
      5) Transcutaneous oxygen (TcP02): Less than 40 mmHg is hypoxic[44]
      6) Toe brachial index (TBI): Less than 0.64 indicates LEAD[44]
      7) Toe systolic pressure (TP): Less than 30 mmHg (less than 50 mmHg if diabetes) indicates critical limb ischemia (CLI) [44]
   f. Edema - Atypical of arterial disease. A pure arterial ulcer often has no edema, unless the patient with pain at rest keeps the leg dependent throughout the night for comfort.[55]
   g. Infection: Frequent (signs may be subtle)

C. Pain
   1. Patients may be asymptomatic or complain of exertional leg discomfort.
      a. About 20 to 50 percent of patients diagnosed with PAD are asymptomatic, though they usually have functional impairment when tested. In diabetics, pain perception may be blunted by the presence of peripheral neuropathy.[56]
      b. As PAD progresses pain may manifest either as classic intermittent claudication (IC) or as atypical claudication or leg discomfort.[56]
      c. About 10 to 35 percent of all PAD patients report symptoms of classic IC, and 40 to 50 percent of patients present with the atypical form.[56]
   2. Intermittent Claudication (IC)
      a. This is activity induced pain, aching or cramps in the calves, thighs or buttocks, which typically occurs during walking and resolves after a few minutes of rest or 5-10 minutes.
      b. Claudication is triggered by suboptimal blood flow to a leg muscle which may be induced by walking. Oftentimes, when a patient is resting, the blood flow to a specific skeletal muscle is sufficient to meet the requirements of that muscle.

c. Only a small percentage of patients (around 10%) will actually complain about claudication. Approximately 40% may never develop symptoms, while 50% may have more atypical symptoms that are harder to diagnose from history alone.[57]

3. Atypical Claudication[58]
   a. Leg pain on exertion and rest
   b. Pain similar to IC but does not involve calf and does not resolve with rest
   c. Pain similar to IC but not severe enough to stop ambulation
4. Nocturnal/Positional pain - pain with elevation of legs commonly noticed at night.
   a. When positioned with extremities elevated complains of chronic throbbing pain across the top of the foot.
   b. Hang foot in dependent position to alleviate pain; pallor noticed on elevation, dependent rubor while down.
   c. Patients often report that getting out of bed and walking helps relieve pain, in contrast to patients in earlier stages of the disease who experience pain with walking. A different mechanism is in place with rest pain: Gravity is used to increase flow to the distal tissues and to reduce pain.[55]
5. Resting pain - experienced in any position, reflective of severe arterial blockage, results in necrosis gangrene, amputation if not corrected.
6. Correlation between Site of occlusion and Location of Pain[59]
   a. Pain in thighs, buttocks, calves - Iliofemoral arteries
   b. Calf Artery – superficial femoral artery
   c. Foot – Infrapopliteal artery

D. Classification Systems[56]
1. There are two classification systems, the Rutherford and the Fontaine, used by clinicians to grade the severity of the clinical symptoms of patients with PAD.
2. Rutherford System
   a. Stage 0 – Asymptomatic
   b. Stage 1 – Mild claudication
   c. Stage 2 – Moderate claudication
   d. Stage 3 – Severe claudication
   e. Stage 4 – Rest pain
   f. Stage 5 – Ischemic ulceration not exceeding ulcer of the digits of the foot
   g. Stage 6 – Severe ischemic ulcers or frank gangrene
3. Fontaine
   a. Stage I- No symptoms
   b. Stage IIa - Intermittent claudication >200 m of walking distance (mild)
   c. Stage IIb- Intermittent claudication <200 m of walking distance (moderate to severe)
   d. Stage 3 - Rest pain
   e. Stage 4- Necrosis/gangrene
4. The mapping of these classification schemes to the categories of PAD disease severity is as follows:[56]
   a. Asymptomatic: Fontaine stage I; Rutherford stage 0
   b. Symptomatic (atypical leg symptoms, intermittent claudication): Fontaine stages IIa and IIb; Rutherford stages 1, 2, and 3
   c. Critical limb ischemia: Fontaine stages 3 and 4; Rutherford stages 4, 5, and 6

E. Critical Limb Ischemia (CLI)
1. CLI is the most severe manifestation of PAD and is characterized by presence of ischemic rest pain requiring analgesia for more than two weeks, or ulceration, or gangrene of the lower

extremity with an ankle systolic blood pressure ≤ 50 mmHg and/or toe systolic pressure ≤ 30 mmHg.[54]

2. End stage and therapeutic options are either revascularization or amputation. CLI is associated with a very high morbidity and mortality risk, and therefore it is vital that the condition can be efficiently detected and treated. Prompt medical care is crucial in all patients with CLI to immediately improve blood flow and prevent nontraumatic lower-extremity amputation (LEA).
3. Gangrene/Necrosis
    a. Dry gangrene[60,61]
        1) Dark brown to dark black non-viable tissue forming a dry, shrunken hard mass, resembling mummified flesh.
        2) Caused by a gradual reduction in the blood supply to an area of tissue
        3) In the initial stages of dry gangrene, the affected area is extremely painful to palpate, area then becomes dry and wrinkled, with distinct color change.
        4) The skin becomes dark brown at first and as the necrosis continues, turns a dark purplish-blue and then completely black.
        5) This process is very slow and a distinct line of demarcation is visible between the necrotic tissue of the gangrenous area and the surrounding healthy tissue. This line is one of the most important clinical features of dry gangrene and is the result of inflammation caused by irritation from the dead tissue.
        6) The line of separation usually brings about complete separation with eventual falling off of the gangrenous tissue if it is not removed surgically, also called autoamputation.
    b. Wet Gangrene[60,61]
        1) Develops from sudden interruption in blood supply such as: burns, freezing, hematoma or injury/ulceration that becomes infected or Dry gangrene becomes infected.
        2) Tissue becomes soft, discolored, blistered, edematous, and boggy.
        3) No line of demarcation.
        4) Infection can spread quickly into surrounding tissues.
    c. Gas Gangrene[62]
        1) Wet gangrene becomes infected by aerobic gram-negative bacilli and/or anaerobic gram-positive bacilli, Clostridium. C perfringens. The most frequently identified aerobic gram-negative bacteria are: Escherichia coli, Proteus species, Pseudomonas aeruginosa, and Klebsiella pneumoniae.
        2) Local swelling and a serosanguineous exudate appear soon after the onset of pain.
        3) Skin characteristically turns to a bronze color, then progresses to a blue-black color with hemorrhagic bullae.
        4) Within hours, the entire region may become markedly edematous.
        5) May be non-odorous or may have a sweet musty odor.
        6) Crepitus follows gas production; at times, crepitus may not be detected with palpation owing to brawny edema.
        7) Pain and tenderness to palpation disproportionate to wound appearance are common findings.

V. Diabetic Neuropathic Ulcers
    A. A Diabetic Foot Ulcer (DFU) is a pivotal event in the life of a person with diabetes, without early and optimal intervention, the wound can rapidly deteriorate, leading to amputation or death.
        1. It is estimated that between 10 and 25% of patients with diabetes will develop a foot ulcer in their lifetime. [63]
    B. Cause
        1. The diabetic foot does not spontaneously ulcerate. Rarely result from a single pathology; two or more factors contribute. [60-65]

2. Peripheral neuropathy - complication of diabetes which nerves have been damaged so that foot is insensate (doesn't feel pressure, injuries, infection). Number 1 risk Factor for ulceration[64]; involved in 78% of DFU's[63]; Increases the likelihood of amputation.
    a. Sensory – alters tactile sensation (Loss of protective sensation)
    b. Motor – alters biomechanics and muscles
3. Peripheral Arterial Disease
    a. Peripheral ischemia resulting from proximal arterial disease is contributory factor in the development of DFUs in up to 50% of patients.[65-67]
    b. In patients with diabetes, for every 1% increase in hemoglobin A1C there is a corresponding 26% increased risk of PAD.[68]
    c. In most patients, peripheral neuropathy and peripheral arterial disease (PAD) (or both) play a central role therefore DFUs can be further be classified as either:[64]
        1) Neuropathic
        2) Ischemic
        3) Neuroischemic
4. Infection - Cracks/fissures; Poor glucose control leads to impairment of WBC function and ability to fight infection
5. Trauma
    a. Inappropriate footwear is the most common source of trauma.[69]
    b. Penetrating injuries from puncture wounds or other traumatic events – high-pressure injuries with a single exposure of direct pressure.
    c. Pressure- The motor changes in the foot (due to neuropathy) cause increased pressure over the metatarsal heads
    d. Foot and Nail deformities
    e. Repetitive plantar pressure due to deformities of feet.
6. The triad of neuropathy, deformity, and trauma (repetitive activity) is present in almost two-thirds or patients with foot ulcers. [64,65,70]

C. Associated Risk Factors
1. Duration of Diabetes - greater than (>) 10 years
2. Diabetes control - HgA1c greater than (>) 7%
3. History of previous ulceration or amputation (36.4 times greater risk for another ulcer)[75]
4. Male Sex
    a. The prevalence of peripheral arterial occlusive disease and sensory neuropathy is lower in women with diabetes. Likewise, the prevalence and incidence of amputations and mortality associated with amputations of the foot are significantly lower in women.[76,77]
    b. b. In women also, foot ulcers and fractures associated with Charcot arthropathy of the foot have been reported to heal significantly more rapidly than in men. [76,77]
5. Diabetic with cardiovascular, retinal, or renal complications.
6. Peripheral neuropathy with loss of protective sensation.
7. Distal symmetric polyneuropathy is one of the most important predictors of ulcers and amputation
8. Altered biomechanics (in the presence of neuropathy)
    a. Evidence of increased pressure (erythema, hemorrhage under a callus)
    b. Bony deformity
9. Peripheral vascular disease (decreased or absent pedal pulses)
10. Severe nail pathology
11. Elevated plantar pressure
12. Callus – showed that plantar callus accumulation was associated with an 11-fold increase in risk.[78]

13. Rigid foot deformity
14. Age
15. Visual impairment
16. Smoking
17. Concurrent psychiatric illness
18. Obesity - added weight results in elevated mean peak plantar pressures[79]
    a. Obese patients suffering from DFU's put 2-2.5 times their body weight on the wound with each step and the elastic modulus of skin is about 10cm per kilogram squared, this means a 400 lb patient exceeds the maximum skin elasticity by about threefold with each step. [80,81]

D. Diabetic Foot Ulcer Clinical Characteristics
   1. Neuropathic Ulcer [71,72]
      a. Location - Areas most subjected to weight bearing on plantar surface
         1) The heel
         2) Plantar metatarsal head areas
         3) Over bony prominences in a Charcot-type foot
         4) Areas most subjected to stress, such as the dorsal portion of hammer toes
      b. Wound Characteristics
         1) Base is red, with a healthy granular appearance
         2) Callus formation at the borders of the ulcer
         3) Painless, unless complicated with infection
         4) Even wound margins
         5) Rounded or oblong shape over bony prominence
      c. Associated Findings
         1) Warm foot
         2) Pulses bounding
         3) ABI >0.9
         4) TcPO2 above 30mmHg
         5) Evidence of peripheral neuropathy
         6) Hypoesthesia or complete loss of sensation of light touch, pain, temperature, and vibration
         7) Absence of Achilles tendon reflexes
         8) Abnormal vibration perception threshold, often above 25 v
         9) Loss of sensation in response to 5.07 monofilaments
         10) Atrophy of the small Muscles of the feet
         11) Dry skin, fissures
         12) Distended dorsal foot veins
   2. Neuroischemic Ulcer
      a. Location [71,72,73]
         1) Margins of the foot especially on the medial surface of the first metatarsophalangeal joint
         2) Over the lateral aspect of the fifth metatarsophalangeal joint
         3) Tips of the toes and beneath any toe nails
      b. Wound Characteristics
         1) Base is pale pink or yellow
         2) Even wound margins
         3) Rounded or oblong shape over bony prominence
         4) Callus may or may not be present
         5) Minimal exudate
      c. Associated Findings

1) Thin, shiny, dry skin
2) Absent or diminished pulses
3) TBPI < 0.7
4) TcPO2 <30 mmHg
5) Skin cool to the touch, pale, or even mottled
6) Evidence of peripheral neuropathy
7) Hair loss on ankle & foot
8) Thick dystrophic toenails
9) Pallor on elevation and dependent rubor
10) Cyanosis

3. Ischemic Foot Ulcer [71,72,74]
   a. Location
      1) Lateral borders or the dorsal aspect of the feet
      2) Toes or between toes
      3) Nail edges
      4) Over phalangeal heads
   b. Wound Characteristics
      1) Yellow or black necrotic tissue
      2) Redness at the borders of the ulcer
      3) Poor granulation tissue
   c. Associated findings
      1) Thin, shiny, dry skin
      2) Absent or diminished pulses
      3) TBPI < 0.7
      4) TcPO2 <30 mmHg
      5) Skin cool to the touch, pale, or even mottled
      6) No findings of peripheral neuropathy
      7) Hair loss on ankle & foot
      8) Thick dystrophic toenails
      9) Pallor on elevation and dependent rubor
      10) Cyanosis

E. Diabetic Foot Ulcer Classification
   1. There are several different wound classification systems used to describe diabetic foot ulcerations including: University of Texas Wound Classification System of Diabetic Foot Ulcers, PEDIS System, S(AD) system and the most popular the Wagner Scale.
   2. Wagner Scale - This system is based on three features: depth of the ulcer, the degree of infection, and the presence or absence of gangrene and its extent. [63]
      a. Grade 0 - pre-ulcer lesion, healed ulcer, presence of bony deformity, patient is at risk for ulceration.
      b. Grade 1 - is a superficial ulcer without subcutaneous tissue involvement
      c. Grade 2 - penetration through the subcutaneous tissue; may expose bone, tendon, ligament, or joint capsule
      d. Grade 3 - is a deep ulcer that contains an abscess or osteomyelitis, or both.
      e. Grade 4 - is an ulcer that has led to gangrene of the toes and/or forefoot
      f. Grade 5 - is an ulcer that has caused gangrene of the entire foot that required amputation

VI. How Wounds Heal
   A. Regeneration – replacement of the damaged or lost tissue with more of the same.
      1. Seen with partial thickness wounds only. (Epidermis and superficial dermis layers only)
      2. Process of regeneration

a. Tissue trauma triggers an inflammatory response.
b. Inflammatory response produces erythema, edema, and serous exudate, which subsides within 24 hrs.
c. The end of the inflammatory response triggers epidermal resurfacing by proliferation and lateral migration of epidermal cells from wound edges across the surface of the wound.
d. Epidermal resurfacing peaks within 24 – 72 hrs. after injury, however the rate can be slowed down by the presence of bacteria or dry scabbed tissue.

B. Scar Formation – replacement of damaged or lost tissue by connective tissue (granulation tissue) that lacks some of the functions of the original tissue.
1. Seen with full thickness wounds. Full thickness skin loss thru the epidermis, dermis, into the subcutaneous tissue and possible bone, muscle, and tendon involvement
2. Four main overlapping phases that begin at time of injury. Cells in each phase produce chemical stimuli that help move the wound into the next phase.
a. Hemostasis - initiates the entire wound-healing cascade. Injury to the tissues initiates an immediate response to begin the clotting process and secrete growth factors.
1) Serotonin, histamine, prostaglandins, and blood from injured vessels fill the area
2) Platelets from the damaged blood vessels come into contact with collagen in the damaged tissues resulting in platelet activation and aggregation. Activation and aggregation events include shape change, adhesiveness, clumping, and the release of growth factors.
3) Thrombin forms from this cascade of events simulated by the platelets, which initiates the formation of a fibrin mesh. The fibrin mesh strengthens the platelet clumps into a stable hemostatic plug.
4) Platelets secrete cytokines that initiate the wound healing process. Cytokines regulate cell proliferation, migration, matrix synthesis, deposition and degradation, and inflammatory responses in the repair process. Main cytokines include: PDGF - Platelet derived growth factor, TGF-β - Transforming growth factor beta, TGF-α - Transforming growth factor alpha, FGF - Fibroblast growth factor, EGF - Epidermal growth factor, IGF-1 - Insulin like growth factor 1
5) Main function of phase 1 Hemostasis– coagulation, secret growth factors
b. Inflammatory Phase -2nd Phase
1) Neutrophils (WBC) and macrophages enter wound and clean the wound by destruction of bacteria and debris.
2) Macrophages mediate the transition from the inflammatory phase to the proliferative phase by the release of growth factors and cytokines. The secretion of growth factors and cytokines attract immune system cells to the site and activate the cells involved in tissue repair. Some of these recruit and activate fibroblasts, which then synthesize, deposit, and organize the new tissue matrix while others promote angiogenesis.
3) Characteristics of the Inflammatory phase:
a) Edema, erythema, heat, pain.
b) Lasts 4 to 6 days normally
c) Necrotic tissue may be visible
4) Main function of inflammatory phase: Remove debris
c. Proliferative Phase - 3rd Phase
1) 4 to 24 days for normal non-infected wounds
2) Wound begins to fill from the bottom upward with granulation tissue (connective tissue) which is deep red irregular surface, shiny, granular.
3) Wound edges contract and pull together, the movement of tissue toward the center of the wound (contraction)

4) Epithelial cells, arising from either the wound margins or residual dermal epithelial appendages within the wound bed, begin to migrate in leapfrog or train fashion across the wound bed. Horizontal movement stops when cells meet. (This is called contact inhibition)
    a) Once the defect is bridged, the migrating epithelial cells lose their flattened appearance, become more columnar in shape and increase in mitotic activity.
5) Collagen synthesis
    a) Gives tensile strength & structure
    b) Fibroblasts secrete collagen framework which crisscross the wound base forming scar tissue
    c) As fibroblasts synthesize the collagen fibers, the production of keratinocytes occurs which are required for re-epithelialization
    d) The collagen is initially deposited in a seemingly haphazard fashion and these individual collagen fibers are subsequently reorganized, by cross-linking, into regularly aligned bundles oriented along the lines of stress in the healing wound.
    e) Fibroblasts are also responsible for the production of other matrix constituents including fibronectin, hyaluronic acid and the glycosaminoglycans. The process of fibroblast proliferation and synthetic activity is known as fibroplasia.
6) Angiogenesis (Blood Vessel Development)
    a) Endothelial cells from the damaged end of surrounding vessels and capillaries reconstruct damaged or destroyed vessels.
    b) These endothelial cells grow into the wound space and create capillary sprouts. These sprouts extend in length until they encounter another capillary to which they connect and form capillary loops and networks allowing blood to circulate.
    c) As the capillary beds form, the wound takes on a red, granular appearance.
7) Main function of Proliferative Phase Fibroblasts produce collagen and epithelial tissue completely covers the wound (Fill & Cover)

d. Maturation Phase - 4th Phase
    1) Lasts 21 days to 2 years
    2) After the wound is closed, collagen fibers shorten, and become stronger, damaged blood vessels regenerate, more layers of epithelial cells cover the wounded area. The scar tissue will begin strengthening to a maximum of 80% of the original strength of the wounded area. This can take up to 2 years to settle into its permanent appearance.
    3) High risk of breakdown
    4) Main function of Maturation Phase - Remodeling of tissue and increase tensile strength

e. Any interruption of this process will result in a wound that will not heal.

C. Wound Microenvironment

1. The biologic microenvironment of wound healing is an extremely complex process. Communication between cells in the wound bed is achieved with chemicals composed of various soluble mediator proteins (more specifically known as growth factors and cytokines).[95] A mixture of these chemicals stimulates and inhibits each stage of healing, and directs the activities of the cells within each of these stages. Chronic wounds, by definition, do not follow this sequence of events. The molecular and cellular environment of chronic wounds differs substantially from that of acute healing wounds.
2. Cellular/molecular characteristics of chronic wounds
    a. Overproduction of the inflammatory cytokines e.g. TNF-α
    b. Elevated levels of:[83,90]
        1) Inflammatory cytokines
        2) Collagenolytic activity -- Matrix metalloproteinases (MMP) -1, -8, and -13

3) Gelatinases -- MMP-2 and -9
4) Stromelysin -- MMP-3, -10, and -11
5) Serine proteases -- Urokinase-type plasminogen activator, Cathepsin G, increased neutrophil elastase activity

c. Diminished levels of: [83,90]
1) Tissue inhibitor of metalloproteinases (TIMPs)
2) a1 -- protease inhibitor
3) a2 -- macroglobulin

d. Significant degradation of: [83,90]
1) Fibronectin
2) Vitronectin
3) Tenascin

e. Cellular abnormalities: Defective PNL & Macrophages and senescent Fibroblasts[83,90]

f. Reduced concentration of growth factors e.g. PDGF, VEGF and TGF β. [83,90]

3. The physiological implications of the altered molecular and cellular environment of chronic wounds contributes to the failure of these wounds to heal.[90]

VII. Barriers to Wound Healing

A. In healthy individuals with no underlying factors, an acute wound should heal within 3 to 6 weeks, with remodeling occurring over the next year or so.[86] If a wound does not follow the normal trajectory it will remain in one of the stages, becoming a chronic wound. Once a wound is considered chronic, it should trigger the wound care clinician to search for underlying causes.

B. There are numerous factors that can cause wound healing to be delayed or even stopped, many of which are specific to the wound etiology however there are several characteristics that have been identified that are common to all chronic wounds; prolonged or excessive inflammation, persistent infections, formation of drug-resistant microbial biofilms, and cellular senescence (old, unresponsive and unable to divide[89]).

C. Prolonged or excessive inflammation[82,86,87,88]

1. Inflammatory cells have been shown to be 100 times higher in chronic wounds.[88,91]
2. Ischemia, necrotic tissue, high bacterial levels and prolong the inflammatory phase of wound healing with continued recruitment of macrophages and neutrophils into the wound bed. [88]
   a. The increased concentration of neutrophils and macrophages prevent cellular changes in the wound that push the wound from the inflammatory to the proliferative phase. [87]
   b. In normal wound healing neutrophils and macrophages produce Matrix metalloproteinases (MMP's).[96] MMP's play key roles in debriding damaged tissue (Extracellular Matrix -ECM) angiogenesis, re-epithelialization, wound contraction, and scar remodelling.[96]
   c. Chronic wounds have high levels of MMP's which degrade proteins that are not their normal substrates such as growth factors, receptors and ECM proteins, that are essential for healing, which further stimulates the inflammatory response and ultimately impairs healing.[96] This results in a perpetual circle of 'stuck in the inflammatory phase' of healing, where they can remain for months and even years.[96]
   d. How do we know when raised levels of MMPs are causing healing problems?
      1) At present, the bedside clinician has no means of measuring MMP activity in wound fluids or biopsies. [96]
      2) Wounds with delayed healing generally share similar biochemical characteristics, including elevated inflammatory markers, high levels of proteases, including MMPs, diminished growth factor activity and reduced cell numbers in the wound.[96]
      3) WOUNDCHEK™ Protease Status Kit available in Canada http://woundchek.com/
3. Treatment/Interventions Necrotic Tissue

a. Wounds will remain in the inflammatory phase of wound healing until all necrotic tissue is removed.
b. Necrotic Tissue is removed from a wound bed by debridement – (Removal of dead devitalized contaminated or foreign material from a wound); at molecular level debridement interrupts the chronic wound cycle so that protease and cytokine levels resemble that of an acute wound. [102,103]
c. The choice of debridement method will depend upon many factors, including the size, position, and type of wound, efficiency, and selectivity of debridement method, pain management, exudate levels, risk of infection, and the cost of the procedure. In some cases, it may be appropriate to use more than one method of debridement.
d. Non-Selective Debridement removes viable and non-viable tissue
    1) Mechanical – external force that is great enough to separate or break adhesive forces of necrotic tissue, can be painful, examples –monofilament fiber, wet to dry, scrubbing, hydrotherapy: whirlpool, pulse lavage, high pressure irrigation
        a) Monofilament Fiber dressing - The wound-contact side is fleecy in appearance and, once wetted, is gently wiped over the surface of the wound for 2–4 minutes.[126] The monofilament fiber dressing spares newly formed granulation tissue and already established epithelial cells, soft fibres make it virtually painless to use and increases patient acceptance, fiber composite absorbs dead skin flakes and keratoses from the skin surrounding the wound.[126] Examples: Debrisoft® http://www.lohmann-rauscher.com/ and DebriMitt™ http://us.crawfordhealthcare.com/
        b) Irrigation – Delivery of cleansing solution with hydraulic force that is greater than the adhesive forces holding the particulate matter to the wound surface. Measured by PSI (Pounds per Square Inch) Safe pressure is 4-15 PSI. Beyond 15 PSI bacteria on the wound surface can be driven deeper into the wound tissue.
        c) Whirlpool should not be considered for routine use in treating pressure injuries due to the potential for contamination and the emergence of newer hydrotherapies.[3]
    2) Sharp Debridement – removal of necrotic devitalized tissue by sharp instrument, i.e. scalpel, scissors, laser, curette, or forceps; Non-Selective, fastest method of debridement.
        a) Method of choice for large amounts of necrotic tissue, when sepsis threatens, or preparing for surgical flaps/grafts.
        b) Surgical debridement that leaves a bleeding base has been shown to increase the healing rate of diabetic neurotropic foot ulcers.[104]
        c) Contraindicated: ischemic limb, stable heel eschar, malignancy. Precautions: bleeding disorders and Coumadin/heparin therapy.
        d) Perform a thorough vascular assessment (Including Ankle Brachial Index ABI) prior to debridement of lower extremity pressure injuries to determine whether arterial status/supply is sufficient to support healing of the debrided wound.[3]
e. Selective Debridement removes only non-viable tissue
    1) Autolytic – uses the body's own white blood cells and enzymes to dissolve necrotic tissue within the wound; little or no pain, slow, not recommended for infected wounds; moist wound healing.
        a) Any dressing that supports moist wound healing; hydrocolloid, transparent, hydrogel, honey dressing, alginate, hydrofiber, etc.
        b) If wound dry – use hydrogel, if wound exudative – use alginate, hydrofiber
    2) Enzymatic Debridement – application of collagenase ointment; selective, not harmful to healthy tissue, fast
        a) Collagenase Santyl® is the only FDA approved enzymatic debrider

b) Once daily application only
c) Collagenase dissolves the collagen that attaches the necrotic tissue to the wound surface

3) Bio Surgical Debridement – Use of sterile maggots to remove non-viable tissue
a) Sterile maggots from species —green bottle fly are applied to wound and covered by a dressing.
b) Maggots liquefy necrotic tissue and ingest it
c) Maggots consume bacteria, and promote growth of fibroblasts
d) http://www.monarchlabs.com/

4. Treatment/Interventions for Elevated MMP's
a. Removing elevated MMP's (proteases) by absorption of protease-rich wound fluid into dressings or by removal with negative pressure wound therapy(NPWT).[96,110]
1) It is believed that NPWT removes excess fluid and thereby removes proteolytic enzymes that negatively influence the healing process.[109] In a study by Mouës *et al* demonstrated lower levels of pro-MMP-9 and a lower MMP-9/TIMP-1 ratio in patients undergoing NPWT compared to patients subjected to conventional therapies.[108]
a) Examples NPWT: V.A.C. ATS System - V.A.C.® (Vacuum Assisted Closure®), Invia® Liberty™ Negative Pressure Wound Therapy System, Exsudex™, PICO* Single Use Negative Pressure Wound Therapy System, SNaP® Wound Care System
2) Effective management of exudate is of crucial importance in chronic wound care. Application of dressings that remove and sequester excess amounts of wound fluid may not only help in restoring the right balance of moisture, but may also prevent the destruction of tissue by abundant protease activity to support the wound healing process.
a) Examples of Alginate Dressings: Algicell®, AlgiSite® M, Curasorb®, Kaltostat®, Kalginate™, Maxsorb® Extra, Sorbsan®, Tegaderm™ Alginate Dressings, Durafiber* Gelling Fiber, Enluxtra™; Impregnated alginates – Medihoney®, ExcelGinate®AG Dressing, Silverlon® CA, Curasorb® ZN; Algicell® Ag
b) Examples of Foam Dressings: Advazorb® Hydrophilic Foam Dressing, Allevyn® Life, Curafoam®, Hydrasorb®, MPM Isolate Hydrophilic Foam Dressing, LYOfoam®, Mitraflex®, Polymem®, Tielle®, Mepilex®, Biatain®, 3M® Heel Foam, Comfeel® Ulcer Dressing
c) Examples of hydrofiber dressings: Aquacel®, Aquacel® AG
d) Examples of superabsorbent dressings: Drawtex®, Eclypse® Super Absorbent Dressings, ENLUXTRA™, Sorbion Sachet® Dressing, McKesson Super Absorbent Dressing, MPM DryMax Extra, XTRASORB® Classic
e) Examples of Absorptive Wound fillers: Allevyn® Cavity, PolyMem WIC® Cavity Filler, Gold Dust™
f) Wound drainage collectors: Hollister® Wound Drainage Collectors, ConvaTec Wound Manager, Eakin® Fistula & Wound Pouch, Coloplast Fistula and Wound Management System
g) DiAlkylCarbamoyl Chloride (DACC)- coating on wound dressing with a hydrophobic molecular structure which results in an irreversible binding of bacteria with hydrophobic molecules on its cell walls to the DACC-coated dressing material, once bound, the bacteria "inactivate" or exhibit decreased rate of replication and the bound and inactivated pathogens are removed with each dressing change Example: Cutimed® Sorbact® http://www.bsnmedical.com/
h) Hydroconductive Dressing - Drawtex® three types of action (capillary, hydroconductive and electrostatic), made possible by exclusive LevaFiber

Technology, which draws the exudate away from the wound surface into the dressing, also removes toxic components, such as slough, wound debris and bacteria. http://www.drawtex.com/

3) At elevated levels, MMPs not only degrade nonviable collagen but also viable collagen. Collagen based wound dressings are uniquely suited to address the issue of elevated levels of MMPs by acting as a 'sacrificial substrate' in the wound. [132]
   a) MMPs degrade collagen-based wound dressings and the degradation products call in other cells, such as fibroblasts and endothelia's, necessary for the formation of granulation tissue.[132] As a result, the level of active MMPs is reduced to a level that allows fibroblasts to proliferate, lay down new collagen (and other fibrous proteins), and to secrete glycosaminoglycans (GAGs), resulting in a functional ECM.[132]
   b) Examples Collagen Dressings - Examples: BIOSTEP* Collagen Matrix; Catrix® Wound Dressing; CellerateRX® Gel or Powder; ColActive® Plus, Excellagen®; Promogran Prisma® Matrix; FIBRACOL® Plus; Puracol® Plus; Stimulen™ Collagen Gel, Lotion, Powder or Sheets; Triple Helix® Collagen Dressing.

D. Persistent infections, formation of drug-resistant microbial biofilms[82, 86,87,88]
   1. In Chronic Wounds; new, increased, or altered pain or delayed (or stalled) healing are individually highly indicative of infection. [187,188]
   2. Wound Specific Symptoms that indicate infection[190]
      a. Pressure injury - crepitus
      b. Venous Ulcers - increase in local skin temperature
      c. Arterial Disease - dry necrosis, which may turn moist and boggy at the edges of the necrotic tissue
      d. Neuropathic/diabetic ulcers – phlegmon (spreading diffuse inflammatory process with formation of suppurative/purulent exudate or pus)
   3. Necrotic tissue and infection both trigger production of cytokines that attract excessive numbers of inflammatory cells to the wound bed.[97] These inflammatory cells along with the cytokines produce reactive oxygen species (ROS) that cause breakdown and reduction of growth factors that are required for wound healing.[97]
   4. An increased bacterial burden triggers the release of excess vascular endothelial growth factor (VEGF), producing excessive but abnormally weak vascular endothelial buds. The subsequent granulation tissue can easily be digested by metalloproteinases(MMP's) and appears beefy red and friable.[98]
   5. Biofilms are colonies of single bacterial or fungal species, or more commonly, polymicrobial organisms (bacterial, fungal, and possibly, viral) that group together and cover themselves with a slimy, glue-like protective coating to protect the colonies from outside invaders. [94] Biofilms have high levels of tolerance to antibodies, antibiotics, disinfectants, and phagocytic inflammatory cells.[94]
      a. The presence of a biofilm stimulates a low-grade and persistent inflammatory response from the body in an attempt to remove the biofilm from the wound which impairs both epithelialization and granulation tissue formation.[92]
      b. The biofilm sustains itself by feeding from the increased plasma exudate from the hyper-inflammatory state produced by the high levels of macrophages and neutrophils.[87]
      c. 60%-70% of chronic wounds have a biofilm present, while only 6% of acute wounds have documented biofilm.[94]
      d. Can we see biofilms?
         1) Biofilms are microscopic structures.
         2) Biofilms may be located beneath the wound surface and their detection depends on specialist techniques, such as scanning electron microscopy and confocal laser scanning

microscopy that are not routinely available in clinical diagnostic laboratories.[93] Wound swabs are not effective in identifying wounds that may have a biofilm present.[93]

a) An option for advanced wound cultures is Molecular genetics-based pathogen diagnostics which are based upon the identification of unique DNA sequence of each type of microorganism.
b) DNA sequencing and quantitative PCR now allow the identification and quantification of both known and previously unknown microbial species.
c) Antibiotic resistance factors can be identified by their genetic signatures in clinical specimens.
d) Microbial composition of wounds can be determined in hours as opposed to days using quantitative PCR.
e) Once the pathogenic organisms are identified, medications can be selected and ratios adjusted to specifically address the individual wound bed, thereby allowing for a precise treatment that ultimately expedites healing -- 2 to 5 times faster in most cases.
f) Cost of PCR-based testing is often cited as a barrier to these tests. Although the individual tests can be expensive, they are comparable to classical microbiological culture (approximately $200 vs. $300) and provide clinicians with far more clinical information. In addition, most insurers are now accustomed to these types of testing technologies and they are also reimbursable by Medicare in most cases.[189]
g) PathoGenius - State of the art CLIA and CAP certified Molecular Diagnostic Facility offering molecular pathogen diagnostics for both Chronic Wound Infections and for Ear, Nose, and Throat pathogens. Information: www.pathogenius.com

3) Presently no gold standard method available for clinicians to confirm the presence of biofilms in a wound.
4) Clinical indicators that should raise suspicion of biofilm include:[118]
   a) Antibiotic failure
   b) Infection of >30 days' duration
   c) Friable granulation tissue
   d) A gelatinous material easily removed from wound surface that quickly rebuilds.

6. Treatment/Interventions high bacteria level
   a. Clean wound at each dressing change to assist in removal of bacteria surface contaminates. Consider using cleansing solutions with surfactants and/or antimicrobials to clean wounds with debris, confirmed infection, suspected infection, or suspected high levels of bacterial colonization.[3] Brand Name Examples of Cleaning Solutions:
      1) Anasept® Antimicrobial Skin & Wound Cleanser www.anacapa-tech.net
      2) Dermal Wound Cleanser www.mckesson.com
      3) MPM Antiseptic Wound Cleanser www.mpmmedicalinc.com
      4) Prontosan® http://www.bbraunusa.com/
      5) McKesson Dermal Wound Cleanser www.mckesson.com
      6) SAF-Clens® AF – www.convatec.com
      7) Saljet® www.saljet.com
      8) Sea-Clens® Wound Cleanser –www.coloplast.com
   b. Cleanse surrounding skin.
      1) Studies found that periwound cleansing only (without directly cleansing the wound bed) is effective at reducing the microbial counts in the wound bed for up to 24 hours.[134]
   c. Antimicrobial Dressings

1) It is recommended that antimicrobial dressings should be used for two weeks initially and then the wound, the patient and the management approach should be re-evaluated.[111]
2) Silver Dressings - Broad spectrum of antimicrobial activity including MRSA & VRE, also effective against biofilm by increasing the sensitivity of a biofilm to antibiotics and also alters biofilm adhesion in the wound,[113,114] various formulations available; Examples:
   a) ALGICELL® Ag www.dermasciences.com
   b) ALLEVYN* Ag Adhesive Dressing www.smith-nephew.com
   c) Acticoat® www.smith-nephew.com
   d) Aquacel® AG www.convatec.com
   e) PolyMem Silver® www.polymem.com
   f) Silverlon® www.silverlon.com
   g) ExcelGinate® AG www.mpmmedicalinc.com
   h) Mepilex® Ag www.molnlycke.com
   i) SilverMed™ Amorphous Hydrogel www.mpmmedicalinc.com
   j) Silver-Sept® Silver Antimicrobial Skin & Wound Gel www.anacapa-tech.net
3) Medical Grade Honey (Leptospermum) has a broad-spectrum antibacterial activity; no risk of bacterial resistance; honey has a high sugar content, low water content, and acidity that prevents microbial growth, assists in reducing edema, lowering wound pH, and debriding slough and eschar.[3,112]
   a) MediHoney® www.dermasciences.com
   b) NectaCare® Manuka Honey Wound Dressing www.elastogel.com
   c) ManukaMed® www.manukamed.com
   d) Activon Manuka Honey® Tube http://www.dukal.com/
4) Cadexomer Iodine
   a) Bacteriostatic and bactericidal
   b) Demonstrated ability to modulate the effects of macrophages to impact cytokine release and to increase growth factor production and activation in chronic wounds
   c) Studies indicate that Cadexomer Iodine was the only topical antimicrobial product capable of penetrating the matrix of a biofilm and penetrating below the surface to effect the underlying bacteria.[115,116,117]
   d) Iodosorb*, Iodoflex* www.smith-nephew.com
5) PVA Foam with Gentian Violet and Methylene Blue
   a) Bactericidal, antifungal and broad spectrum bacteriostatic effects
   b) Hydrofera Blue®- combination of methylene blue and gentian violet; http://www.hollisterwoundcare.com/
   c) RTD® Wound Dressing - Early and sustained microbial protection prevents re-establishment of biofilm, methylene blue, gentian violet and silver; www.kenerichealthcare.com
6) Poly hexamethylene biguanide (PHMB) Broad spectrum against gram positive and gram negative organisms; Kerlix® AMD, Excilon® AMD, Telfa® AMD, XCell® Antimicrobial Dressing, Suprasorb® X + PHMB Antimicrobial HydroBalance Wound Dressing

d. Antiseptic's - Consider the use of tissue appropriate strength, non-toxic topical antiseptics for a limited time period to control bacterial bioburden.[3]
   1) Sodium Hypochlorite
      a) Dakin's Solution (Hypochlorite solution - Bleach) 0.125% - ¼ strength. Effective against gram positive bacteria (example strep, staph); If used with gauze as packing will require 3-4 times daily dressing change to keep wound bed moist.

b) Anasept® Antimicrobial Skin & Wound Gel – Once daily dressing, KILLS MRSA & VRE IN 60 SECONDS, http://anacapa-tech.net/

2) Betadine - aqueous solution of povidone-iodine 10% developed as a unique topical microbicide. It is a fast-acting, broad-spectrum antiseptic that kills gram-positive and gram-negative bacteria (including antibiotic resistant organisms), shown to be effective against MRSA as well as fungi/yeasts, viruses and protozoa.[120] It is indicated for de-germing skin, wounds, and mucous membranes, and for preoperative skin preparation of patients. External Use.

3) Acetic Acid
   a) 1-3% acetic acid is nontoxic, inexpensive and efficient topical agent for effective elimination of Pseudomonas aeruginosa from superficial infection site.[121,122]
   b) Used TID for limited duration. In vivo studies have shown that these solutions can be used safely in wounds for short periods (4–7 days) to control bacterial levels, without compromising the healing process.[123]

4) Warning: Hydrogen peroxide is highly toxic to tissues even at low concentrations and should not be used as a preferred topical antiseptic.[3] Its use should be totally avoided in cavity wounds due to the risk of surgical emphysema and gas embolus.[3]

e. Negative pressure wound therapy with irrigation or instillation may lower the bacterial burden in chronic wounds and prevent biofilm formation. [119]

1) Controlled instillation of topical wound solutions, such as wound cleansers, antiseptics, or disinfectants to the wound followed by removal of fluid, wound debris, and infectious materials with negative pressure wound therapy. Options include continuous irrigation of a solution, while simultaneously applying a partial vacuum or the fluid briefly instilled into the wound, followed by a dwell time.

7. Treatment/Interventions Biofilm
   a. Goal: Reduce the biofilm bioburden and prevent reforming of the biofilm
   b. Physical disruption [93,124]
      1) Evidence to date suggests that physical removal, i.e. debridement or vigorous physical cleansing, are the best methods for reducing biofilm.[93,124,127]
      2) Two main purposes for debridement include physical detachment of the biofilm and destruction of the thick outer layer, allowing exposure of the bacteria inside the biofilm to antimicrobial products.[133]
      3) The choice and method of debridement will depend on the clinicians' skill, knowledge and competency, as well as the availability of debriding agents.[93,127]
         a) Because of the difficulties of visualizing biofilms, the impact of debridement and the best method of debridement for biofilm management is not yet clear.[93]
         b) Aggressive/ sharp debridement is generally agreed to be the best method of removing biofilm[125] as sharp debridement is the fastest method of removal of any necrotic tissue.
         c) Ultrasonic debridement- ultrasonically energized instruments that utilize water irrigation for tissue excision, examples: SonicOne® Ultrasonic wound care system www.misonix.com, Qoustic® Wound Therapy System www.arobella.com
         d) Maggot Debridement Therapy – maggots disinfect the wound (kill bacteria) by secreting antimicrobial molecules, by ingesting and killing microbes within their gut, and by dissolving biofilm
         e) Mechanical Monofilament cloth
      4) A mature biofilm has been shown to recover from mechanical debridement within 24 hours.[125,127] Therefore vigorous cleansing and regular debridement are needed to reduce the biofilm potential for regrowth[93,127]

a) Both sharp and ultrasonic debridement are often indicated on a twice weekly basis.[117]

b) Wound irrigation/cleaning are critical to the removal of debris and the reduction or elimination of biofilms.[93]

5) Antibiotics have been found to be ineffective in treating biofilms as they are unable to penetrate the extracellular matrix.[127,129] Several combinations of antibiotic therapy have shown successful suppression of biofilm infection; however, in most cases the eradication of biofilm infections has proven impossible and the infection recurs when treatment is stopped.[130,131] Treatment of biofilms with antibiotics is, therefore, not recommended and may contribute to bacterial resistance.[127,129]

c. Prevention of biofilm reconstitution

1) Biofilm may reform in a wound by:[93]
   a) growth of fragments left behind following debridement/cleansing
   b) spread of planktonic bacteria released from the remaining biofilm
   c) growth of biofilm by newly introduced microorganisms

2) Prevention of further wound contamination includes the use of dressings and antimicrobial agents to kill planktonic microorganisms[93,124]
   a) Use of a topical broad-spectrum antimicrobial (silver, iodine, honey, PHMB) to kill planktonic microorganisms[93,124]
   b) Choose antimicrobial dressings/treatments and method of delivery based upon characteristics of the wound bed, exudate levels, patient sensitivities and contraindications.
   c) Change to a different antimicrobial if there is a lack of progress[93,124]

3) Recent study identified that negative pressure wound therapy disrupted the matrix of biofilms, making them more susceptible to antiseptics.[128]

d. Ways to Determine Resolution

1) It is not possible to categorically state when a wound is biofilm-free, because there is a lack of definitive clinical signs and available laboratory tests.[124]

2) The most likely clinical indicator is progression of healing, with reduction in exudate and slough.[124]

E. Cellular senescence (old, unresponsive and unable to divide[89]); inability of dermal and/or epidermal cells to respond to reparative stimuli.[82, 86,87,88]

1. No initial bleeding event to trigger fibrin production and release of growth factors[86,87,88] Acute wounds start with a sudden solitary insult/injury, which stimulates the body to send cells of repair to the wound, however with chronic wounds repeated and prolonged injury to the tissues from underlying pathologic processes (such as vascular insufficiency) causes the injury to the tissues.[97] In chronic wounds the normal signaling mechanisms are not fired in response to injury.[87]
2. When chronic wound fluid is added to cultures of fibroblasts, keratinocytes, or vascular endothelial cells, it fails to stimulate DNA synthesis in these cells, which is in direct contrast to the DNA-synthesizing ability of acute wound fluid.[101]
3. Chronic wounds have low levels of growth factors which are required to move to the next phase of healing.[87,97] These low levels are caused by rapid breakdown of growth factors by high levels of MMP's and also inadequate production of growth factors in the wound bed.[87,97]
4. Fibroblasts and keratinocytes have reduced proliferative behavior due to abnormalities in the ECM (extra cellar matrix) and high levels of ROS (reactive oxygen species) cause DNA damage and loss of the cells ability to replicate.[97]
5. The altered molecular and cellular environment of chronic wounds contributes to the failure of these wounds to heal.[101]

6. Treatment/Interventions
   a. Sharp debridement can convert the stalled wound to an acute wound. Sharp debridement reflects injury to the wound bed, therefore the body responds by sending in the cells or repair and jump starting the healing process.
   b. Electrical Stimulation (ES) - By restoring the natural electrical potentials necessary for cellular activities that have become stalled, ES re-establishes and intensifies healing processes.[135]
      1) When there is a break in the skin, the body's bioelectric system communicates with the skin and the other tissues of the body, calling repair cells to the injured site and enhancing secretion of fluids vital to wound healing, this is termed the "current of injury". [137]A rationale for applying electrical stimulation is that it mimics the natural current of injury and will jump start or accelerate the wound healing process.[137]
      2) Electrical stimulation is applied to wound tissue by either direct (electrode placed in wound bed) or indirect placement of electrodes (electrodes are placed in periwound area and straddle the wound). [135,136]
      3) Polarity - Different polarities have different effects on the wound
         a) Negative polarity: Epidermal proliferation and migration, increased blood flow, fibroblast proliferation, enhanced collagen synthesis, lyses necrotic tissue, decreased edema and stimulates granulation
         b) Positive polarity: Attracts macrophages, epithelial growth, bactericidal and granulation formation
         c) Recent research recommends switching polarity every 3 days or weekly to avoid healing plateaus and maintain progression of healing. [136]
      4) Pulse duration - 20-132 microseconds; Pulse frequency 100-128 pulses per second.[135, 136]
      5) Treatment duration and frequency: 45-60 minutes, 5-7 days per week or at least 3 days per week if possible. Treat until wound closes. [135, 136]
   c. Advanced Biologic Dressings
      1) Advanced wound therapies focus on either preventing Extracellular Matrix (ECM) damage by delivering specific proteins to the wound site or enabling ECM synthesis through various growth factors or autologous proteins.
      2) Apligraf® Contains a combination of cytokines and growth factors found in human skin which are known to aid in the healing process; FDA approved for diabetic foot ulcers and venous leg ulcers http://www.apligraf.com/
      3) Dermagraft® - cryopreserved human fibroblast-derived dermal substitute; it is composed of fibroblasts, extracellular matrix, and a bioabsorbable scaffold; FDA-approved to treat diabetic foot ulcers; www.dermagraft.com
      4) AMNIOEXCEL® Human Amniotic Membrane Allograft - dehydrated human amnion-derived tissue allograft with intact extracellular matrix that provides structural tissue to advance soft tissue repair, replacement and reconstruction; Maintains essential wound healing growth factors; treatment of acute and chronic wounds including, but not limited to: diabetic foot ulcers, venous leg ulcers, arterial ulcers, pressure injuries, inflammatory ulcers, and burns; www.dermasciences.com
      5) Graftjacket® Xpress Flowable Soft-Tissue Scaffold (FSTS) is a micronized flowable acellular collagen scaffold for tissue regeneration in deep tunneling or tracking wounds; Replaces damaged or missing tissue with 'like' tissue; www.kci1.com
      6) OASIS® Wound Matrix - natural extracellular matrix derived from a single layer of porcine small intestinal submucosa; provides an intact three-dimensional extracellular matrix which allows for host cell migration; can be used in a variety of settings, including long-term, outpatient, and at-home care; incorporated and absorbed into the wound;

retains multiple components found in human dermis; indicated for the management of wounds including partial- and full-thickness wounds; http://www.oasiswoundmatrix.com/

d. Growth Factors
   1) REGRANEX* Gel is formulated with 0.01% becaplermin, a recombinant human platelet-derived growth factor (rh PDGF-BB); stimulates wound healing processes and aids in creation of granulation tissue; only FDA-approved topical agent with platelet-derived growth factor (PDGF); promotes the recruitment and proliferation of chemotactic cells; indicated for the treatment of lower extremity diabetic neuropathic ulcers that extend into the subcutaneous tissue or beyond and have an adequate blood supply; http://www.regranex.com/
   2) The Aurix System™ is a biodynamic hematogel that provides living cells and extracellular matrix for cellular migration, growth of capillaries and granulation tissue, restoring the balance for natural healing; intended to be used at point-of-care for the safe and rapid preparation of platelet-rich plasma (PRP) gel from a small sample of a patient's own blood; www.nuot.com

F. Other Factors that Affect Wound Healing
   1. Decreased oxygen levels - insufficient supply of oxygen to allow the healing process to proceed at a normal rate. All phases of healing are oxygen dependent; a local decrease in wound tissue oxygen tension is a major impediment to proper healing. Decreased oxygen levels impair the ability of the leucocytes to kill bacteria, lower production of collagen and reduce epithelialization.[139]
      a. Causes
         1) A decrease in systemic blood volume and oxygen delivery
         2) A decrease in oxygen saturation of hemoglobin
         3) Eschar on the wound surface
         4) Surface exudates or infection consuming local oxygen
      b. Interventions
         1) Address underlying medical problems
            a) Screening and treatment for anemia
            b) Vascular consult
         2) Debridement of necrotic tissue
         3) Control wound exudate
         4) Hyperbaric oxygen therapy (HBOT)
            a) According to the Undersea and Hyperbaric Medical Society (UHMS), HBOT involves breathing 100% oxygen while within a treatment chamber that has been pressurized to a pressure higher than sea level (i.e., >1.0 atmosphere absolute [ATA]). HBOT has the ability to increase partial pressure of oxygen in the tissues of the body to a degree several times greater than that which can be achieved by breathing pure oxygen at a normal atmospheric pressure.
            b) Effects of Hyperbaric Oxygen therapy on wound healing
               i. Hyperoxygenation (Increased distance of diffusion, improved local tissue oxygenation, improved oxygen carrying capacity, vasoconstriction and decreased local tissue edema) [143,144]
               ii. Improved growth factor expression (Upregulation of platelet-derived growth factor, increased angiogenesis, enhanced epithelial cell proliferation and migration) [143,144]
               iii. Fibroblast proliferation (Increased collagen deposition, improved collagen cross-linking, increased production of fibronectin) [143,144]

iv. Increased nitric oxide production (enhanced neutrophil activity, enhanced macrophage activity, increased leukocyte-killing ability, enhanced effectiveness of antibiotics) [143,144]

c) Wound Related Indications for HBOT[143]
   i. Diabetic Wagner grade 3 or higher
   ii. Lower extremity wounds not responsive to established wound management
   iii. Arterial limb-threatening lower extremity wound
   iv. Compromised skin grafts and or Flaps
   v. Necrotizing Infections
   vi. Thermal burns
   vii. Acute traumatic ischemia
   viii. Osteomyelitis (refractory)
   ix. Delayed radiation injury (soft tissue and bony necrosis)
   x. Selected problem wounds that fail to respond to established wound management

d) HBOT
   i. HBOT is a modality in which the entire body is exposed to oxygen under increased atmospheric pressure, in either monoplace or multiplace chamber.
   ii. Topical oxygen is not HBOT.
   iii. A cycle of pressurization inside the HBOT chamber is often referred to as "a dive".
   iv. While the duration of an HBOT session (dive) is typically 90 to 120 minutes, the duration, frequency, and cumulative number of sessions varies based upon individual needs.

2. Slow or absent epithelial edge advancement
   a. There are many possible reasons why the epidermal margin fails to migrate including hypoxia, infection, desiccation, dressing trauma, epibole, hyperkeratosis and callus at the wound margin.[140]Careful clinical observation can help to determine the cause.
   b. The ideal wound edge is attached to and flush with the wound bed, moist and open with the epithelial rim thin and pale pink to translucent. [141]
   c. If epibole and thick callused edges of a wound are not treated, they will roll inward and inhibit the wound edges from migrating towards the center.
      1) Epibole – Rolled/curled under edges; upper epidermal cells roll down over the lower epidermal cells which migrate down sides of the wound instead of across; edges that roll over will ultimately cease in migration secondary to contact inhibition once epithelial cells of the leading edge come in contact with other epithelial cells; in other words, the body will think the wound is healed.
   d. Interventions
      1) Open wound edges - The margins must be re-injured to renew the wound healing cycle.
         a) Monofilament Fiber dressing - Debrisoft, DebriMitt™
         b) Silver Nitrate - Since silver nitrate is a corrosive substance, it should be applied only to tissue to be treated, and care must be exercised both in confining it to the desired area by a suitable barrier such as petroleum jelly and in preventing any excess from wandering by covering as necessary afterwards. Excess silver nitrate can be neutralized with 0.9% or stronger saline, and washed away with water.
         c) The gold standard technique for tissue management in Diabetic foot ulcers is regular, local, sharp debridement. Sharp debridement is required to remove hyperkeratosis in the diabetic foot to reduce localized pressure and avoid further

tissue damage. Sharp debridement of devitalized tissue from the wound area at frequent intervals has been shown to heal neuropathic wounds more rapidly. [142]

2) Pack Dead Space
   a) Dead space promotes increased bacterial growth
   b) Packing promotes healing from the bottom up and avoids abscess formation at the wound depth
   c) Fill depth of the wound to the surface
   d) Fluff plain woven moistened gauze and place loosely into space. Do not pack tightly, as this will cause pressure and impair circulation.
   e) Wound fillers, hydrogel impregnated gauze, alginates may also be used.
   f) Determine the need – absorb exudate or hydrate the wound bed.
3) Protect from trauma and bacteria
   a) Protection of peri-wound skin with a skin sealant, moisture barrier ointment or barrier wafer
   b) Prevent epidermal stripping – silicone border dressings, silicone tape, consider tape-free securement strategies
   c) Protect from pressure – Manage tissue Loads

3. Underlying disease - Any disease or medication that suppresses the immune system alters wound healing by an impairment of the inflammatory process.
   a. Cardiovascular
      1) Coronary Artery Disease - decreased circulating oxygen
      2) Congestive Heart Failure - edema in lower extremities
      3) Peripheral Vascular Disease - inadequate vascular support
      4) Peripheral Arterial Disease - inadequate arterial support
   b. Respiratory
      1) Pneumonia - decreased circulating oxygen, overall stress on body systems
      2) COPD - decreased circulating oxygen, exposure to shear/friction forces due to frequent head elevation
      3) Asthma - steroid medications used to treat asthma impair the inflammatory phase of wound healing thus stalling wound healing
   c. GI System
      1) GI bleeding - weakens patient, decreased blood supply
      2) Swallowing problems - potential for inadequate nutritional intake
      3) NG/GT feedings - potential for loose stools
      4) Diarrhea - potential for skin breakdown, dehydration, inadequate absorption of nutrients
   d. Genitourinary System
      1) Urinary Incontinence - potential for skin breakdown and/or contamination of wounds
      2) Kidney Failure - dialysis and diet restrictions can slow or halt wound healing
   e. Musculoskeletal System
      1) CVA - decreased mobility high risk for pressure injuries; exposure to shear/friction during transfers, decreased sensation high risk for breakdown
      2) Arthritis - anti-inflammatory and steroid medications slow or even stop wound healing; decreased mobility high risk for pressure injuries; joint contractures high risk for skin breakdown
   f. Endocrine
      1) Diabetes - abnormal glucose levels are not compatible with wound healing; decreased sensation in feet high risk for breakdown
   g. Hematologic system

1) Anemia - insufficient hemoglobin to delivery oxygen to tissues
2) Fluid/Electrolyte Imbalance - inadequate nutrients for healing

h. Cancer
1) Radiation - high risk or may cause skin breakdown
2) Antineoplastic medications impair wound healing

i. Age
1) Dermal layer thins as we age
2) Decrease rate of: epidermal turnover, wound repair, and collagen deposition
3) Delayed inflammatory response

j. Obesity
1) Fat (Adipose) tissue is poorly vascularized and known to be less tolerant of ischemia (poor blood flow) and hypoxia (inadequate oxygen) than the epidermis therefore placing the obese patient at high risk for skin breakdown.[145]
2) Workload of heart is strained due to supply of oxygenated blood to all the tissue resulting in potential for ischemia.
3) In obese patients, due to abdominal adipose (fat) tissue, the diaphragm is unable to fully descend, resulting in frequent hyperventilation pattern.
4) Chest expansion is impaired with decreased vital capacity and tidal function which compromises tissue oxygenation.
5) Decreased oxygen in tissues results in the impediment of collagen synthesis, leukocyte and phagocytic activities, proliferation and migration of epithelial cells at a wound site.[146]

4. Medications
a. Corticosteroids - Examples: Cortisone, Hydrocortisone and Prednisone; Inhibit epithelial proliferation, impairs inflammatory response, incomplete granulation tissue, reduced wound contraction and may increase the risk of wound infection.[99,100] Vitamin A can be applied topically to partially counteract the effects of corticosteroids[97]. Topical therapy is 25,000 to 100,000 international units daily.[97]
b. Non-steroidal anti-inflammatory (NSAID) Examples: Ibuprofen, Celecoxib; High doses may result in decreased tensile strength of wound, reduced wound contraction, delayed epithelialization.[99,100]
c. Vasoconstrictor - Examples: nicotine, cocaine, adrenaline (epinephrine) and ergotamine; Cause tissue hypoxia by affecting the microcirculation[99,100]
d. Anti-platelet – Examples: Aspirin, Plavix; Decreased platelet adhesion and activation; inhibit inflammation phase of healing, Inhibit epithelial proliferation of keratinocytes[99,100]
e. Antineoplastic Agents – Example chemotherapy drugs; Delay cell migration into the wound, lower collagen production, impair proliferation of fibroblasts, and inhibit contraction of wounds, may increase the risk of wound infection, is associated with severe side effects that include the destruction of normal cells & tissues and fast growing tissues, (granulation tissue).[99,100]
f. Transplant rejection agents - Cyclosporine, a powerful immunosuppressive agent may delay wound healing by down-regulating and modulating cytokines[99,100]
g. Anti-coagulants - Example: Heparin; Inhibits cross linking of collagen and accelerates its degradation[99,100]

5. Nutritional Compromise
a. Normal healing requires adequate protein, fat, carbohydrates and vitamins and minerals. Deficiencies in any of the nutrients will result in delayed or impaired healing.
b. Interventions

1) Provide sufficient calories, 30-35 Kcalories/kg body weight.[3] Adjust formula based on weight loss, weight gain, or level of obesity. Individuals who are underweight or who have had significant unintentional weight loss may need additional calories to cease weight loss and/or regain lost weight.
2) Provide adequate protein for positive nitrogen balance. Offer 1.25 - 1.5 gram's protein/kg body weight for an individual with when compatible with goals of care, and reassess as condition changes.[3]
3) Vitamin supplementation: Multivitamin with minerals3
4) Consider nutritional support (enteral or parenteral nutrition) when oral intake is inadequate. This must be consistent with individual goals.
5) Provide and encourage adequate daily fluid intake for hydration. Provide additional fluid for individuals with dehydration, elevated temperature, vomiting, profuse sweating, diarrhea, or heavily draining wounds.[3]
6) Offer fortified foods and/or high calorie, high protein oral nutritional supplements between meals if nutritional requirements cannot be achieved by dietary intake.
   a) ProStat® AWC- Nutrient dense, providing 17 grams of protein and 100 calories per 1 fluid oz., contains arginine, citrulline, cystine, vitamin C and zinc, http://www.specializedadultnutrition.com/
   b) BENECALORIE® - Highly concentrated source of calories and protein, 330 calories and 7 grams of high-quality protein per 1.5 fl oz serving (44 mL), Mixes well into most foods and beverages, www.nestlehealthscience.us
   c) Ensure® Compact - Complete, Balanced Nutrition® 9 gm protein 220 calories in 4 oz serving, http://abbottnutrition.com/brands/products/ensure-compact-nutrition-shake
7) Supplement with high protein, arginine and micronutrients for adults with a pressure injury Category/Stage 3 or 4 or multiple pressure injuries when nutritional requirements cannot be met with traditional high calorie and protein supplements.[3]

6. Non-adherence (Non-compliance)
   a. Patient does not comply or adapt to intervention that the health care provider deems necessary. Non-compliance can often be the result of poor understanding and such cumbersome requests that the patient will just simply give up.
   b. Interventions
      1) Try and negotiate a treatment plan with the patient.
      2) Set mutually compatible goals based upon the patient's needs.
      3) Explain the logic behind your advice.
      4) Understand patient perceptions about the efficacy of treatment.
      5) Talk about the patient's problems regarding continuation of care.
      6) Determine if treatments may interfere with the patient's lifestyle.
      7) Include the patient's family and other significant people in your education efforts.
      8) Simplify complex wound care or drug regimens.
      9) Be specific.
      10) Provide pre-printed handouts with instructions.
      11) Help facilitate patients' search for their own solutions.
      12) Counsel patient on the importance of following the recommended course of treatment and the potential medical consequences of not doing so.
      13) Document every instance of non-compliance, counseling efforts and potential consequences in the medical record.
7. Etiology (cause) - Implement interventions to remove or control cause of the wound.

VIII. Prevention and Treatment Wound Specific Interventions

A. Pressure Injuries (Ulcers)
   1. Repositioning
      a. Reposition all individuals at risk of, or with existing pressure injuries, unless contra-indicated.[3]
      b. Determine repositioning frequency in bed or in the chair with consideration to the individual's:[3]
         1) Pressure redistribution support surface in use[3]
            a) Clinical evidence supports reducing this frequency to every 4 hours if the patient is on a pressure redistribution surface. [148,149,150,151]
            b) Repositioning is still required for pressure relief and comfort when a support surface is in use. However, the frequency of repositioning may alter as a result of using a support surface.
         2) Tissue tolerance -the ability of the skin to withstand the effects of unrelieved pressure[3]
            a) Not one size fits all, each individual can tolerate a different amount and duration of pressure before injury develops.
         3) Level of activity and mobility[3]
         4) General medical condition[3]
         5) Overall treatment objectives[3]
         6) Skin condition[3]
         7) Comfort[3]
      c. Seated Re-positioning
         1) Limit the time an individual spends seated in a chair without pressure relief.[3]
         2) Little evidence is available for "specific" recommendations for performing pressure-redistributing movements while seated.
         3) To return tissue oxygenation to unloaded levels, however, a pressure-relieving movement must be at least 1 to 2 minutes in duration. [152,153]
         4) A change in position in a chair may involve
            a) Standing the individual and re-sitting in the chair[154,155]
            b) Elevating the feet and reclining the chair 30° [154,155]
            c) Tilting back in wheelchair to ≥ 65° [154,155]
         5) Shifts in weight can also be accomplished by positioning. For instance, foam wedges or pillows, used to position the individual on his or her side, can be altered slightly every 15 minutes. Pulling them out gradually over 1 to 1½ hours shifts the weight slightly.[156]
   2. Heel protection for individuals with existing heel ulcer
      a. Relieve pressure under the heel(s) with Stage 1 or 2 pressure injuries by placing legs on a pillow to 'float the heels' off the bed or by using heel suspension devices.[3]
         1) Pillows placed under the full length of the calves to elevate heels may be appropriate for short-term use in alert and cooperative individuals. The knee should be in slight flexion (5° to 10°) to prevent obstruction of the popliteal vein & DVT and caution should be taken to place no pressure on the Achilles tendon.[3]
         2) Heel suspension devices are preferable for long term use, or for individuals who are not likely to keep their legs on the pillows.[3]
      b. For Stage 3,4, and unstageable pressure injuries, place the leg in a device that elevates the heel from the surface of the bed, completely offloading the pressure injury.[3]
         1) Elevation of the heel on a pillow is usually inadequate.[3]
         2) Consider a device that also prevents footdrop.[3]
         3) Examples:
            a) Heelift® Standard Suspension Boot www.heelift.com
            b) Multi Podus® System www.rcai.com

c) PRAFO® www.anatomicalconceptsinc.com
d) WAFFLE® Heel Elevator www.ehob.com
e) Posey® PRO-heeLx® www.posey.com
f) ROHO® Heal Pads http://www.therohogroup.com
g) SkiL-Care™ Heels-Off http://www.skil-care.com

3. Support surfaces
   a. Select a support surface that meets the individual's needs. Consider the individual's need for pressure redistribution based on following factors:[3]
      1) Level of immobility and inactivity
      2) Need for microclimate control and shear reduction
         a) Definition Micro-climate - temperature (of the skin or the soft tissues) and humidity or skin surface moisture at the interface between the skin and the support surface[3,156]
         b) Low air loss (LAL) overlays/mattresses and air-fluidized support surfaces both act in ways that may draw moisture and heat away from patients. [3]
      3) Size and weight of the individual
      4) Risk for development of new pressure injuries
      5) Number, severity, and location of existing pressure injury(s).
   b. Stage 1 and 2 pressure injuries - Consider using a high specification reactive foam mattress or non-powered pressure redistribution support surface[3]
   c. Stage 3,4, unstageable pressure injuries & deep tissue injury - Select a support surface that provides enhanced pressure redistribution, shear reduction, and microclimate control.[3] There is insufficient and limited guidance from studies supported by high-level evidence on which to base definitive recommendations for using one surface over another.[3] The studies cited below represent the best available evidence for treatment of pressure injuries:[3]
      1) Beds with air fluidized feature - Produced better healing outcomes for Stage 3 and 4 pressure injuries than standard beds[157], alternating air with foam pad[158] and variety of non-air fluidized support surfaces[159,160] in addition better weekly healing rates reported with air fluidized beds.[161]
      2) Beds with low air-loss feature - Resulted in better healing outcomes for Stage 3 and 4 pressure injuries than foam mattresses with 2.5-fold improvement in healing on the low air-loss.[162]
      3) Mattresses and overlays with alternating pressure features - No published studies demonstrating better healing outcomes for Stage 3 or 4 pressure injuries in comparison to other types of support surfaces.[3]
      4) Other powered and non-powered support surfaces - Pressure injuries have healed on non-powered and powered support surfaces, however no published studies available for statistically significant effect of these surfaces on healing of Stage 3, 4 and unstageable pressure injuries.[3]
   d. Algorithm for Support Surface Selection
      1) Created by Wound, Ostomy and Continence Nurses Society (WOCN®) Task Force supported by an educational grant from Hill-Rom®
      2) An evidence- and consensus-based algorithm for support surface selection that utilizes Braden mobility and moisture subscale scores to drive selection
      3) Users enter the algorithm at the point of the initial skin assessment, followed by pressure injury risk assessment.
      4) Based on the risk for development of pressure injuries (Braden score cut-off of 18) [27] or presence of pressure injuries, users follow pathways that guide clinical decision making for support surface use for pressure injury prevention or treatment.

5) Support surface selections based primarily on Braden moisture and mobility subscale scores are provided, as well as guidance regarding performance of skin and pressure injury risk reassessments, determining the need for a change in or removal from a support surface, and support surface considerations and contraindications.
6) Individual facilities can adapt the algorithm for their own use by including the specific products used at their facility.
7) Available for free at: http://algorithm.wocn.org/#home

e. Support Surface Companies
1) ArjoHuntleigh www.arjohuntleigh.us/usah/
2) Hill-Rom www.hill-rom.com
3) Invacare www.invacare.com
4) Joerns www.joerns.com
5) Sizewise www.sizewise.net
6) SpanAmerica www.spanamerica.com
7) Stryker Medical www.stryker.com

f. Wheelchair cushion Manufacturers
1) Sunrise Medical: http://www.sunrisemedical.com
2) Varilite: http://www.varilite.com/
3) Span America: http://www.spanamerica.com
4) Supracore: http://www.supracor.com
5) Roho Medical Products: http://www.therohogroup.com
6) Ride Designs (division of Aspen Seating): http://www.ridedesigns.com/
7) Otto Bock Rehab: http://www.ottobockus.com/
8) Skil-Care: http://www.skil-care.com
9) Invacare http://www.invacare.com
10) Waffle Cushion: http://www.ehob.com/

4. Surgical repair of stage 3 and 4 PIs, including flap reconstruction, direct wound closure or skin grafting, may be considered to be a management option to promote more rapid healing.[3]
5. Protect from contamination – catheters, incontinent briefs, rectal bags, condom catheters
6. Prevention
a. Keep the skin clean and dry.[3]
1) Use a pH balanced skin cleanser
b. Do not massage or vigorously rub skin that is at risk of pressure injuries. [3]
c. Develop and implement an individualized continence management plan. [3]
1) Cleanse the skin promptly following episodes of incontinence.
2) Protect the skin from exposure to excessive moisture with a barrier product in order to reduce the risk of pressure damage
d. Consider using silk-like fabrics rather than cotton or cotton-blend fabrics to reduce shear and friction[3]
1) Bedding, booties, undergarments, neonatal; Parafricta® http://www.parafricta.com/online-store/
2) Bedding, under pads, gowns; DermaTherapy® http://www.therapeuticbedding.com/
e. Ensure that medical devices are sufficiently secured to prevent dislodgement without creating additional pressure.[3]
1) In situations in which simple repositioning does not relieve pressure, it is important not to create additional pressure by placing excessive dressings beneath tight devices.
2) Regardless of insertion technique or purpose, all tubes should be stabilized at the skin level to prevent migration. Unrestricted movement will cause enlargement of the insertion site, with subsequent skin erosion and leakage.

3) Examples external tube stabilizing devices
   a) Hollister – www.hollister.com - Feeding Tube Attachment Device (FTAD), Horizontal Tube Attachment Device (HTAD), Vertical Tube Attachment Device (VTAD)
   b) McJohnson – www.mcjohnson.com - NG-SECURE® nasogastric tube holder, CATH-SECURE Plus®
   c) ConvaTec – www.convatec.com - FLEXI-TRAK® Anchoring Device
   d) Nasogastric Securement Device by Centurion www.centurionmp.com
   e) Tracheostomy: Silicone stoma pad (cushion between the flange and the tracheostomy site) for pressure redistribution. Sil.Flex™ Stoma Pad - http://www.respiralogics.com/
   f) Tracheostomy Collar: Danny Ties - http://www.respiralogics.com/; Dale® 240 Blue® Tracheostomy Tube Holder http://www.dalemed.com
   g) Tape - If must use tape Use gentle, hypoallergenic tape. 3M™ Kind Removal Silicone Tape http://solutions.3m.com; Mepitac® Silicone Tape http://www.molnlycke.com

f. Consider using a prophylactic dressing for preventing medical device related pressure injuries.[3]
   1) Thin hydrocolloids, film dressings, silicone based pads, skin sealant, or barrier products underneath the device to reduce moisture, friction and shear.[147]

g. Use a high specification reactive foam mattress or consider using other reactive support surfaces for all individuals assessed as being at risk for pressure injury development.[3] Guideline consensus opinion on the minimum characteristics for a product to be considered a high specification foam mattress: [3,163]
   1) Classification - Type H/HR46 (H - conventional resilience, HR -heavy duty high resilience)
   2) Density – 35 kg/m3 or 2.18 PCF
   3) Support Factor – IFD 1.75 - 2.4
   4) Depth – 150mm (5.9 inches); increase for bariatric load
   5) Mattress cover – MVTR: minimum 300 g/m2/24hrs (equivalent to normal TEWL); often two-way stretch

h. Use an active (alternating pressure) support surface (overlay or mattress) for individuals at higher risk of pressure injury development when frequent manual repositioning is not possible.[3]

i. Use a pressure redistributing seat cushion for individuals sitting in a chair whose mobility is reduced.[3]

j. Use pillows or other devices to keep bony prominences from direct contact with each other

k. Use a 30-degree lateral side lying position don't place patients directly on their trochanter

l. Keep head of the bed at lowest height possible

m. Use lifting devices (trapeze, bed linen) to move patients/clients/residents rather than dragging them in bed during transfers and position changes

n. Optimize nutrition and hydration

7. Select wound dressings according to accepted wound care principles, ulcer characteristics, patient needs such as comfort, cost, ease of application, wound draining absorption capability, and availability of dressings.

8. Adjunctive/Biophysical Technologies: Electrical stimulation, Negative Pressure Wound Therapy, Non-contact low frequency ultrasound, and pulsed lavage with suction.

9. Patient education
   a. Provide pressure injury prevention education for the individual and his or her caregivers prior to discharge from the facility.[3]

1) Minnesota Hospital Association Patient Education Handout Pressure Ulcer Prevention: http://www.mnhospitals.org/Portals/0/Documents/ptsafety/skin/preventing-pressure-ulcers.pdf
2) New Jersey Healthcare Association Patient Education Handout http://www.njha.com/media/40899/pubrochureeng.pdf
3) California Department of Social Services Pressure Ulcer Prevention Brochure http://www.cdss.ca.gov/agedblinddisabled/res/VPTC2/8%20Paramedical%20Services/Preventing_Pressure_Ulcers_Patient_Guide.pdf

b. Educate the individual, caregivers, and health care providers about causes, assessment and management of pressure injury pain.[3]
1) Free Patient Education Resources http://www.painmed.org/patientcenter/patient-education/
2) National Pressure Ulcer Advisory Panel (NPUAP) white paper on pressure ulcer pain. http://www.npuap.org/wp-content/uploads/2012/01/Pieper_2009_Feb1.pdf
3) Article: Pressure ulcer related pain in community populations: a prevalence survey http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4094922/

c. Educate the individual with a medical device in the community setting and his/her caregivers to perform regular skin inspections.[3]
1) Free educational posters for staff in various care settings available at http://www.npuap.org/resources/educational-and-clinical-resources/best-practices-for-prevention-of-medical-device-related-pressure-ulcers/

d. Educate the individual and his or her significant others regarding skin changes in aging and at end of life.[3]

B. Venous Ulcers
1. Compression therapy is widely recognized as key to the management of VLUs: it increases healing rates in comparison with no compression therapy and, after healing, reduces recurrence rates.[164]
a. How does compression work –
1) A compression bandage applies pressure to the leg, with greater pressure near the ankle and reduced pressure higher up.
2) This forces the blood to keep circulating away from the lower leg. When the blood stops pooling in the lower legs, the swelling goes down
3) Compression bandages may remain in place for up to 7 days. Changes in leg volume, compression system slippage, patient reports of discomfort or pain due to compression system and strikethrough of exudate are indicators that the compression system should be changed more frequently.

b. Screen all patients with lower extremity wounds for arterial disease using Doppler measurement of the ankle-brachial index (ABI) by suitably trained staff prior to application of compression stockings/bandages/wraps.[44,53,164,165] Recheck the ABI periodically (every 3 months) for patients with nonhealing, lower-extremity wounds.[165]
1) Measure toe pressures with photoplethysmography/determine a toe brachial index (TBI) if the ABI is greater than 1.30, unmeasurable, or the vessels are non-compressible.[165] TBI less than 0.64 indicates LEAD. [165]
2) Assess tissue perfusion with transcutaneous oxygen measurement (TcPO2) if a wound is not healing and the ABI is less than 0.90, toe pressure is less than 30 mmHg, or if unable to perform an ABI or toe pressure/TBI because of non-compressible ankle arteries or an amputation.[165]A TcPO2 less than 40 mmHg is considered hypoxic and is associated with impaired wound healing. [165]

3) Consider noninvasive tests if the ABI, toe pressure, TBI or TcPO2 are inconclusive or cannot be performed; or if the ABI is greater than 1.30: [165]
   a) Duplex ultrasound
   b) Pulse volume recordings
   c) Skin perfusion pressures

c. Graduated high compression is the initial choice of treatment, but in the presence of diabetes, arthritis, infection, and mild arterial disease (ABPI 0.8–0.6) or in the elderly, compression should be modified.
   1) Reduced (Low Level) Compression 23–30 mmHg at the ankle[44,53]
      a) ABI score 0.6-0.8
      b) No evidence of acute CHF
   2) High (Therapeutic Level) Up to 40mm Hg at ankle[44,53]
      a) ABI score greater than 0.8
      b) No evidence of acute CHF
      c) Use graduated compression therapy
   3) Do not apply sustained, high levels of compression for individuals with an ABI <0.5.

d. Compression Categories
   1) Short stretch - Non-elastic works on the principle of applying a low amount of pressure when the muscle is resting / not active. When the muscle is active, such as the calf muscle when walking, the short stretch bandage applies resistance to the muscle, also known as working pressure. A short-stretch system will not exert pressure at rest but only with muscle contraction. The pressure comes from within against a fixed resistance.
      a) Unna's Boot, Comprilan®, Gelocast®, McKesson Unna Boot, Unna-Flex®, CoFlex™ UBC Kit, Compriband® Short Stretch Compression Bandage, Econo-Paste® and Econo-Paste® Plus Calamine, LoPress®, FarrowWrap™, Circaid® Juxtalite® , Circaid® Juxtacures™
   2) Long stretch - Elastic - high resting pressure and low working pressure. Bandage stretches with movement. Almost no change of tissue pressure with movement. Feels tighter at rest.
      a) Single layer systems - SurePress® High Compression Bandage, SetoPress® High Compression Bandage
      b) 2 Layer Systems - 3M™ Coban™ 2 Layer Compression System, CoFlex® TLC, Two Layer Compression, TwoPress®
      c) Multi-layer Systems - Dufore® Four-Layer Bandaging System, DYNA-FLEX® Multi-Layer Compression System, FourPress® Four Layer Compression Bandage System, JOBST® Comprifore®, McKesson Compression Bandaging System, Four-Layer, PROFORE* Multi-Layer Compression Bandage System

e. Intermittent pneumatic compression may be considered for patients who are immobile or need higher levels of compression than can be provided by wraps or stockings.

f. Compression stockings - Used to control leg edema once the acute phase has diminished. The compression is stronger at the ankle to help fight gravity's effects on veins, highly effective treatment for vein disease; offers graduated medical compression for most types of vein disease
   1) Levels of Compression Stockings
      a) Mild – 8-15 mmHg
      b) Moderate – 15-22 mmHg
      c) Firm – 20-30 mmHg
      d) Class III – 30-40 mmHg

2) Anti-embolism stockings (AKA TED's) -are not used for long term compression.[165] TED's are for Bed's! Anti-embolism stockings are designed specifically for bed bound (non-ambulatory) patients to help prevent blood from pooling in the veins of the leg. Pooling of blood in the veins of the leg may contribute to blood clots forming in the veins. Anti-embolism stockings are generally made for short duration of wear during a hospitalization. Anti-embolism stockings deliver gradient compression and, depending on the manufacturer, the compression delivered to the ankle is in the range of 13 - 18 mmHg.
3) Assistive Devices for Stocking Application
a) JOBST® Donning Gloves
b) Stocking Donner
c) Doff N' Donner http://compressiontherapyspecialists.com/
d) Sock-eez Compression Sock Removal Aid

g. Compression for Primary Prevention, Treatment, and Prevention of Recurrence of Venous Leg Ulcers: An Evidence-and Consensus-Based Algorithm for Care Across the Continuum
1) WOCN Society appointed a task force to develop an algorithm for compression for primary prevention, treatment, and prevention of recurrent venous leg ulcers (VLU) in persons with chronic venous insufficiency
2) Algorithm free online at: http://vlu.wocn.org/#home

2. Elevate legs above the level of the heart for 30 minutes, 4 times per day.[165]
3. Consider pentoxifylline (Trental) 400mg three times daily to improve blood flow.[165,166]
a. Cochrane Review finding: Pentoxifylline is an effective adjunct to compression bandaging for treating venous ulcers and may be effective in the absence of compression.[166]
4. Consider vein surgery to prevent ulcer recurrence
5. Select wound dressings according to accepted wound care principles, ulcer characteristics, patient needs such as comfort, cost, ease of application, wound draining absorption capability, and availability of dressings.
6. Adjunctive/Biophysical Technologies: Skin substitutes, electrical stimulation, negative pressure wound therapy or ultrasound.[45,165]
7. Patient Education
a. Provide patient education about the necessity of wearing of compression stockings for the rest of one's life, elevating legs, managing weight, participating in physical activities, avoiding trauma, seeking early intervention for first signs of swelling, redness, or abnormal sensations in the skin.
b. Increase exercise: Walking, calf muscle exercise, toe lifts, ankle flexion exercises.
c. Avoid constricting garments, crossing legs, prolonged standing, and high heeled shoes.
d. Stop smoking.

C. Arterial Ulcers
1. The treatment goal is preservation of viable tissue and prevention of infection.
2. In the presence of an arterial ulceration, the natural history is one of disease progression and eventual limb loss, and the treatment options are revascularization (endovascular or open surgery) or amputation. If ischemia is not corrected, wound healing will not occur despite topical treatment.
3. Treatment recommendations should consider the patient's prognosis, functional ability and life expectancy, relative risk of the proposed treatments and circulatory status.
4. Patients presenting with rest pain, ABI less than 0.40 or gangrene should be promptly referred to a vascular specialist.[165,167]
5. Medical
a. Antiplatelet therapy - Aspirin daily 75 to 325 mg or Clopidogrel (75 mg per day)[168]

b. Statin Drugs - to achieve an LDL cholesterol level of less than 100 mg per dL [169]
c. Antihypertensive therapy should be administered to hypertensive patients with lower extremity PAD[169]

6. Surgical Revascularization
   a. The risk of surgery should be weighed against the likelihood of success (of revascularization and of healing of the ulcer after revascularization) given a patient's co-morbidities.[170]
   b. Bypass grafting is the standard surgical intervention - Aortoiliac bypass, femoral-popliteal bypass, and distal bypasses are the primary types of operations.
   c. Angioplasty - Stent Placement
      1) Not as durable as a bypass graft
      2) Option for very high-risk patients who may not be surgical candidates
7. Topical Therapies
   a. Dry Gangrene
      1) Goal: Keep wound dry, prevent conversion to wet gangrene.
      2) Wound debridement should be deferred until adequate arterial perfusion has been restored. By removing necrotic tissue an even larger wound will be created, one that will also be unable to heal, therefore dry gangrenous tissue should be kept dry. [167,165]
      3) Surgical Treatment
         a) If arterial circulation proximal to the necrotic tissue is found to be significantly impaired, consultation with a vascular surgeon is advised regarding the feasibility of arterial bypass or recanalization with concomitant or delayed limited distal amputation. [172]
         b) If revascularization is not possible, surgical debridement or amputation should be considered if the necrotic toe or any other area of necrosis is painful or if the circulation is not severely impaired. [172]
         c) Otherwise the necrosis should be allowed to auto-amputate as a surgical procedure may result in further necrosis and a higher level of amputation. [172,173]
      4) Topical treatment
         a) Dry dressings or Clean white loose sock
         b) Paint with betadine or chlorhexidine. [173]
         c) Paint with alcohol
         d) Liquid barrier film
   b. Wet gangrene
      1) Goal: Prevent spread of infection
      2) Surgical Treatment
         a) If arterial circulation proximal to the necrotic tissue is found to be significantly impaired, consultation with a vascular surgeon is advised regarding the feasibility of arterial bypass or recanalization with concomitant or delayed limited distal amputation. [172]
         b) If revascularization is not possible, surgical debridement or amputation should be considered if the area of necrosis is painful or if the circulation is not severely impaired. [172]
      3) Topical Treatment - Debridement
         a) Debridement of nonviable and noninfected tissue is performed ONLY AFTER the revascularization procedure. Pre- revascularization debridement should be indicated only in a septic foot.[170]
         b) If patient not a candidate for re-vascularization the method of debridement chosen may depend on the status of the wound, the capability of the healthcare provider,

and the overall condition of the patient. However, it is common to combine methods of debridement in order to maximize the healing rates. [170]

c) Sharp, enzymatic, Maggot Debridement Therapy, moist non-occlusive absorbent dressings

4) Topical Treatment Cadexomer Iodine
   a) Study results: Cadexomer iodine is a safe and effective way to buy time for wounds with low healing potential due to CCLI, and can be used to delay major limb amputation with associated morbidity and mortality.[174]
5) Topical antimicrobial dressings or Antiseptic Solutions
6) Do not rely on topical antibiotics to treat infected, ischemic wounds. Institute culture-guided systemic antibiotics promptly.[165]
7) Absorptive dressings – Alginate, Hydrofiber dressings
8) Odor Control
   a) Removal/debridement of necrotic tissue
   b) Application of 0.75% topical metronidazole gel is effective with odors, as well as wound infections. The gel can be spread on all of the wound surfaces once or twice a day.
   c) Charcoal dressings
9) Avoid occlusive dressings: Use dressings that permit easy, frequent visualization of the wound.
10) Palliative Care of Ischemic Ulcers
   a) Stabilize the wound
   b) Prevent new wounds
   c) Eliminate odor
   d) Control pain
   e) Infection prevention
   f) Absorb wound fluid
   g) Lessen dressing changes
   h) In arterial ulcers with sufficient arterial inflow to support healing, use a dressing that will maintain a moist wound-healing environment.

8. Pain Management
   a. Pain control is a critical aspect of management. Ideally, relief of pain is achieved by reperfusion of the extremity.
   b. In patients for whom revascularization is not an option, narcotic pain relief is commonly needed.
   c. Pain medication - "WHO" analgesic ladder (World Health Organization, 1987)[175]
      1) Step 1 - Mild to moderate pain, treat with non-opioid analgesic IE NSAIDs, acetylsalicylic acid and acetaminophen
      2) Step 2 - Moderate to severe pain; Step 1 medications plus codeine
      3) Step 3 - Severe pain; Step 1 medications with morphine (skip step 2 meds)
      4) To calm fears and anxiety, additional drugs – "adjuvants" – should be used.
      5) To maintain freedom from pain, drugs should be given "by the clock", that is every 3-6 hours, rather than "on demand"
      6) This three-step approach of administering the right drug in the right dose at the right time is inexpensive and 80-90% effective.
   d. Additional
      1) Placing the affected limb in the dependent position provides partial relief of ischemic pain in some patients. Therefore, tilting the bed downward may be a helpful measure in addition to analgesia. [171]

2) Patients with CLI are often depressed and pain control can be improved by use of antidepressant medications.[171]
3) Spinal Cord Stimulation(SCS)
   a) Device with electrodes is implanted in the epidural space to stimulate sensory fibers that suppresses sympathetic vasoconstriction and pain transmission.[176]
   b) Patients who are candidates for SCS therapy are those with CLI who have exhausted both open and endovascular options, those whom are unfit for surgery, or those who continue to experience ischemic-related pain following revascularization.[176]
4) Regenecare® HA Wound Care Gel –hydrogel with lidocaine; www.mpmmedicalinc.com

9. Adjunctive/Biophysical Technologies
   a. Hyperbaric oxygen may be considered in selected patients with ischemic ulcers who have not responded to, or are not candidates for, revascularization.[171]
   b. Intermittent pneumatic leg compression (IPC) increases blood flow and it may be beneficial in limbs with impaired distal perfusion, either before or after revascularization[170] (Example: Art Assist; ACI Medical, San Marcos, CA)
   c. For debrided wounds: electrical stimulation, ultrasound, pulsed lavage with suction, and negative pressure wound therapy.[44,45,165]
10. Prevention Interventions
   a. Use proper foot wear.
   b. Use pressure redistribution for heels, toes, and bony prominences, especially if in bed.[44,45,165]
   c. Risk factor reduction is the most significant issue to be addressed. It includes cigarette smoking cessation, control of diabetes mellitus, elevated homocysteine levels, hyperlipidemia, and hypertension.[170]
   d. Exercise to increase arterial blood flow has been demonstrated to be helpful in long-term maintenance and arterial ulcer prevention.[45]
11. Patient Education
   a. Change lifestyle: Stop smoking; avoid caffeine, restrictive garments, and cold temperatures.[44,45,165]
   b. Maintain proper hydration/nutrition.
   c. Maintain legs in a neutral or dependent position.[44,45,165]
   d. Increase physical activity: Walking; supervised exercise 30–45 minutes, 3 times per week.[44,45,165]
      1) Encourage tobacco users to exercise: Some negative effects of tobacco use may be minimized by 8 hours of exercise per week.[165]
   e. Educate the patient about blood glucose controls to minimize the risk of PAD.[44,45,165]
   f. Avoid chemical, thermal, mechanical injury (e.g., no bare feet even in the house; no hot soaks or heating pads; no medicated corn pads; wear socks/stockings with shoes).[44,45,165]
   g. Self-inspect the lower extremities on a daily basis.[44,45,165]

D. Diabetic Neuropathic Ulcers
1. Completion of a comprehensive assessment and diabetic foot screening, as recommended by international and national diabetes clinical practice guidelines (CPGs) is critical to the prevention of foot complications in people with diabetes.[178] The American Diabetes Association recommends:
   a. All individuals with diabetes should receive an annual foot examination to identify high-risk foot conditions.[179,180]
   b. This examination should include assessment of protective sensation, foot structure and biomechanics, vascular status, and skin integrity.[179,180,185]

1) The taskforce of the Foot Care Interest Group of the American Diabetes Association recommends the use of 5 simple clinical tests for diagnosis of loss of protective sensation (LOPS) in the diabetic foot; 10-gm monofilament, Vibration using 128-Hz tuning fork, pinprick sensation, ankle reflexes and Vibration perception threshold testing.[185]
2) The ADA Consensus Panel on PAD recommends measurement of ABI in diabetic patients over 50 years of age and consideration of ABI measurement in younger patients with multiple PAD risk factors, repeating normal tests every 5 years.[185,186]
    a) In the presence of incompressible calf or ankle arteries (ABI >1.3), measurements of digital arterial systolic pressure (toe pressure) or transcutaneous oxygen tension should be performed.[165,179]
3) Assess for inflammation using an infrared dermal thermometer. A >2-3°F increase of an affected site as compared with an unaffected site is considered significant for inflammation.[177, 181-184]
    a) Warm areas or hot spots outside this range indicate inflammation which may be due to infection, fracture, Charcot's osteoarthropathy, or soft tissue trauma.[181-184]
    b) An area of increased localized skin surface temperature (2-3°F) around a wound compared with a mirror-image temperature can indicate deep and surrounding infection.[184]
    c) Limb ischemia results in lower regional, local, and side-to-side variability in temperatures. Using the handheld thermometer, the operator is able to essentially map out an unequal vascular supply by measuring the temperatures proximal and distal to the wound.[184]
    d) Noncontact infrared thermometers can detect localized increases in skin surface temperature comparable to scientific grade instruments.[184] Examples: MastercoolMSC52224-A Non-contact infrared thermometer, Mastercraft Digital Temperature Reader, Pro Point Infrared Thermometer

c. People with one or more high-risk foot conditions should be evaluated more frequently for the development of additional risk factors.[179,180] People with neuropathy should have a visual inspection of their feet at every visit with a health care professional.[179,180]

2. Signs of infection in diabetic foot ulcers are likely to be "masked" as people with diabetes may not show typical inflammatory response to infection (pain, erythema, swelling, and leucocytosis).[191]
    a. Seek aggressive intervention for infections characterized by deep abscess, extensive bone or joint involvement, crepitus, substantial necrosis, gangrene or necrotizing fasciitis.[177]
    b. Refer patients with deep tissue infections and cellulitis for systemic treatment approaches. Consider oral antibiotics that are effective for gram positive organisms for mild infections.[177]
    c. Suggestions for the duration of and specific antibiotic therapy can be found in the Infectious Diseases Society of America Guidelines for Diabetic Foot Infections.[192]
3. Topical treatment
    a. Select dressings according to accepted wound care principles, ulcer characteristics, goals for healing, patient and caregiver needs, costs and ease of use.[177]
    b. Select moisture-retentive dressings for acute and chronic wounds, including neuropathic wounds (both partial and full thickness wounds).[177]
4. Offloading
    a. Debriding the hyperkeratotic skin surrounding the wound edge is the first aspect of offloading that should be addressed.[194] This hyperkeratotic edge may cause increased plantar pressure.

1) The gold standard technique for tissue management in DFUs is regular (often weekly), local, sharp debridement using a scalpel, scissors and/or forceps.[195]

b. Reduce shear stress and offload wounds (bedrest, total contact cast, walking splints, orthopedic shoes).[177]
   1) Total Contact Cast - the gold standard for offloading plantar ulcers; reduces pressure at the ulcer site while allowing patient to remain ambulatory.[193]
c. Use proper footwear.
d. Use assistive devices for support, balance and additional offloading. [177]
e. Use pressure redistribution for heels, toes, and bony prominences, especially if in bed. [177]

5. Target nutritional therapy to achieve a hemoglobin A1c level of less than 7% to reduce the risk of microvascular complications from diabetes, including neuropathy. [177]
6. Adjunctive/Biophysical Technologies
   a. Becaplermin gel - (Regranex®) topical recombinant human platelet-derived growth factor
   b. Biological wound coverings - Apligraf®, Dermagraft®
   c. Negative Pressure Wound Therapy
   d. Systemic hyperbaric oxygen therapy may increase the incidence of healing and improve the long term outcome.
7. Prevention and Patient Education
   a. Patient education and regular foot care by a professional are integral aspects of a lifelong program of foot protection and preservation of skin integrity.
   b. Foot Care Education
   c. Routine foot surveillance by healthcare professional
   d. Obtain routine professional nail/callus care
   e. What and when to report foot problems
   f. Glucose control
   g. Appropriate footwear
   h. Free patient education resources
      1) Feet can last a lifetime brochure http://www.niddk.nih.gov/health-information/health-topics/Diabetes/take-care-feet/Pages/publicationdetail.aspx
      2) American Orthopaedic Foot & Ankle Society (AOFAS) "Diabetic Foot Care" patient education leaflet in multiple languages. https://www.aofas.org/footcaremd/conditions/diabetic-foot/Pages/A-World-of-Advice-for-The-Diabetic-Foot.aspx
      3) John Hopkins Diabetic Foot Care handout and daily foot inspection log http://www.hopkinsmedicine.org/gim/core_resources/Patient%20Handouts/
      4) American Diabetes Association – http://www.diabetes.org/
      5) Joslin Diabetes Center - http://www.joslin.org/
      6) National Diabetes Education Program
         a) Available for order patient handouts, brochures, English, Spanish
         b) Some free, some have small fee.
         c) http://ndep.nih.gov/
      7) Learning about Diabetes
         a) Free Patient handouts for printing yourself, English, Spanish, children
         b) http://www.learningaboutdiabetes.org/index.html
      8) State Diabetes Associations - Listing by state: http://www.cdc.gov/diabetes/states/index.htm
      9) Indian Health Services Diabetes Division
         a) Federal Program for American Indians and Alaskan Natives
         b) Patient Resources

c) Health professional training videos
d) http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=home

E. Palliative Wounds
1. Goals of palliative chronic wounds
a. Maintenance/Stabilize the wound.
1) Even with the stress of dying, some lesions are healable after appropriate treatment.
b. Relieve wound-related symptoms, minimizing pain, odor, exudates, bleeding, and infection.
c. Prevention of infection and new breakdown.
d. Maximize mobility, function, and quality of life; to give patients back control of their lives and facilitate the highest level of independence, dignity, and comfort possible.
e. Caregivers must shift their focus from the wound to the whole patient, and be willing to relinquish what may be best for the wound, to what is best for the patient.
1) It is important that caregivers try to balance the patient's desires against avoiding complications.
2) If the patient/family chooses options that are likely to result in deterioration of the wound, but clearly understand that in making their decision, then wound care should be adjusted accordingly.
f. Select a wound dressing that requires less frequent changing and is less likely to cause pain.
2. Wound Odor
a. Manage odor through regular wound cleansing; assessment and management of infection; and debridement of devitalized tissue, with consideration to the individual's wishes and goals of care.[3]
b. Removal/debridement of necrotic tissue.
1) Anaerobic bacteria - inhabit necrotic tissue and form fatty acid end products, such as putrescine, cadaverine, and unstable sulphur compounds which can develop foul odors.[196]
2) Putrescine and cadaverine are frequently described as pungent or rotten smelling and often cause gagging and vomiting. [196]
c. Consider use of topical metronidazole to effectively control pressure injury odor associated with anaerobic bacteria and protozoal infections.
1) Metronidazole is one of the more active antimicrobials for reducing odors in anaerobic infection in wounds. The drug kills anaerobic bacteria that produce fatty acids, which are responsible for wound odor.
2) Application of 0.75% topical metronidazole gel is effective with odors. The gel can be spread on all of the wound surfaces once or twice a day, can be used in combination with alginate, hydrofiber or foam dressings. [197,198]
d. Consider use of charcoal or activated charcoal dressings to help control odor.
1) CarboFLEX® Odor Control Dressing
2) Restore® Odor-Absorbent
3) ACTISORB® Silver 220
3. Wound Pain
a. Oral analgesics
b. Topical Medications - 2% - 4% lidocaine jelly or EMLA cream (Used for debridement pain)
c. Regenecare® Wound Care Gel with 2% Lidocaine www.mpmmedicalinc.com
d. Select extended-wear-time dressings to reduce pain associated with frequent dressing changes.
e. Low adhesive dressings - Mepitel®, Adaptic™, Vaseline™ Gauze, silicone based dressings
f. Avoid tape to skin
1) Mesh garments and underwear

2) Stockinette
3) Tubular light-compression dressings: Tubigrip™ & Tubipad™ - www.molnlycke.com

g. If you must use tape, choose tape that conforms well over joints.
1) Use stretch type tapes to move with patient
2) 3M™ Kind Removal Silicone Tape
3) Hy-Tape®

h. Ways to Alleviate Pain at Dressing Changes
1) Minimize sensory stimulus: (IE, drafts prodding poking)
2) Allow patient to perform their own dressing changes
3) Encourage & schedule time outs during painful procedures
4) Schedule dressing changes when the patient is feeling best
5) Pre-medicate with analgesic and schedule dressing change during peak effects of the medication
6) Minimize number of dressing changes
7) Soak dried dressings prior to removal
8) Avoid over packing
9) Low adhesive dressings
10) Protect peri-wound from maceration and epidermal striping - use skin sealants; moisture barriers
11) Line the wound with a low-adherent liner to avoid trauma when removing the packing or foam

4. Bleeding
a. Causes
1) Hypoxic tissue becomes populated with anaerobic bacteria that produce volatile fatty acids resulting in a malodorous purulent wound that bleeds easily.
2) Malignant cells erode blood vessels, and may be compounded by decreased platelet function within a tumor.
3) Friable granulation tissue caused by high bacteria levels.
4) Dressing changes.

b. Treatment
1) Decrease bacteria levels in wound.
2) Direct pressure and ice often are often used to decrease bleeding.
3) Silver nitrate sticks can be applied to control specific areas of bleeding in the wound.
4) Gelfoam® Sterile Sponge is a medical device intended for application to bleeding surfaces as a hemostatic. It is a water-insoluble, off-white, non-elastic, porous, pliable product. It may be cut without fraying and is able to absorb and hold within its interstices, many times its weight of blood and other fluids.
5) Dressings should be soaked off for non-traumatic removal.

5. In palliative wound care, a wound that is maintained with a dry scab, allowing the wound bed underneath to remain dry enables a patient with a prognosis too short to allow a wound to heal to have a wound managed without a complex dressing regime to absorb exudate, prevent maceration, odor, and infection. [199] If possible with patients who have dry wounds without signs of infection, do not debride dry scabs, however leave intact and protect.

IX. Resources, Patient Education Handouts, Checklist, Forms, Weblinks

1. To Access all the resources:
a. To receive web links, forms, tools discussed in presentation text the word Wounds to 444999 or download directly at http://bit.ly/woundlinks

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Chronic Wound Characteristics

	Pressure	Arterial	Venous	Neuropathic (Diabetic)
Location	• At any site • Over bony prominences	• Tips of toes • Between toes • Over phalangeal heads • Around lateral malleolus • Pressure points from foot wear	• Medial lower leg and ankle, • Malleolar area • Seldom on the foot or above the knee	• Plantar aspect of foot • Over metatarsal heads • Under heel • Toes • Areas of foot exposed to repetitive trauma
Distribution	• Isolated individual ulcers	• Isolated individual lesions	• Isolated individual lesions	• Isolated individual lesions
Shape	• Rounded, crater-like shape • Shape of object that caused the pressure	• Round • Even wound margins • Punched out appearance	• Irregular • Poorly defined	• Well defined • Round or oblong
Depth	• Partial *or* • Full Thickness	• Shallow to deep	• Superficial • Deep with associated complications	• Deep
Wound Bed	• Erythema • Slough • Eschar • Granulation • Epithelial • Bone • Ligaments/Tendons	• Pale • Slough • Eschar • Epithelial • Non-granular • Minimal exudate	• Red ruddy granular • May have slough or eschar • Exudate moderate to heavy	• Varies • Granular • Necrotic • Pale if co-existing arterial disease
Surrounding Skin	• Varies • Non-blanchable erythema	• Pale • Hairless • Cyanosis • Cool to touch • Skin thin and shiny • Pallor on elevation • Dependent rubor • Purpura	• Dry or wet thin scaly skin • Lipodermatosclerosis • Hemosiderin staining • Evidence of healed ulcers • Edema: Pitting or non-pitting • Ankle flare, varicose veins • Lipodermatosclerosis • Atrophie blanche. • Maceration. • Temperature: Normally warm to touch	• Callused • Temperature: Skin warm to touch; localized elevation of skin temperature greater than 3° F indicates increased inflammation, infection or Charcot fracture
Associated Findings	• Pressure and/or shear must be present	• Absent or diminished pulses • ABI ≤ 0.9 • Intermittent claudication • Resting pain	• Perfusion Diminished with co-existing arterial disease • Dilated superficial veins • Dry, thin skin	• Diminished or absent sensation in foot • Foot deformities • Palpable pulses • Warm foot

Offering #2

Gmail

Lyndel Walker <lyndelwrn@gmail.com>

Next-Thursday June 13th B&C Barbeque Quarterly Meeting

Lyndel Walker <lyndelwrn@gmail.com> Mon, Oct 12, 2020 at 5:33 PM
To: Lyndel Walker <lyndelwrn@gmail.com>

---------- Forwarded message ---------
From: **Mid-America Wound Healing Society** <ronda@woundsociety.org>
Date: Thu, Jun 6, 2019 at 5:00 AM
Subject: Next-Thursday June 13th B&C Barbeque Quarterly Meeting
To: <lyndelwrn@gmail.com>

M-A WHS
Mid-America Wound Healing Society

One Week from Today !

Thursday June 13 at 6 pm

RSVP

Quarterly Meeting
Thursday June 13th 6 pm - 8 pm

Location: B & C Barbeque Creations

355 N. Washington St. , Wichita KS 67202

BBQ Buffet & Drinks, 6 - 7 pm

Free for Members, Please RSVP
Bring a Co-Worker for Free Night!!!

Billi Payne, BSN, RN – 7 – 8 pm
Clinical Specialist speaking on TIME (Tissue, Infection, Moisture, Edge of Wound) Principles and how it provides a framework for effective wound management.

Ostomy Support Group
Please let your patients know!!!
June 11th 6:30
Beech Conference Room at Wesley Medical Center
Contacts: Lynne Kempton and Valerie Klaassen
lynne_kempton@yahoo.com
jvklaassen@gmail.com

www.woundsociety.org

[Quoted text hidden]

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Lyndel Walker, MSN, RN
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Billi J. Payne

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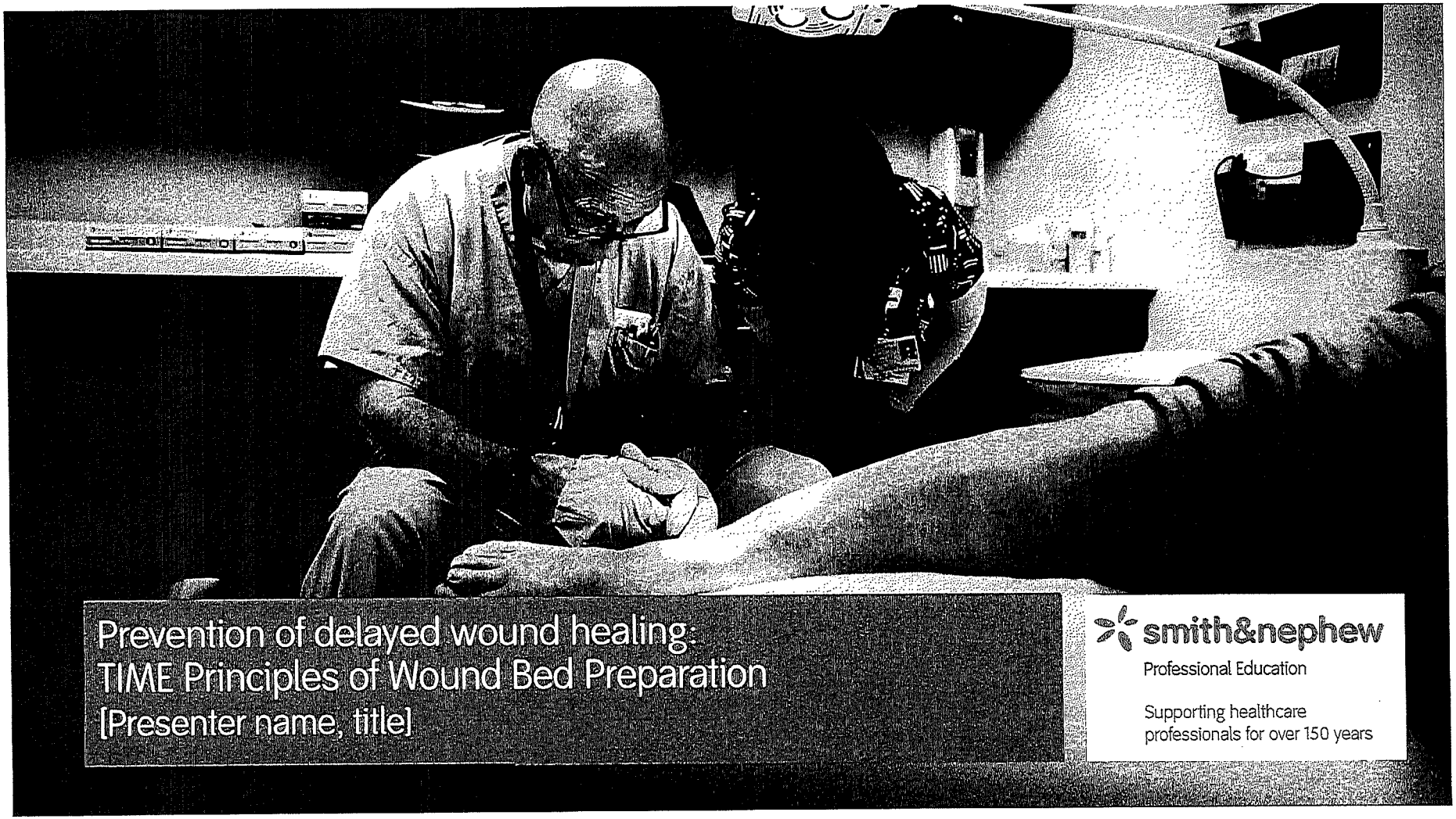
billi.payne@smith-nephew.com

Billi J. Payne is an experienced registered nurse with training as a Burn Nurse, Sexual Assault Nurse Examiner, and Clinical Educator. Her formal education was provided by the University of Indianapolis and Indiana Wesleyan University respectively. Billi holds membership in the American Burn Association and Association of Perioperative Registered Nurses. She served as an instructor for American Burn Life Support and Basic Healthsaver courses. Billi's clinical experience includes, but is not limited to, providing care in many disciplines including burn, emergency, medical/surgical, pre and intraoperative, post-operative and critical care, and preceptor for student nurses and new hires. She currently serves as a Clinical Resource Specialist effectively providing education to healthcare prescribers and clinicians on the entire portfolio of Smith & Nephew's wound care products.

Billi lives in Indianapolis with her husband and two dogs. Their hobbies include "glamping" in their rv with their camping family and spending time with a large extended family.


Prevention of delayed wound healing:
TIME Principles of Wound Bed Preparation
[Presenter name, title]
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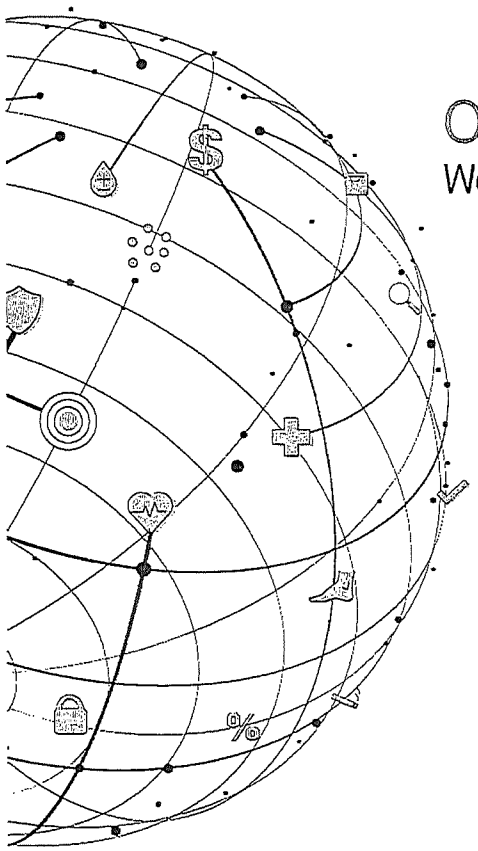

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Our world is changing[1-3]

Wounds are a growing problem for patients, health systems and society

- Wounds are ubiquitous
- Wounds are tied to comorbidities
- Wounds may impact patient satisfaction and quality measures
- Wounds hurt and may affect the quality of life of patients
- Untreated wounds can increase system wide risk and cost

References: 1. Stockl et al. Diabetes Care 2004;27:2129-2134/ Tennvall et al. Clinical Infectious Diseases 2004;39:S132-S139 / Aulivola et al. Arch Surg. 2004;139:395-399. 2. Russo, C.A., Steiner, C., and Spector, W. Hospitalizations Related to Pressure Ulcers, 2006. HCUP Statistical Brief #64. December 2008.Agency for Healthcare Research and Quality, Rockville, MD. http://www.hcup-us.ahrq.gov/reports/statbriefs/sb64.pdf Further referenced to Preventing Pressure Ulcers in Hospitals: A Toolkit for Improving Quality of Care. April 2011. Page 9. 3. Derived by combining the data provided within sources 1 & 2.

Health reform is changing the way payers and providers view wound care

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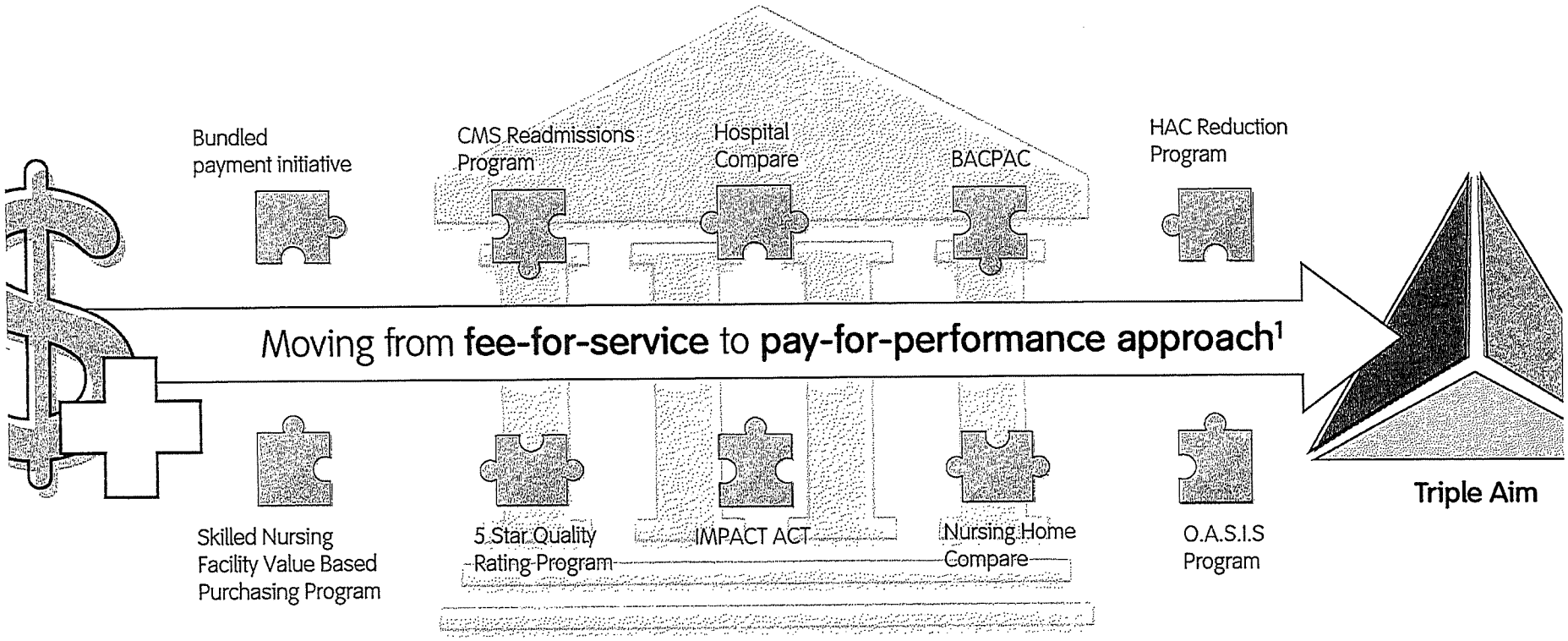

Reference: 1. Flattau A, Thompson A, Meara A, .Developing and integrating a practice model for health finance reform into wound healing programs: an examination of the triple aim approach . Ostomy/wound management 2013- Oct;59(42-51).

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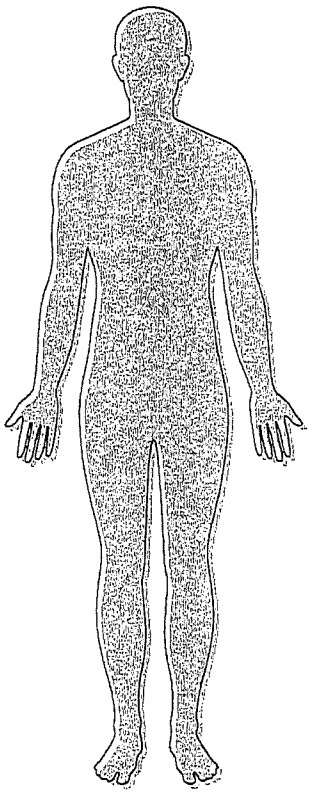


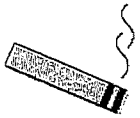
Which factors put patients at risk for delayed healing?[1]



Obesity



Diabetes



Smoking



Hypertension



Immune deficiency

Reference: 1. Guo S, DiPietro L.A., Factors Affecting Wound Healing. J Dent Res. 2010;89(3):219-229.

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When is a wound chronic?[1]

Failure to progress in an orderly and timely manner through the phases of normal healing. *(without healing over 30 day period)*

Characterized by:

- Inadequate granulation tissue
- Persistent wound exudate
- Deficient wound contraction and/or
- Absence of new tissue formation (granulation and epithelialization)

Reference: 1. Hunt S, et al. J Wound Care. 2017;26:558-568.

Phases of acute wound healing

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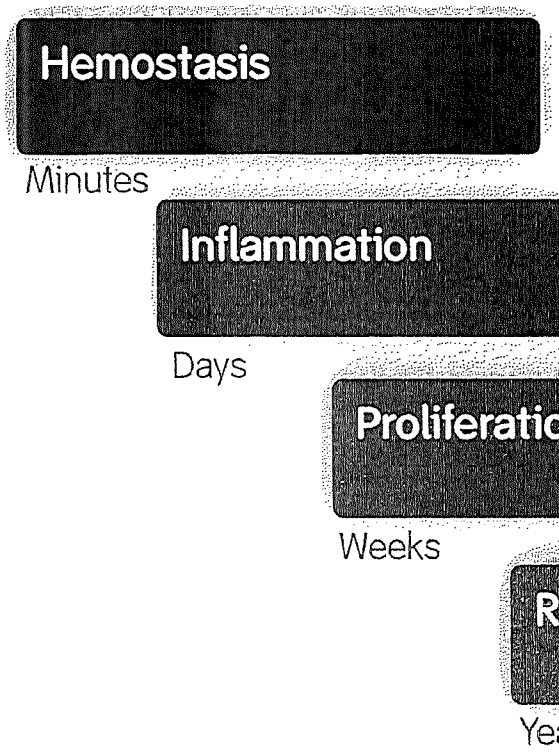

Control bleeding - Small vessels constrict; platelets aggregate and trigger clotting. Occurs immediately and may last 1-2 days.

Wound cleaning - Neutrophils and macrophages remove bacteria and cellular debris to establish a clean wound bed. Usually lasts up to 10 days.

New tissue growth - Fibroblast are attracted to the wound. Activity focuses angiogenesis and granulation formation. Wounds contract and epithelialization occurs. Usually complete within 21-30 days.

Strengthening - Final phase of healing. Vascularization decreases. Wound gains tensile strength.

Beitz J. Wound Healing. . In Doughty D & McNichol L (Eds.). Wound, Ostomy and Continence Nurses Society Core Curriculum: Wound Management. 2016. p. 24-37. Philadelphia: Wolters Kluwer.

Chronic/non-healing wound

Does not progress in a timely and orderly manner.

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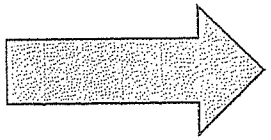
Contributing Factors

- Bacterial burden
- Necrotic tissue
- Ischemia
- Repetitive physical trauma



Observations

- Prolonged inflammatory phase
- Failure to produce angiogenesis and granulation
- Persistent or recurring infection
- Further wound breakdown

Beitz J. Wound Healing. . In Doughty D & McNichol L (Eds.). Wound, Ostomy and Continence Nurses Society Core Curriculum: Wound Management. 2016. p. 24-37. Philadelphia: Wolters Kluwer; Schultz G et al. Consensus guidelines for the identification and treatment of biofilms in chronic and nonhealing wounds. Wound Rep Reg. 2017. 25 p 744-757.

Steps to promote wound progress

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Confirm that the individual with a wound has the ability to heal and that healing is the goal[1]

Assess patient and the wound[2]

Bring in consultants as needed

Control or treat systemic factors[1]

Decide appropriate treatment[1]

Evaluate and reassess wound treatment and outcomes[2]



1. Krapfl LA & Peirce B. General Principles of Wound Management: Goal Setting and Systemic Support. In Doughty D & McNichol L (Eds.). Wound, Ostomy and Continence Nurses Society Core Curriculum: Wound Management. 2016. p. 69-79. Philadelphia: Wolters Kluwer. 2. Bates-Jensen B. Assessment of the Patient with a Wound. . In Doughty D & McNichol L (Eds.). Wound, Ostomy and Continence Nurses Society Core Curriculum: Wound Management. 2016. p. 38-68. Philadelphia: Wolters Kluwer.

TIME Principles of Wound Bed Preparation

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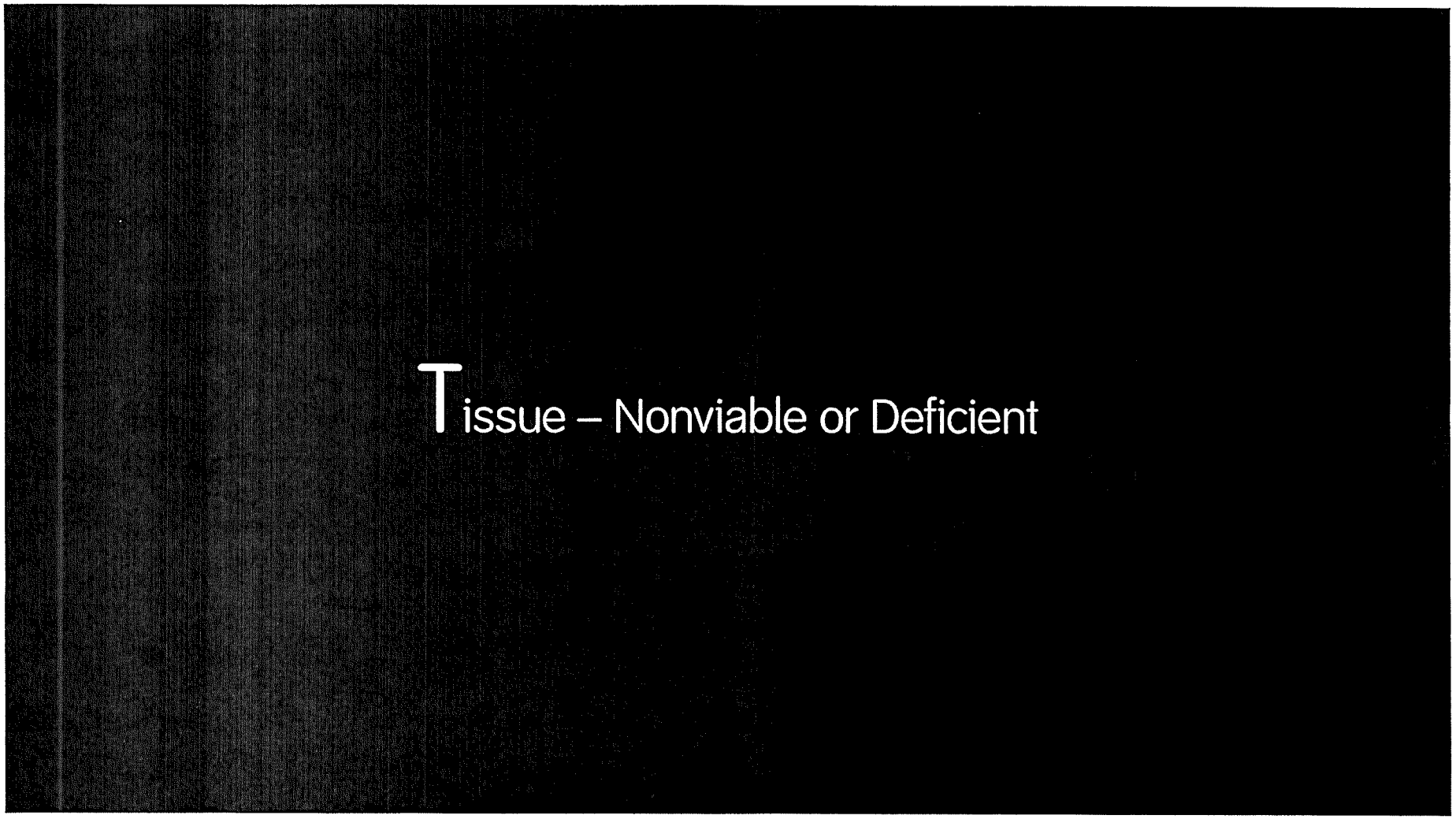
Barrier	T Tissue nonviable or deficient	I Infection or inflammation	M Moisture imbalance	E Edge of wound non-advancing
Why it's a problem	Defective wound environment and cell debris impair healing	Sustains the inflammatory phase, breaks down proteins and decreases growth factors	Dry wounds have slower cellular migration. Excessive fluid may macerate wound margins.	Non-migrating keratinocytes and nonresponsive cells. Abnormal wound base protease activity.
Intervention	Debridement	Antimicrobial dressings. Antibiotics for spreading or systemic infection.	Moisten dry wounds. Absorb excessive educate. Compression for VLU	Debridement, skin grafts, biological agents, adjunctive therapies.
Expected outcome	Viable wound base	Reduction of harmful bacterial load/inflammation	Moisture balance	Advancing wound edge

Ermer-Seltun J & Rolstad BS. General Principles of Topical Therapy. In Doughty D & McNichol L (Eds.). Wound, Ostomy and Continence Nurses Society Core Curriculum: Wound Management. (p. 107-130). 2016, Philadelphia: Wolters-Kluwer.


Tissue – Nonviable or Deficient

Nonviable tissue

The problem

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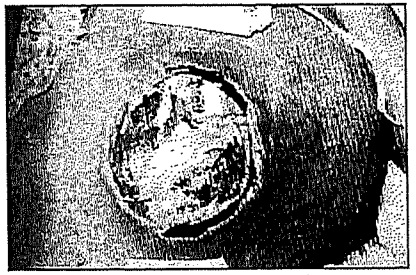
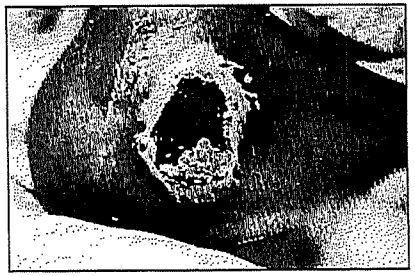
Slough

- Usually yellow or tan
- Moist, mucous-like or stringy, fibrinous



Eschar

- Represents deeper tissue damage
- Black, brown, gray
- May be moist, soggy or dry, leathery or hard/crusty



Bates-Jensen B. Assessment of the Patient with a Wound. . In Doughty D & McNichol L (Eds.). Wound, Ostomy and Continence Nurses Society Core Curriculum: Wound Management. 2016. p. 38-68. Philadelphia: Wolters Kluwer.

Debridement
The intervention

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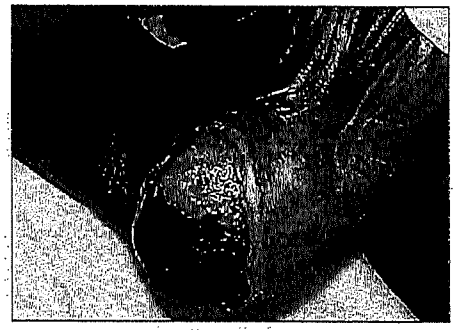
- Enhances wound visualization
- Decreases potential for infection
- Reduces odor
- Promotes an environment for wound progress

Contraindicated for non-infected wounds related to lower extremity arterial disease and for stable, intact eschar on the heel of a non-ambulatory patient.



Before



After

Ramundo J. Principles and Guidelines for Wound Debridement. . In Doughty D & McNichol L (Eds.). Wound, Ostomy and Continence Nurses Society Core Curriculum: Wound Management (p. 313-332). 2016. Philadelphia: Wolters Kluwer.

Debridement methods

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Selective debridement

- Conservative Sharp
- Autolytic
- Enzymatic
- Larvae (maggot) therapy

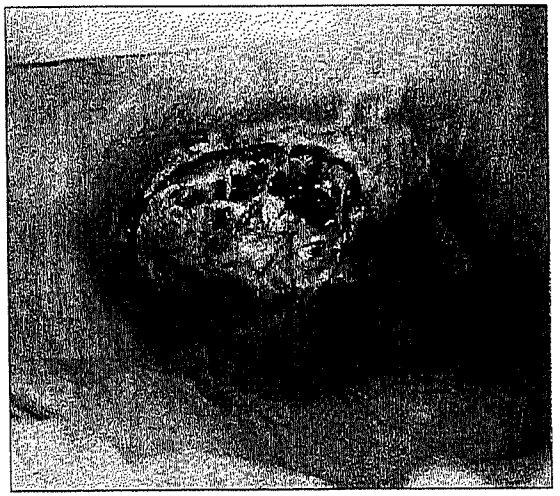
Nonselective debridement

Surgical

Mechanical (wet-to-dry dressings)

High pressure irrigation

Ultrasound



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Commonly-used debridement methods

Conservative Sharp

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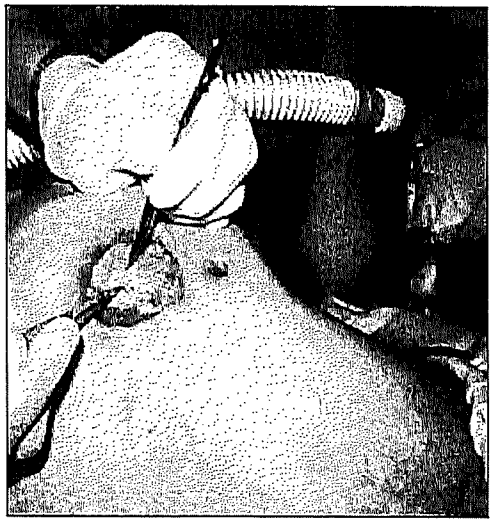
- Use of sterile instruments (scissors, forceps, scalpel) to remove loose nonviable tissue
- No blood-loss expected
- Often performed 1-3 times/week and in combination with enzymatic debridement



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Commonly-used debridement methods

Enzymatic

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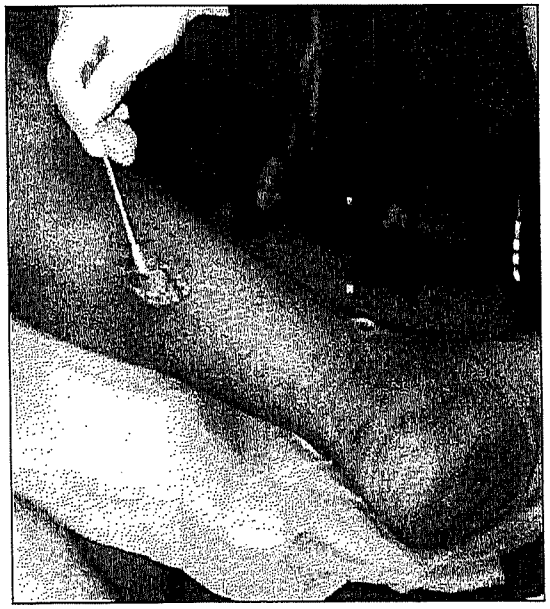
- Application of topical enzymes to breakdown and remove necrotic tissue
- Collagenase selectively removes necrotic tissue without harming granulation
- May be used with selected topical antibiotics and antibacterial dressings (not compatible with iodine and some silver products)
- Faster debridement than autolysis
- Dosing is important (nickel-thickness)
- May need to crosshatch dry eschar



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Commonly-used debridement methods

Autolytic

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- Removal of nonviable tissue using the body's white cells and enzymes
- Requires perfusion to the area and adequate white blood cell count
- Slower than other methods
- Not ideal for infected wounds



Ramundo J. Principles and Guidelines for Wound Debridement. . In Doughty D & McNichol L (Eds.). Wound, Ostomy and Continence Nurses Society Core Curriculum: Wound Management (p. 313-332). 2016. Philadelphia: Wolters Kluwer.

Commonly-used debridement methods

Surgical

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- Uses scalpel, laser or hydrosurgical device
- Performed in the operating room or special procedures area with patient anesthetized
- Recommended for large amounts of necrotic tissue, advancing cellulitis, wound-related sepsis or for infected bone/hardware removal
- Risk for bleeding
- Must be performed by surgeon or specially-trained advanced practice clinician



Ramundo J. Principles and Guidelines for Wound Debridement. . In Doughty D & McNichol L (Eds.). Wound, Ostomy and Continence Nurses Society Core Curriculum: Wound Management (p. 313-332). 2016. Philadelphia: Wolters Kluwer.

Commonly-used debridement methods

Wet-to-Dry

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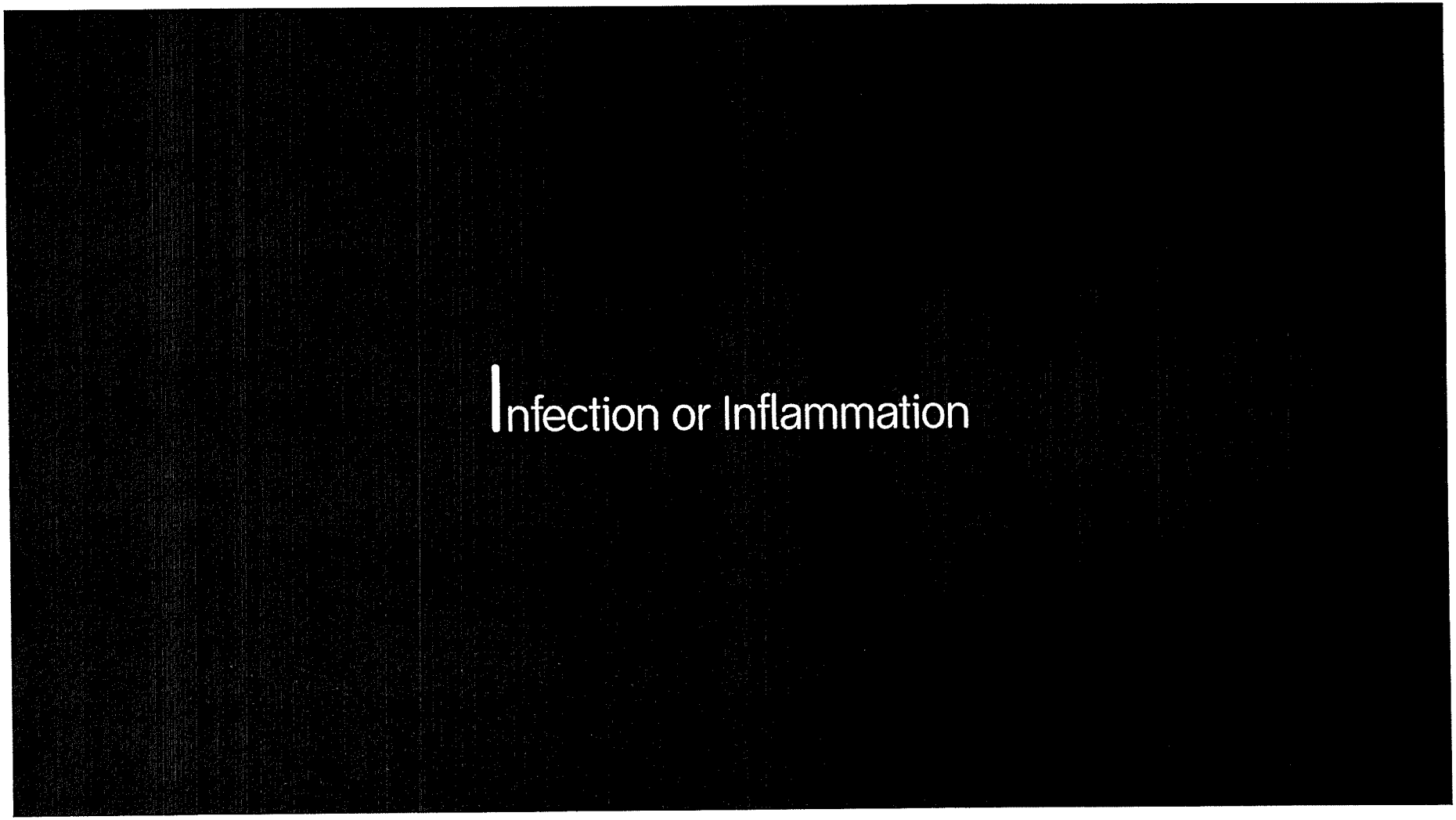
- A type of mechanical debridement
- Painful
- May damage viable tissue
- Considered suboptimal therapy
- Technique: apply a moist, open-weave cotton gauze to the wound; allow to dry; remove dry gauze from wound, pulling necrotic tissue and debris.



Ramundo J. Principles and Guidelines for Wound Debridement. . In Doughty D & McNichol L (Eds.). Wound, Ostomy and Continence Nurses Society Core Curriculum: Wound Management (p. 313-332). 2016. Philadelphia: Wolters Kluwer.


Infection or Inflammation

Wound infection

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" Wound infection is described as the invasion by and multiplication of pathogenic microorganisms . . . which may produce subsequent tissue injury and progress to overt disease through a variety of cellular or toxic mechanisms."

Medical Dictionary, 2014

Factors influencing wound infection

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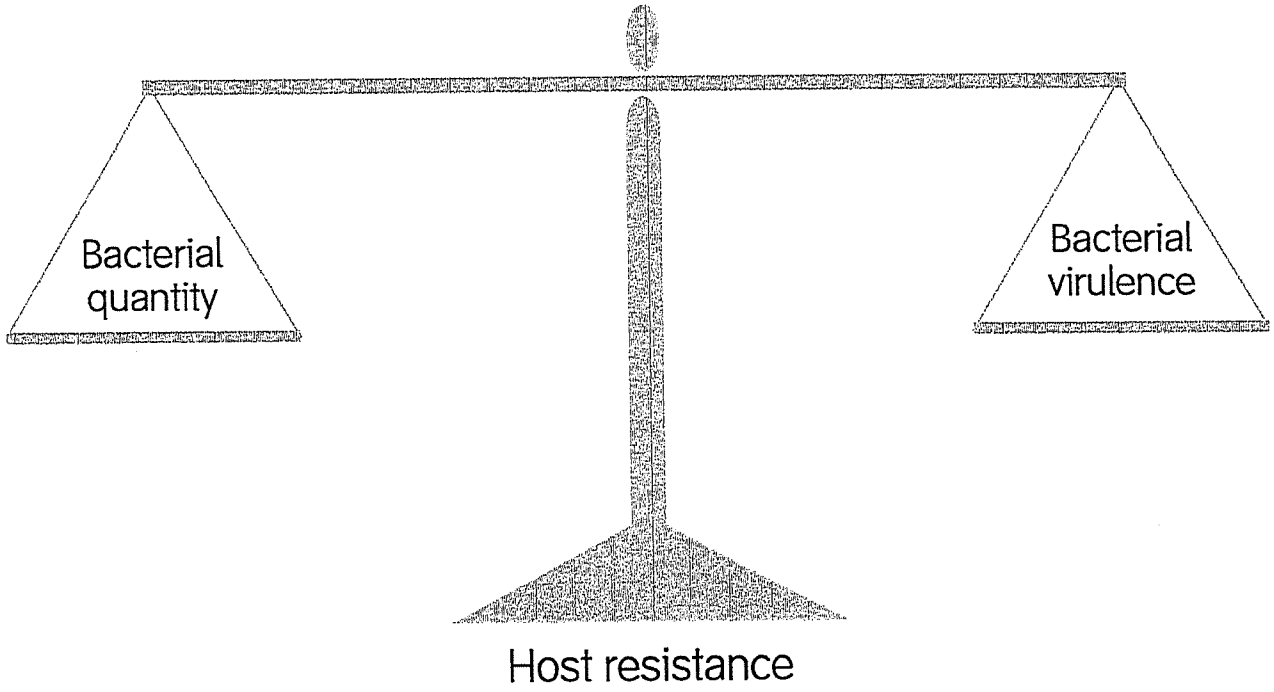

Weir D & Schultz G. Assessment and Management of Wound-Related Infections. In Doughty D & McNichol L (Eds.). Wound, Ostomy and Continence Nurses Society Core Curriculum: Wound Management. (p. 156-180). 2016. Philadelphia: Wolters-Kluwer.

Infection – signs and symptoms

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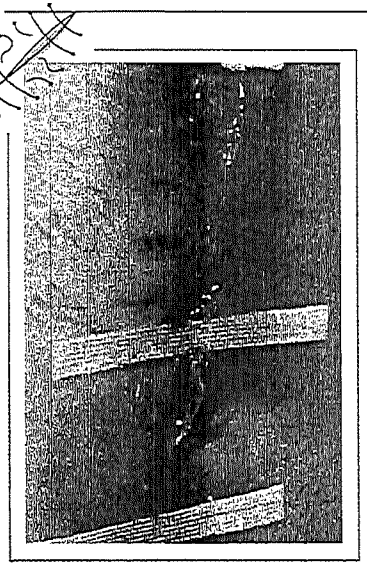
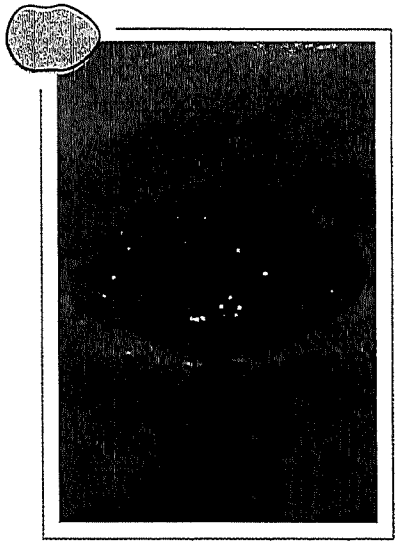


Classic signs

Common in acute wounds

- Advancing erythema
- Warmth
- Fever
- Edema/swelling
- Pain
- Purulence



Secondary signs

Found in chronic wounds

- Delayed healing
- Friable granulation tissue*
- Absent, abnormal or discolored granulation tissue
- Bridging of epithelial tissue
- Foul odor*
- Increased serous drainage
- Increased wound site pain*
- Wound breakdown*

* Represent the greatest positive predictive value for infection verified by wound culture.

Weir D & Schultz G. Assessment and Management of Wound-Related Infections. In Doughty D & McNichol L (Eds.). Wound, Ostomy and Continence Nurses Society Core Curriculum: Wound Management. (p. 156-180). 2016. Philadelphia: Wolters-Kluwer. Cutting KF, Harding KG. Criteria for identifying wound infection. Journal of Wound Care. 1994 Jun 2;3(4):198-201..

Managing infection
Improve host resistance

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- Control comorbidities (i.e., diabetes)
- Improve tissue perfusion and oxygenation (i.e., revascularization)
- Provide nutritional support
- Counsel regarding changes in lifestyle behaviors (i.e., weight loss, smoking cessation)
- Apply compression therapy, when appropriate, to reduce interstitial edema



Weir D & Schultz G. Assessment and Management of Wound-Related Infections. In Doughty D & McNichol L (Eds.). Wound, Ostomy and Continence Nurses Society Core Curriculum: Wound Management. (p. 156-180). 2016. Philadelphia: Wolters-Kluwer.

Assessing wound infection

Contamination-Infection continuum

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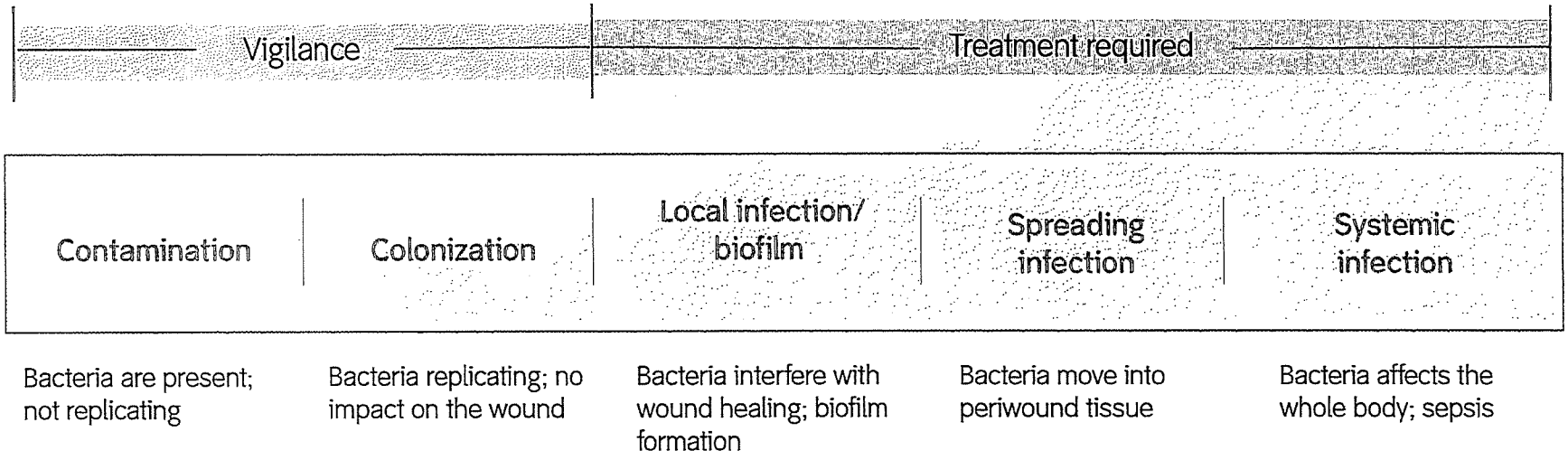

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Assessment

Is the wound progressing?

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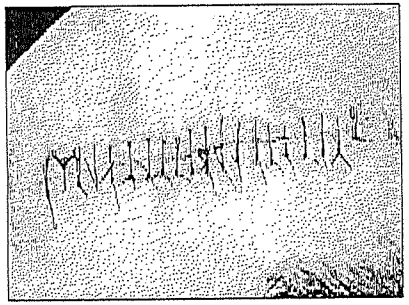
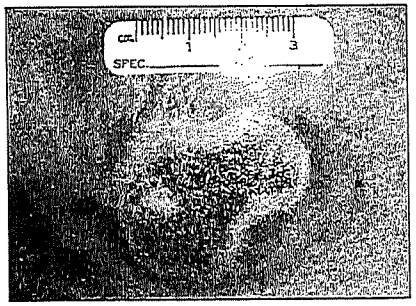
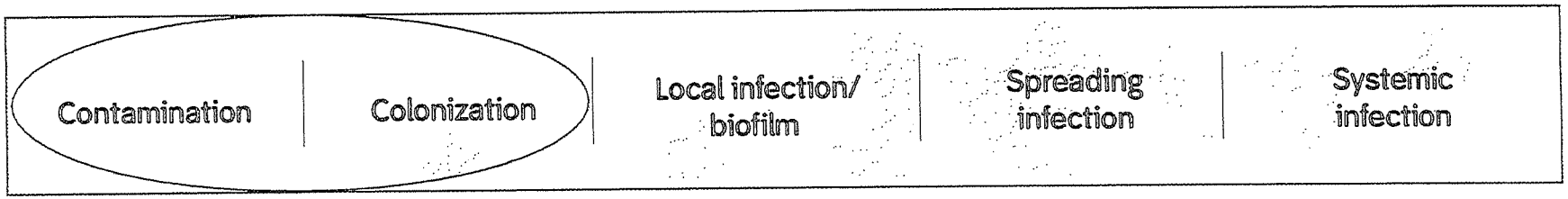




Interventions

- Cleanse
- Apply appropriate dressing
- Monitor for signs/symptoms of infection



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Assessment

Secondary signs/symptoms of infection

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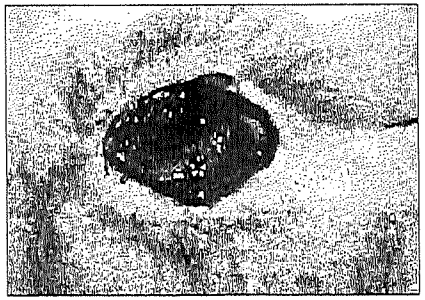
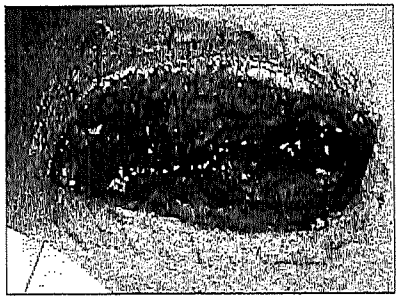
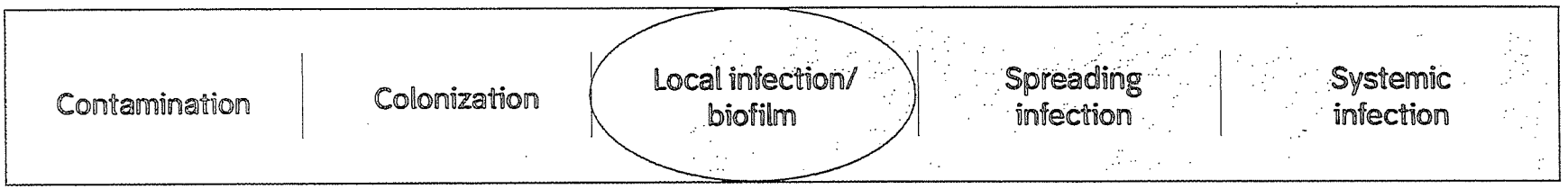




Interventions

- Cleanse
- Debride if necessary
- Use antimicrobial dressings



Schultz G. et al. Consensus Guidelines for the Identification and Treatment of Biofilms in Chronic Nonhealing Wounds. *Wound Rep Reg.* 2017:25 p 744-757.

Planktonic bacteria versus biofilm

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Planktonic

- Free-floating, free-living bacteria
- Can be eliminated by the host's immune system and/or specific antimicrobials
- In wound management, historically the focus of research on cultures, antibiotic therapy and topical antimicrobial agents.

Biofilm

- Complex structure of adherent (sessile) bacteria, which is enclosed in a protective polysaccharide matrix
- Protected from phagocytosis by macrophages and neutrophils
- Highly tolerant of antibiotic and antimicrobial agents

Weir D & Schultz G. Assessment and Management of Wound-Related Infections. In Doughty D & McNichol L (Eds.). Wound, Ostomy and Continence Nurses Society Core Curriculum: Wound Management. (p. 156-180). 2016. Philadelphia: Wolters-Kluwer.

Can we identify biofilms?

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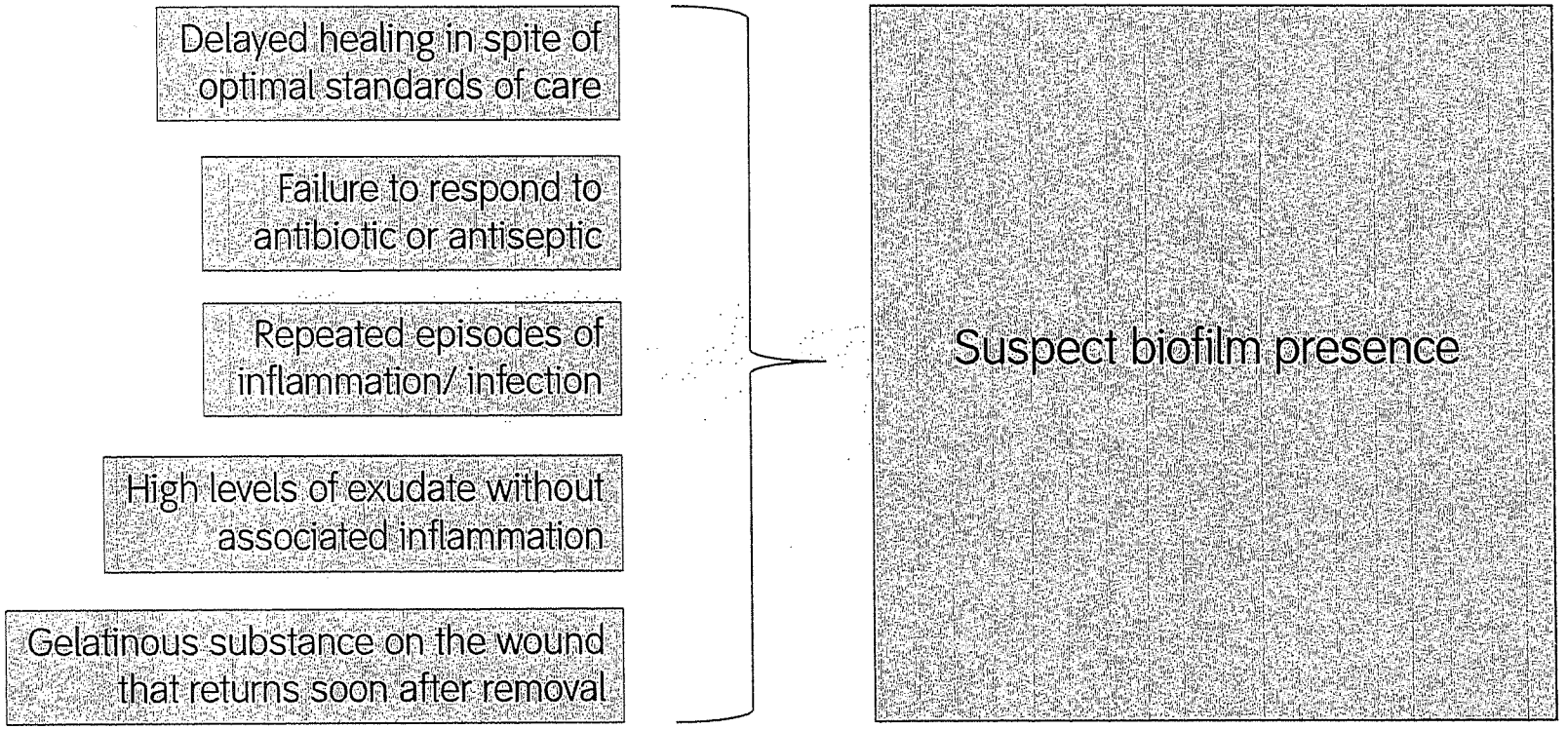

Schultz G. et al. Consensus Guidelines for the Identification and Treatment of Biofilms in Chronic Nonhealing Wounds. *Wound Rep Reg.* 2017:25 p 744-757.

Removing biofilms

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Requires combined interventions

- Wound cleansing
- Repeated debridement
- Application of appropriate topical antiseptics

Weir D & Schultz G. Assessment and Management of Wound-Related Infections. In Doughty D & McNichol L (Eds.). Wound, Ostomy and Continence Nurses Society Core Curriculum: Wound Management. (p. 156-180). 2016. Philadelphia: Wolters-Kluwer.

Assessment

Cellulitis or evidence of systemic infection

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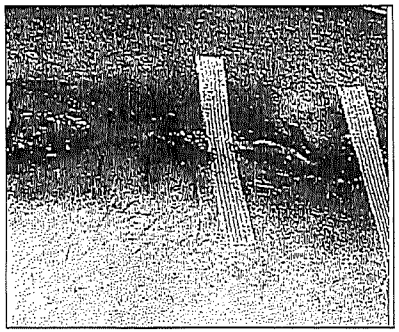
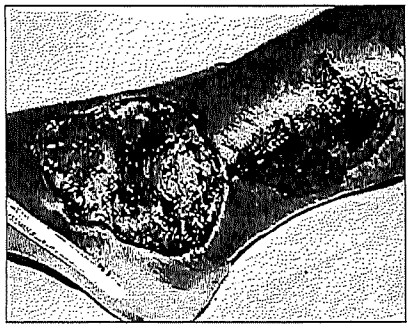
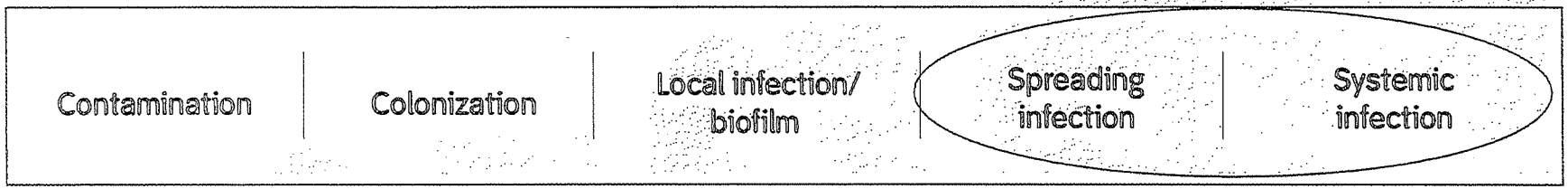


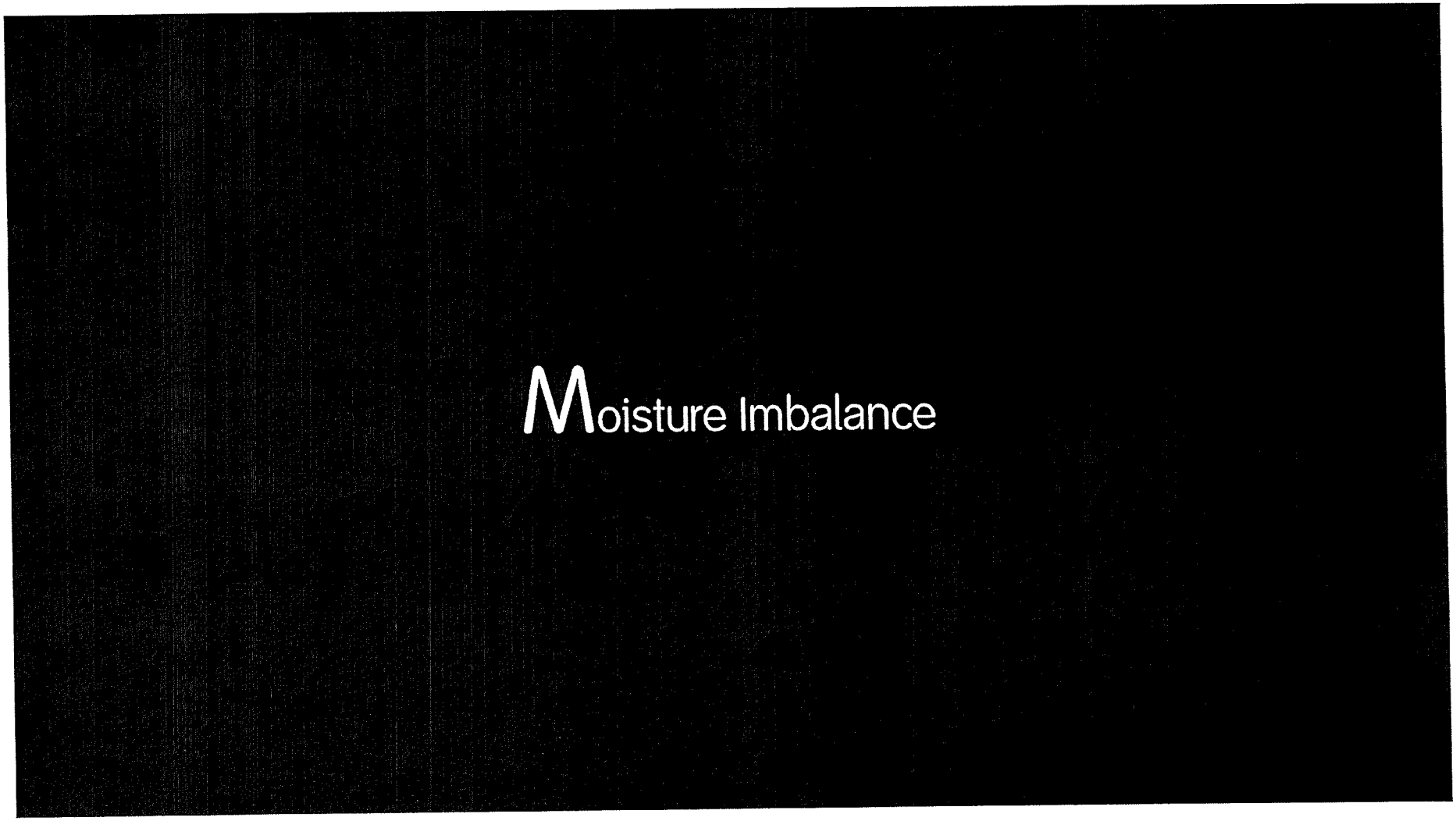


Interventions

- Cleanse
- Debride if necessary
- Use antimicrobial dressings
- Administer systemic antibiotics



Schultz et al. Wound Bed Preparation: A systematic approach to wound management. *Wound Repair & Regeneration.* 2003;11:1-28


Moisture Imbalance

Moist Wound Healing
Evidence-based wound care

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Advantages of Moist Wound Healing

- Improves cell migration
- Promotes angiogenesis
- Supports autolytic debridement
- Prevents wound desiccation
- Decreases risk for wound infection
- Improves thermoregulation
- Requires fewer dressing changes
- Enhances patient comfort
- Results in better cosmetic appearance
- Saves nursing time
- Reduces costs

Authors who have published on the advantages of moist wound healing:

- Gilje (1948)
- Odland (1958)
- Winter (1962)
- Hinman & Maibach (1963)
- Hutchinson & McGuckin (1990)
- Xakellis & Chrischilles (1992)
- Mitchie & Hugill (1994)
- Bolton et al (1996)
- De Conincke et al (1996)
- Hein et al (1998)
- Rogers (2000)
- Kerstein et al (2001)
- Ovington (2002)
- Weichula (2003)
- Bolton (2004)
- Van Rijswijk (2004)
- Jones & Fennie (2007)
- Brolmann et al (2013)
- Vloemans et al (2014)

Ermer-Seltun J & Rolstad BS. General Principles of Topical Therapy. In Doughty D & McNichol L (Eds.). Wound, Ostomy and Continence Nurses Society Core Curriculum: Wound Management. (p. 107-130). 2016, Philadelphia: Wolters-Kluwer.

Moisture imbalance - Dry

The problem

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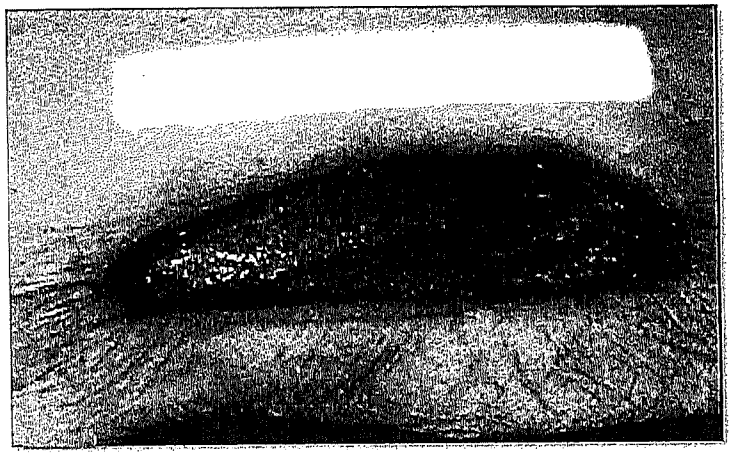
- Takes twice as long to heal (compared to a moist wound)
- Results in higher incidence of infection
- May be painful
- Increases costs



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Managing Moisture Imbalance - Dry
Intervention

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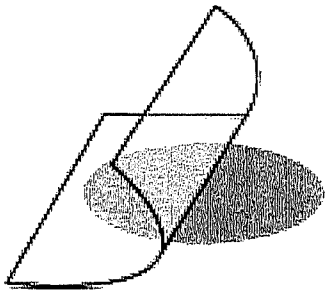
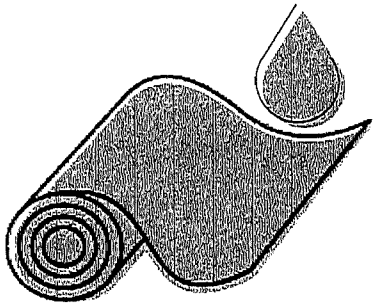
Dry Wound

↓

Hydrate and protect
- Hydrogel
- Secondary dressing





For dry, stable intact eschar on the heel of a non-ambulatory individual or uninfected arterial insufficiency wound:

- Keep clean and dry
- Protect
- Monitor for change

Ermer-Seltun J & Rolstad BS. General Principles of Topical Therapy. In Doughty D & McNichol L (Eds.). Wound, Ostomy and Continence Nurses Society Core Curriculum: Wound Management. (p. 107-130). 2016, Philadelphia: Wolters-Kluwer

Moisture imbalance - Wet

The Problem

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- Chronic wound fluid is pro-inflammatory
- Too much fluid results in periwound maceration





Ermer-Seltun J & Rolstad BS. General Principles of Topical Therapy. In Doughty D & McNichol L (Eds.). Wound, Ostomy and Continence Nurses Society Core Curriculum: Wound Management (p. 107-130). 2006, Philadelphia: Wolters-Kluwer.

Managing Moisture Imbalance - Wet

The Intervention

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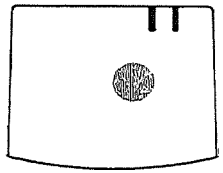
Wet Wound

↓

Identify, document and manage etiology of excessive wound fluid



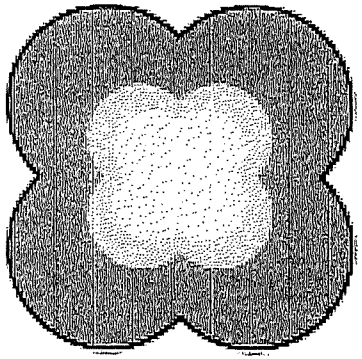
Absorb excess exudate

Foam

Alginate

Gelling fiber

Negative pressure wound therapy



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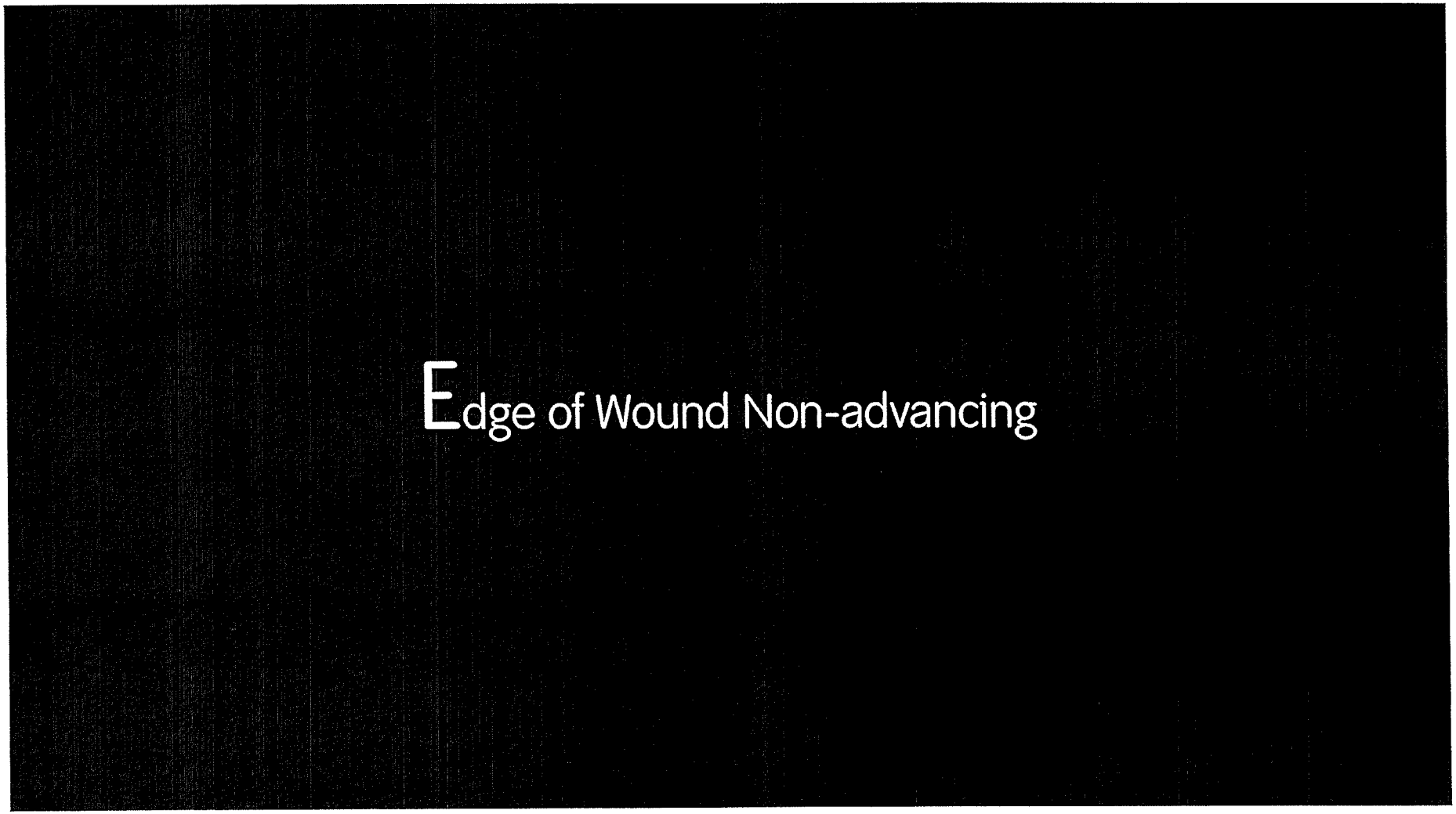
Edge of Wound Non-advancing

Edge of Wound

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"Epithelial edge advancement and an improved state of the surrounding skin . . . is the clearest sign of healing, and a 20–40% reduction in wound area after 2 and 4 weeks of treatment is seen as a reliable predictive indicator of healing."

Leaper D, et al. Extending the TIME concept: What have we learned in the past 10 years? Int Wound J 2012; 9 (Suppl. 2):1–19

Edge of Wound
Healthy

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A healthy wound bed is able to support epithelialization by promoting[1]

- Cell migration across wound bed
- Attachment of edge to wound bed



Healthy periwound skin condition also supports epithelialization as dry or macerated wound edges may affect the ability of the wound to contract[1]



Ideal wound edge[2]

- Thin epithelial margin
- Pale pink to translucent

1. Leaper D, et al. Extending the TIME concept: What have we learned in the past 10 years? Int Wound J 2012; 9 (Suppl. 2):1–19 2. Ermer-Seltun J & Rolstad BS. General Principles of Topical Therapy. In Doughty D & McNichol L (Eds.). Wound, Ostomy and Continence Nurses Society Core Curriculum: Wound Management (p. 107-130). 2006, Philadelphia: Wolters-Kluwer.

Edge of Wound Non-advancing

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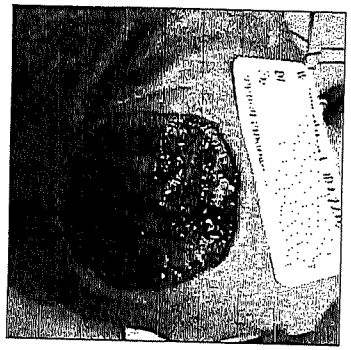
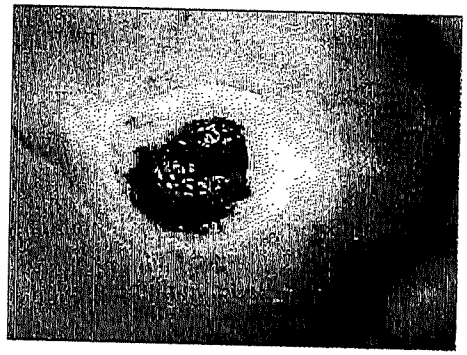
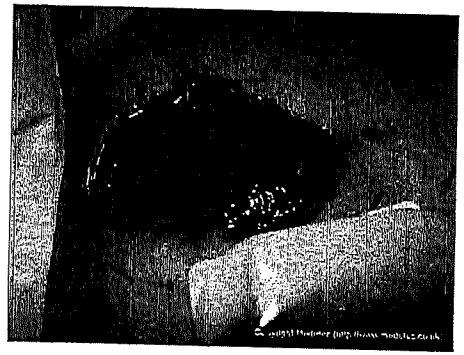
Non-advancing wound edge

- Epibole
- Hyperkeratosis
- Callus
- Unattached (undermined)







Ermer-Seltun J & Rolstad BS. General Principles of Topical Therapy. In Doughty D & McNichol L (Eds.). Wound, Ostomy and Continence Nurses Society Core Curriculum: Wound Management (p. 107-130). 2006, Philadelphia: Wolters-Kluwer.

Edge of Wound – Non-advancing
Interventions

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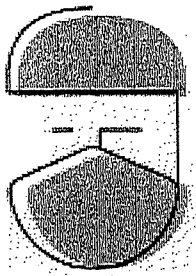
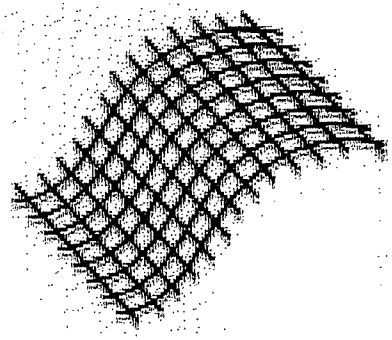
Direct intervention on wound edge

- Sharp/surgical debridement[1]
- Chemical cauterization[2]



Other interventions[3]

- NPWT
- Growth factors
- Skin Substitutes



1. Nancy Morgan. How to Apply Silver Nitrate. *Wound Care Advisor*. April 2017. Accessed December 3, 2018, at https://woundcareadvisor.com/how-to-apply-silver-nitrate/. 2 Leaper D, et al. Extending the TIME concept: What have we learned in the past 10 years? Int Wound J 2012; 9 (Suppl. 2):1–19 3. Ermer-Seltun J & Rolstad BS. General Principles of Topical Therapy. In Doughty D & McNichol L (Eds.). Wound, Ostomy and Continence Nurses Society Core Curriculum: Wound Management (p. 107-130). 2006, Philadelphia: Wolters-Kluwer.

Summary

TIME Principles of Wound Bed Preparation

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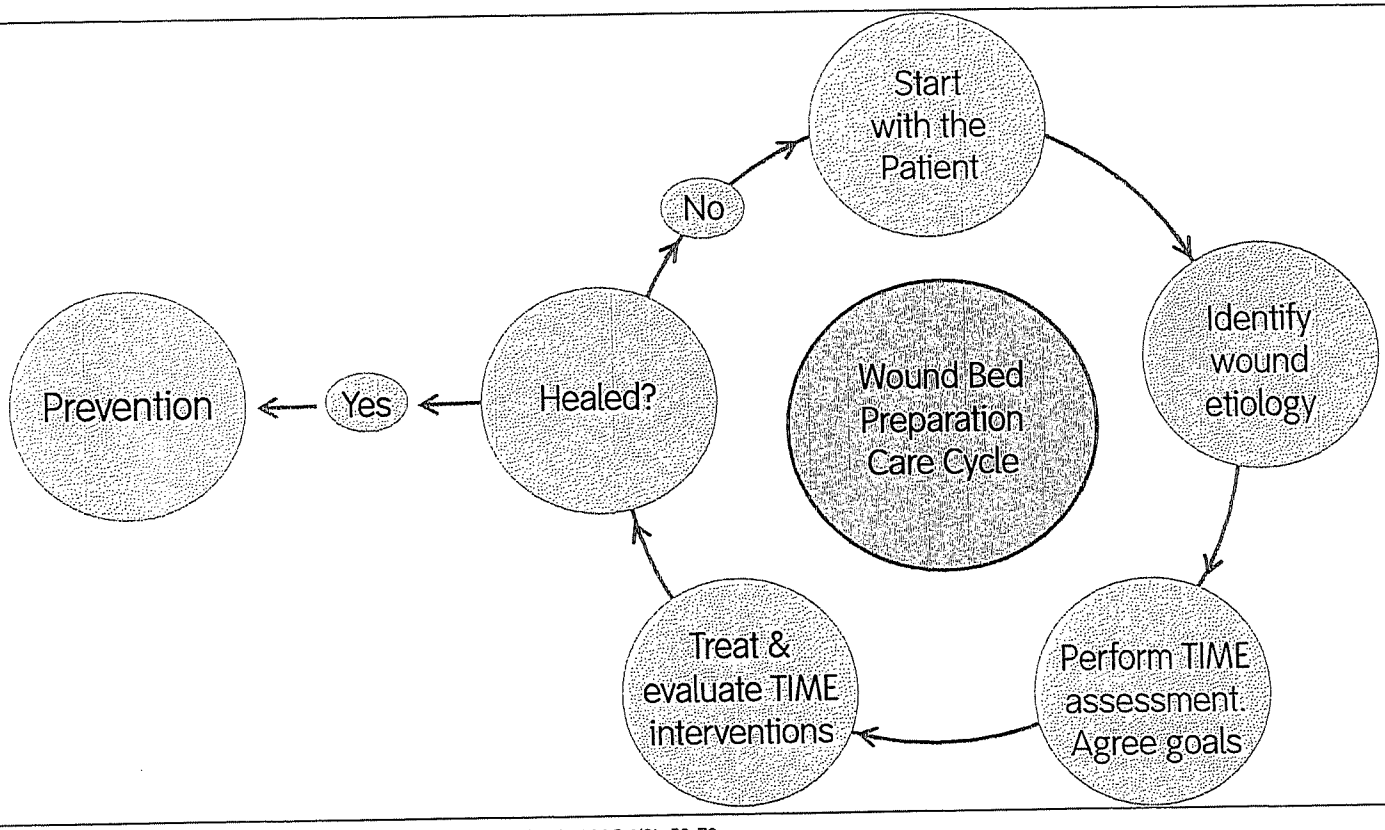

Dowsett C & Newton H. Wound Bed Preparation: TIME in practice. *Wounds-UK*. 2005, 1(3), 58-70.

smith&nephew

Professional Education

Supporting healthcare
professionals for over 150 years

For detailed product information, including indications for use, contraindications, precautions and warnings, please consult each product's Instructions for Use (IFU) prior to use.

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MSCE1-17036-1218

Manufactured by:
Cook Biotech, Inc.
1425 Innovation Place
West Lafayette, IN 47906

Distributed by:
Advanced Wound Management
Smith & Nephew, Inc.
Fort Worth, TX 76109
USA

Mid-America Wound Healing Society

Quarterly Meeting - June 13, 2019

Evaluation Form

Mid America Wound Healing Society

Choose the response that describes your evaluation of this offering by checking the appropriate column. If content is not applicable choose N/A

Prevention of Delayed Wound Healing: TIME Principles of Wound Bed Preparation	Excellent	Good	Fair	Poor	N/A
How would you rate Billi J Payne, RN's knowledge of the subject and communication style?					
At the end of this offering, the participant is able to: • List the 4 basic wound care principles represented by the acronym, TIME.					
• Identify specific interventions for each of these principles.					
Speaker's ability to engage you in the subject					
Expands my understanding of wound healing					
Applicability to my job or the people I supervise					
Usefulness of the content of this session					

Level of usefulness and understanding: Above me ____ Appropriate ___ Below me ____ N/A_____

Please rate the following:

	Excellent	Good	Fair	Poor	N/A
Quality of venue					
Location of venue					
Catering Services					
Room Comfort					

Additional comments or suggestions for future programs?

Long Term CNE Provider Checklist
(K.A.R. 60-9-107)

Name of Provider: TCG Media, LLC LT0270-0111

Name of Program Coordinator:

_____ **New Initial Application** __X___ **Renewal**

Date Received: 10/15/2020 **Date Review complete:** 11/9/2020

Date to CNE Committee: 12/8/2020

_____ **Approved** _____ **Not Approved:**

_____ **Approved Pending:** _____

Date Notified: _____

Information Required	Received	NA
Completed application for initial approval or five-year renewal for LT CNE providership shall be submitted at least 60 days before a scheduled board meeting	Received 10/15/2020	
• If the long term provider does not renew the providership, the provider shall notify the board in writing of the location at which the offering records will be accessible to the board for two years as defined in the providers' policy and procedures.		
The name and address of the organization on the application	✓	
The name and address of the department or unit within the organization responsible for approving CNE, if different from the name and address of the organization		✓
The name, education and experience of the program coordinator responsible for CNE	Sharon Seaton	
• Be a licensed professional nurse	✓	
• Have three years of clinical experience	✓	
• Have one year of experience in developing and implementing nursing education	✓	
• Have a baccalaureate degree (unless held this position for the provider at least five years immediately prior to January 1, 1977)	✓	
Policies & Procedures:		
Written policies and procedures, including at least the following areas:		
• Assessing the Need and planning for CNE activities	✓	
• Fee Assessment	✓	

• Advertisements or offering announcements. Published information shall contain the following statement: "(name of provider) is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: "	✓	
• Notice of Change of coordinator or required policies and procedures. The program coordinator shall notify the board in writing of any change of the individual responsible for the providership or required policies and procedures within 30 days	✓	
For long term providers, the policies and procedures for the Offering Approval Process shall include the following:		
• A Summary of the Planning	✓	
• The Behavioral Objectives	✓	
• The Content, which shall meet the definition of CNE in KSA 65-1117	✓	
• The Instructor's Education and Experience, documenting knowledge and expertise in the content area	✓	
• A Current Bibliography that is reflective of the offering content. The bibliography shall include books published within the past 10 years, periodicals published within the past five years, or both	✓	
• An offering Evaluation that includes each participant's assessment of the following:		
▪ The achievement of each objective	✓	
▪ The expertise of each individual presenter	✓	
An approved provider may award any of the following:		
• Contact hours as documented on an offering agenda for the actual time attending, including partial credit for one or more contact hours	✓	
• Credit for fractions of hours over 30 mins to be computed towards a contact hour	✓	
• Instructor credit, which shall be twice the length of the first-time presentation of an approved offering, excluding an standardized, prepared curriculum	✓	
• Independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results	✓	
• Clinical hours		✓
Documentation of Attendance		
Each provider shall maintain documentation to verify that each participant attended the offering. The		

provider shall require each participant to sign a daily roster, which shall contain the following information:		
• The provider's name, address, provider number, and coordinator	✓	
• The date and title of the offering, and the presenter or presenters	✓	
• The participant's name and license number and the number of contact hours awarded	✓	
Each provider shall maintain documentation to verify completion of each independent study offering, if applicable. To verify completion of an independent study offering, the provider shall maintain documentation that includes the following:		
• The provider's name, address, provider number, and coordinator	✓	
• The participant's name and license number, and the number of contact hours awarded	✓	
• The title of the offering	✓	
• The date on which the offering was completed	✓	
• Either the completion of a posttest or a return demonstration	✓	
Certificate of Attendance/CE Transcript		
A certificate of attendance shall be awarded to each participant after completion of an offering, or a CE transcript shall be provided according to the policies and procedures of the long-term provider	✓	
Each certificate and each CE transcript shall be complete before distribution to the participant	✓	
Each certificate and each CE transcript shall contain the following information:		
• The provider's name, address and provider number	✓	
• The title of the offering	✓	
• The date or dates of attendance or completion	✓	
• The number of contact hours awarded and, if applicable, the designation of any independent study or instructor contact hours awarded	✓	
• The signature of the individual responsible for the providership	✓	
• The name and license number of the participant	Space for license number to be written in, name printed	
Recordkeeping & Storage		
For each offering, the approved provider shall retain the following for two years:		
• A summary of the planning	✓	
• A copy of the offering announcement or brochure	✓	
• The title and objectives	✓	

• The offering agenda or, for independent study, pilot test results	✓	
• A bibliography	✓	
• A summary of the participants' evaluations	✓	
• Each instructor's education and experiences	✓	
• Documentation to verify completion of the offering	✓	
The record storage system used shall ensure confidentiality and easy retrieval of records by authorized individuals	✓	
Program Evaluation Plan		
For long-term providers, a copy of the total program evaluation plan	✓	
Two Proposed Offerings		
The provider shall submit two proposed offerings, including the following:	**#1**	**#2**
	Understanding Chronic Obstructive Pulmonary Disease 9/03/2019	Understanding Dementia & Alzheimer's Disease 7/23/2019
• A summary of planning	✓	✓
• A copy of the offering announcement or brochure	✓	✓
• The title and behavioral objectives	✓	✓
• The offering agenda or, for independent study, pilot test results	2 test results	2 test results
• Each instructor's education and experience	✓	✓
• A current bibliography	Some outdated	✓
• The offering evaluation form	Generic sample submitted – no ability to evaluate each objective	Generic sample submitted – no ability to evaluate each objective

06/2019

Was calculating CNE on 1 CNE contact hour = 60 mins, instead of 50 mins. States they have changed this going forward

Application reviewed and approval checklist completed by Carol Moreland, MSN, RN on 11/9/2020

Reference No.: 24820 **Date submitted:** Oct 15 15:45 2020

radio ~ Renewal
Providername ~ TCG Media, LLC
providernum ~ LT0270-0111
legalbody ~ ~
address ~ 6405 Metcalf Avenue, Suite 108
adress2 ~ Overland Park, KS 66202
telephone ~ 913-362-0600
email ~ sseaton@corridorgroup.com
coordinator ~ Sharon Seaton
date ~ 10-15-2020
planningce ~ TCG Media's main objective is to provide Home Health and Hospice-specific education to Home Health and Hospice organizations. To ensure educational topics are appropriate, TCG Media assesses need based on regulatory requirements, current industry trends, and current client request. The Program Coordinator is responsible for identifying and contracting with a qualified Subject Matter Expert to develop and prepare the presentation content. More details can be found in Addendum B: Section I.
feeassessment ~ For eLearning presentations, packages of eLearning courses are purchased by Home Health and Hospice organizations. Organizations are required to sign a two year contract. The price is based on the number of users at each participating organization.
For live presentations, CNEs are awarded and cost is determined based on the estimated length of the presentation. For example, a one hour presentation may cost $119.00 and award 1.0 CNE. More details can be found in Addendum B: Section II.

advertisement ~ Currently, TCG Media offers CNE through CHEX eLearning. The advertisement/announcement is a flyer that is printed or sent through email. See Addendum C.
approvalprocess ~ See Addendum B: Section III
contacthours ~ See Addendum B: Section IV
verifycompletion ~ See Addendum B: Section V
recordkeeping ~ See Addendum B: Section VI
noticeofchange ~ See Addendum B: Section VII
programevaluation ~ See Addendum B: Section VIII
Submission date ~ 10-15-2020 15:45:27
Form ID ~ 1672730

Corridor/TCG Media, LLC
Kansas State Board of Nursing Long-Term Continuing Nursing Education (CNE)
Provider Five Year Renewal

Administration		
Regulation	**Regulation Description**	**Additional information**
60-9-107 b (1) (A)	Name and address of organization	TCG Media, LLC 6405 Metcalf Avenue, Suite 108 Overland Park, KS 66202
60-9-107 b (1) (B)	Name and address of department or unit within the organization responsible for approving nursing continuing education	TCG Media, LLC Education Division 6405 Metcalf Avenue, Suite 108 Overland Park, KS 66202
60-9-107 b (2) 60-9-107 c (1)	Name, education and experience of program coordinator responsible for CNE; The CNE coordinator must be a registered nurse with three years of clinical experience, baccalaureate degree and at least one year of experience developing and implementing educational offering;	Sharon Seaton (Note: Sharon Seaton was approved as Program Coordinator on 08/03/2020. Prior to that, Peggy Patton was the Program Coordinator.) **See *Addendum A***
Program Management – Written Policies and Procedures		
60-9-107 b (3) (A)	Process of assessing need and planning CNE	Include description of formal or informal needs assessment process, planning committees or advisory groups involved in the planning and evaluation of CNE and how the definition of CNE (65-1117(a)) is used to determine the content for CNE offerings. **See *Addendum B, Section I***
60-9-107 b (3) (B)	Process for fee assessment	Include policy for refunds and insufficient fund checks if applicable ***See Addendum B, Section II***
60-9-107 b (3) (C)	Process for advertisements or announcements, Published information shall contain the following statement: (Name of Provider) is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for ___contact hours applicable for RN, LPN, or LMHT relicensure. Kansas State Board of Nursing Provider Number: _____	Include a sample announcement/brochure **See *Addendum C***
60-9-107 b (3) (D) 60-9-107 d	Process for offering approval: ▪ Summary of planning ▪ Behavioral Objectives (60-9-105 d) ▪ Content which shall meet definition of CNE in KSA 65-1117(a) ▪ Instructor's education and experience documenting knowledge/expertise,	**See *Addendum B, Section III***

	▪ Current bibliography (books 10 yr, periodicals 5 yr) ▪ Offering evaluation that includes assessment of learner achievement of each objective, expertise of individual presenters.	
60-9-107 b (3) (E) 60-9-107 e	Process for awarding contact hours: An approved provider may award any of the following: ▪ Contact hours as documented on an offering agenda for actual time attended, including partial credit for one or more contact hours ▪ Credit for fractions of hours over 30 minutes to be computed towards a contact hour ▪ Instructor credit, which shall be two contact hours for each hour of first-time presentation of an approved offering, excluding standardized prepared curriculum (e.g. ACLS, PALS, TNCC, ENPC, MANDT, etc) ▪ Independent study (60-9-105 (l)) credit based on time required to complete the offering as documented by the provider's pilot time test results ▪ Clinical hours	Include procedure for late arrival/early departure in reference to partial credit policy. Contact hour means 50 total minutes of participation in a learning experience that meets the definition of CNE. (60-9-105(j)) Pilot testers should be representative of target audience; Contact hours may be determined using the time documented by pilot testers by: ▪ totaling all time and dividing by number of testers, or ▪ discard high and low times and average the time spent by the rest of the testers **See *Addendum B, Section IV***
60-9-107 b (3) (F) 60-9-107 f 60-9-107 g	Process for verifying participation and completion of the offering: Documentation to verify that each participant attended offering ▪ Participants shall be required to sign a daily attendance roster ▪ Roster shall contain the provider's name, address, provider number and coordinator; the date and title of the offering and the presenter(s); the participant's name and license number, and the number of contact hours awarded Documentation to verify completion of independent study offering, if applicable. ▪ Documentation shall include information about the provider's name, address, provider number and coordinator; the title of the offering; the date on which the offering was completed; and the presenter(s); the participant's name and license number, and the number of contact hours awarded and either the completion of post test or return demonstration Certificate: ▪ Certificates of attendance shall be awarded to participants after completing an offering;	Include a sample copy of the roster; may include additional participant information (i.e. address) if desired. Include sample copy of verification of completion of independent study offering if applicable Include a sample of copy of the certificate **See *Addendum B, Section V***

	▪ Each certificate shall be complete before distribution to participants; ▪ Each certificate shall contain the provider's name, address and provider number, title of the offering, date(s) of attendance, number of contact hours awarded and if applicable, the designation of any independent study or instructor contact hours awarded; signature of individual responsible for the providership, name and license number of the participant	
60-9-107 b (3) (G) 60-9-107 h	Process for record keeping and record storage ▪ For each offering the approved provider shall retain the following for two years: summary of the planning, copy of announcement/brochure, title and objectives, offering agenda or, for independent study, pilot time test results, bibliography, summary of participant evaluations; each instructor's education and experience; documentation to verify completion of the offering as specified in subsection (f). ▪ Record storage system assure confidentiality and easy retrieval of records by authorized individuals	Include description of where files are kept **See *Addendum B, Section VI***
60-9-107 b (3) (H)	Process for notice of change of coordinator or required policies ▪ The program coordinator shall notify the board in writing of any change of the individual responsible for the providership or required policies and procedures within 30 days	**See *Addendum B, Section VII***
60-9-107 b (3) (I)	Total Program Evaluation "a systematic process by which an approved provider analyzes outcomes of the overall continuing nursing education program in order to make subsequent decisions" (60-9-105 (s))	A sample plan is attached that can be modified to fit the needs of the organization. The total program evaluation plan can be developed in whatever format best fits your needs. ▪ Include a sample copy of the total program evaluation **See *Addendum B, Section VIII***
60-9-107 b (4) 60-9-107 i	Submit 2 proposed offerings: ▪ A summary of the planning ▪ Copy of the offering announcement or brochure ▪ Title and behavioral objectives ▪ Offering agenda or for independent study, pilot test results ▪ Each instructor's education & experience ▪ A current bibliography as specified in paragraph (d) (5); and ▪ The offering evaluation form	**See *Addendum D, Sample Proposed Offering: Understanding Chronic Obstructive Pulmonary Disease (COPD)*** ***Addendum E, Sample Proposed Offering: Understanding Dementia & Alzheimer's Disease***

Addendum A

Sharon Seaton, RN
1523 Cresta Rd., Colorado Springs, CO 80906
sharonseaton95@gmail.com
719-331-1357

Education and Licensing

- Bachelor of Science in Nursing, University of Colorado, 1987
- Registered Nurse, Colorado
- Certifications: CHPN, HCS-D, HCS-O

Compliance

- Quality Assurance Reviewer: Hospice, OASIS, coding.
- Oasis reviews for compliance and coding, coding from scratch. OASIS C-2 and ICD-10 compliance.
- Analyzed and Implemented Hospice QAPI program to present data/trends to staff, Medical Directors and Professional Advisory Committee in a relevant way.
- Educated staff regarding identifying eligibility and criteria for hospice care based on insurance guidelines.
- Improved physician and nursing home survey process which resulted in 60% increased return rate.
- Updated, enhanced and implemented hospice bereavement program. Implemented changes in program allowing increased time for more personal contact and support to our bereaved families as well as significant cost savings.
- Oriented multiple new clinical and non-clinical staff members to Hospice, developed orientation manual for new hires

Management Experience

- Hospice Administrator: Grew program by 100% in first year from a census of high 20's to 70's. Well versed in contract management, Profit and Loss management.
  - Exceeded corporate Census and EBITDAM goals for last 2 years.
- Implemented significant process changes: OASIS – C, Face to Face Encounters, Multiple Medicare regulation changes and clarifications.
- Prepared and submitted Medicare appeals at all levels of appeal, developed queries for appropriate clinical data, identified trends and trainings to improve compliance and documentation.
- Led team through two corporate mergers and accompanying policy and process changes smoothly
  - Patient Care Manager: Clinical manager supervised multidisciplinary team of nurses, social workers, chaplains and C.N.A.'s and clerical support staff. Responsible for cost centers such as staffing, supplies and pharmacy.
  - Quality Manager: Developed CQI program to be relevant to current quality patient care issues. Effective in developing relationships with the management team and empowering them with tools to implement changes in compliance regulations. Integral in educating staff to processes. Incorporated volunteer staff to clerical duties associated with medical records and CQI. Oversight and Management of Clinical Cost Center: Staffing, Supplies, DME.
    - Reduced overtime by 83% w/in 2 months.
    - Reduced supply costs by 33% within 6 months.
- Developed community and physician education programs which resulted in a 53% increase in referrals and a subsequent increase in revenue.

Program development

- Bereavement Program: Developed the program for a small rural nonprofit hospice and increased the program's efficiency which resulted in improved Medicare compliance, reduced paid staff hours by 75% and process costs by 44%.
  - Trained and supervised volunteer staff to implement bereavement program and survey processes reducing costs and increasing paid staff efficiency.
- Orientation Program: Developed a comprehensive orientation program for Nurses and Aides which improved performance and increased retention.
- Appeals Process: Streamlined Medicare appeals management process. Including complete record collection, accuracy, queries, data collection and preparation of reports.

Marketing

- Managed relationships in the local physician community resulting in increased referrals by 53%.
  - personal visits with physicians
  - Conversations focused on education re: our agency's excellence, our compassion, and our dedication to our patients.
- Educated University Hospital staff, a large teaching hospital in Denver, including physicians, social workers and nurses in home care services resulting in increased referrals. Conducted weekly discharge planning meetings designed to ensure appropriate disposition of all patients.
- Presented workshops to community groups about the Hospice benefit which resulted in increased community awareness of our company and the hospice Medicare benefit.
- Prepared and presented programs at quarterly staff meetings with the goal of improving staff understanding of hospice care and the powerful impact of each member of our team.

Skills: OASIS C-2, ICD-10, Hospice Item Set, Microsoft Office Suite, HCHB, McKesson, Allscripts, Kantime, Hospice Engine, Suncoast, EPIC, PointCare, Devero, EPIC, NetSmart

- References:
  - Peggy Patton Vice President of Education Services, The Corridor Group ppatton@corridorgroup.com
  - Kellie Bonifield, Quality Director, The Corridor Group kbonifield@corridorgroup.com
  - Jeff Holm (231) 735-3341 Jjholm74@gmail.com Formerly Regional Vice-President Life Choice Hospice.
  - Karen Wright (603) 833-3663 peppergeorge911@gmail.com Senior Vice President of Operations Life Choice Hospice
  - Dee Geray, RN 719-232-9590 Senior Director of Clinical Operations Life Choice Hospice
  - Dawn Ignatius, RN 719-237-7533 COO Prospect Home Care and Hospice
  - Mary Barrowman 719-573-4166 CEO Prospect Home Care and Hospice

Employment history

Sharon Seaton RN BSN, CHPN
1523 Cresta Rd.
Colorado Springs, CO 80906
719-331-1357
sharonseaton95@gmail.com

2/2018 – present The Corridor Group

Serve as a Hospice resource for the QA team including training, and quality review for stateside and offshore coders and QA reviewers. Developed, implemented and tracked completion for Fall Hospice training all hospice coder's and QA team. Quality Assurance Reviewer for home health diagnosis coding and OASIS reviews. Provided education and training offshore for OASIS and coding as well as use of Corridor's proprietary coding and OASIS software. Featured speaker for Hospice Nut's and Bolts®, state conferences as well as Hospice Management Certification Program. Author and editor for CHEX educational software for topics related to Home Care and Hospice.

5/2015 – 2/2018 McBee & Associates

Hospice and OASIS Coder & Reviewer

2/2012 – 5/2015 LifeChoice Hospice 655 Southpointe Ct #201, Colorado Springs, CO 80906

Formerly SolAmor Hospice and now a branch of Hospice Compassus
Regional Vice President: Jeff Holm (231) 735-3341 Jjholm74@gmail.com

Administrator: Responsible for operations of hospice agency serving two metropolitan areas. Doubled program size within first year and a half. Ensured site compliance, P&L management exceeding EBITDAM past 2 years, developed community relationships while keeping focus on employee retention and engagement and of most importance patient care excellence. Satisfaction scores improved from below national average in 2012 to equal or above national average at present.
(Reason for looking: Sold to Hospice Compassus)

9/10 – 2/12 Odyssey / Gentiva Hospice 5526 N. Academy Blvd., Colorado Springs, CO 80918
Executive Director: Gary Morse

Patient Care Manager. Managed a multidisciplinary team of RN, LPN, C.N.A.'s, Social Workers, Chaplains and clerical staff. Responsible for staffing, supply and pharmacy cost centers, compliance with Medicare guidelines, scheduling.

Quality Manager. Developing CQI program to be relevant to current quality patient care issues. Effective in developing relationships with the management team and empowering them with tools to implement changes in compliance regulations. Integral in educating staff to processes. Incorporated volunteer staff to clerical duties associated with medical records and CQI.
(Reason for leaving: Recruited to run a floundering program at SolAmor Hospice)

12/08 – 9/10 Prospect Home Care and Hospice, 16420 W Us Highway 24, Woodland Park, CO
COO: Dawn Ignatius, RN MS 719-623-1856
Clinical Nurse Manager. Developed effective working relationships with local physicians resulting in referrals, Developed relationships with DME companies, and pharmacies to maximize effectiveness and quality of patient care, bereavement program, supervising Aide staff, LPN staff, quarterly clinical presentations to staff, drafting clinical policies. Management of 15 to 20 home care and hospice patients.
(Reason for leaving: moved to Colorado Springs)

2/07 – 12/08 Odyssey Hospice, 5526 N. Academy Blvd., Colorado Springs, CO 80918
DPS: Rhonda Clark, RN
RN On Call. Sole RN responsible for acute clinical issues with terminally ill hospice patients occurring after hours. This position required autonomy, initiative, and independence as well as excellent working relationships with the hospice physicians. Also required were my skills of diplomacy, attentive listening, and thoughtful intervention within the dynamics of often complex family dynamics.
(Reason for Leaving: sought day shift position closer to home)

7/2005 - 2/2007 Physician's Home Care
Provided weekend visit coverage for Teller County patients as well as case management.

5/2004 – 2/2007 Preferred Hospice 655 South Pointe Ct., Colorado Springs, CO, 80906-3859
(Became SolAmor / LifeChoice Hospice)
DPS: Dee Geray, RN 719-232-9590
RN On Call RN responsible for acute clinical issues with terminally ill hospice patients occurring after hours. This was a similar job to Odyssey with a smaller census and larger geographical area.
(Reason for leaving: sought fulltime employment in hospice)

7/2003 – 5/2004 Penrose St. Francis Hospital, 200 Jackson St., Colorado Springs, CO
Nurse Manager: Brenda Mellencamp, RN
Registered Nurse Staff Nurse in acute care respiratory unit
(Reason for leaving: Became fulltime caregiver for parents)

1/99 – 5/2004 Teller County Social Services, 740 W. Hwy 24, Woodland Park, CO 80863
Medical Foster Home

9/1993-3/1995 San Marcos Regional medical, San Marcos, TX 78666
RN Case Manager, home care

3/1992 – 6/1994 Paragon Home Care, Austin, TX
Clinical Supervisor. Supervising 12 part time nurses and aides and their patients. Coordinated the team to ensure excellent patient care address the unique needs of our impoverished rural patients. Also responsible for hiring, staffing, chart review for Medicare compliance.

8/1991 – 2/1992 Alamosa Regional Medical Center, Alamosa, CO
RN Labor & Delivery, Newborn Nursery for a high risk rural, often malnourished, impoverished population who often presented without prenatal care.

9/1989-8/1991 Visiting Nurses Association, 390 Grant Street, Denver, CO 80203
Manager: Sandy Fragliassi, RN
As discharge planner at University Hospital in Denver developed relationships with Hospital Physicians, Social Workers and floor staff. Educated hospital staff in home care regulations and processes to anticipate patient needs at discharge. Facilitated discharge planning meetings at the hospital and coordinated placement including home, SNF, home care, or hospice. To be effective in this job I was required to be fluent in Medicare guidelines. Prior to promotion to discharge planner I was an RN case manager.

5/1989-11/1989 San Jose Regional Medical Center, San Jose, CA
Staff nurse in newborn nursery, Labor and delivery and Level II, III NICU

6/1987 – 5/1989 Boulder Community Hospital,1100 Balsam, Boulder, Colorado 80301-9019
Nurse Manager: Carol Kleinke, RN
RN Medical/surgical staff nurse
discern trends and identify areas to improve patient care.

Addendum B

Addendum B

Section I: Regulation 60-9-107 b (3) (A)

TCG Media's main objective is to provide Home Health and Hospice-specific education to Home Health and Hospice organizations. To ensure that educational topics are appropriate, TCG Media will follow a process to assess need, then to develop the CNE offering.

A. Assess need based on:
   1) Regulatory requirements
      a. Monthly monitoring of RACs, MACs, OIG, Joint Commission, ACHC, CHAP, CMS, etc. and as needed for any changes, additions, requirements (i.e. OASIS-D1 changes in Home Health).
   2) Current Industry trends
      a. What is necessary in Home Health and Hospice for clinicians to successfully deliver care?
      b. What additional skills are necessary?
      c. What topics are appropriate?
      d. What is the appropriate media for content delivery (elearning, webinar, presentation)?
   3) Current Client Request
      a. Does request meet KSBN regulatory requirements and/or current industry trends?
      b. Is the request applicable to Home Health and/or Hospice?
      c. Does content already exist in a TCG Media offering?

B. Contact Subject Matter Expert
   1) Program Coordinator or appointed individual meets with designated Subject Matter Expert.
   2) Program Coordinator or appointed individual discusses topic with Subject Matter Expert.
   3) Subject Matter Expert provides feedback and suggestions.
   4) Content topic agreed upon and accepted.
   5) Project scope determined:
      a. Intended audience
      b. Length of offering
      c. Content outline
      d. Objectives
      e. Test
      f. Evaluation
   6) Project meetings scheduled:

a. To develop project timelines

b. To establish weekly meetings with designated Program Coordinator or appointed individual and Subject Matter Expert to review content and to verify that content aligns with objectives

c. To validate research

d. To validate sources

e. Final project meeting to review and ensure content meets all requirements of KSA 65-1117(a)

f. Review of time test results to determine CNE award

7) Develop the appropriate media (previously defined) for content offering.

Section II: Regulation 60-9-107 b (3) (B)

Process for fee assessment

1) eLearning

a. TCG Media sells packages of elearning courses to Home Health and Hospice organizations. These packages are a combination of mandatory and professional elearning courses.

b. All participating organizations must sign a two year contract before accessing the courses. The organizations renew their contract annually. The contract stipulates that payment terms and requirement of 60 day notice of non-renewal. Once elearning has been purchased, it is non-refundable as defined by the stipulations of the contracts. See *Section II: Addendum A* for the Corridor CHEX eLearning Statement of Work contracts.

c. Price is determined by the number of users at each participating organization.

2) Presentation

a. TCG Media sells access to other presentations to Home Health and Hospice organizations. These presentations are offered live and CNEs will be awarded based on the total time of the live presentation and will be advertised as such.

b. The presentations will be purchased through a secure, online store, or an order will be taken over the phone by a designated Education Team member. Credit card payment is secured at the point of sale. TCG Media presentations are non-refundable, unless cancelled by TCG Media. See *Section II: Addendum B* for a sample of the TCG Media purchasing process from the web store.

c. Price is determined by the estimated length of the presentation.

Addendum B

Section III: Regulation 60-9-107 b (3) (D); 60-9-107 d

Process for offering approval

1) Summary of planning: TCG Media will pursue relevant content and content Subject Matter Experts based on the needs and requests of our clients and/or the Home Health and Hospice industry.
2) Behavioral Objectives: All objectives will be based on content of each course, however, TCG Media will follow Bloom's Taxonomy as a model for course development (Bloom's Taxonomy identifies six levels of thinking: knowledge, understanding, application, analysis, synthesis, and evaluation).
3) Content which shall meet definition of CNE in KSA 65-1117(a): Content will be unique to each offering, and is "intended to build upon the educational and experimental bases of the registered professional and licensed practical nurse for the enhancement of practice, education, administration, research or theory development to the end of improving the health of the public," as defined in KSA 65-1117(a). All content will be Home Health and Hospice focused.
4) Instructor's education and experience documenting knowledge/expertise: The qualifications of each Subject Matter Expert will be evaluated by the Program Coordinator for each offering.
5) Current bibliography (books 10 yr, periodicals 5 yr): For all research sources, TCG Media will verify that all books are no older than 10 years, all periodicals are no older than 5 years, and that all electronic sources are current.
6) Offering evaluation that includes assessment of learner achievement of each objective, expertise of individual presenters: Each offering will contain a content assessment with offering evaluation questions after the completion of each offering. The learner will obtain his/her CNE certificate upon successful completion of each assessment. Successful completion means that the content assessment is passed with a score of 85% or higher.

Section IV: Regulation 60-9-107 b (3) (E); 60-9-107 e

Process for awarding contact hours

1) After the offering has been developed and assessed for quality, the Program Coordinator will assess how many CNEs the offering will be awarded.
    a. The Program Coordinator will take the completed offering.
    b. The Program Coordinator will time how long the offering takes to complete and record this time.
    c. The Program Coordinator will pass the offering on to at least one Education Team member to pilot test the offering. The Education Team member will record the amount of time it takes to complete the offering.

d. When all individuals have recorded their time, they will discuss any discrepancies between their times and possible reasons why. The mean of the time tests will be used to determine the number of CNE offered.

e. The Program Coordinator will then assign the offering CNEs based on the estimated amount of time the course will take a learner to complete.

2) TCG Media will provide full and partial CNEs based on the amount of time the offering takes to complete using the above time test process.

3) TCG Media will award instructor credit, if applicable. Instructors will receive 2 contact hours for each hour of initial presentation of the approved offering.

4) See *Section IV: Addendum A* for a sample of the time test template.

Section V: Regulation 60-9-107 b (3) (F); 60-9-107 f; 60-9-107 g

Process for verifying participation and completion of the offering

1) eLearning

a. TCG Media requires that each participant has an individual username and password to access CHEX eLearning, the LMS that houses all CNE courses (See *Section V: Addendum A* for example).

b. A participant must complete the course and successfully pass the course assessment with a score of 85% or greater in order to obtain the contact hour(s) from TCG Media.

c. The participant will print a Completion Certificate upon successful completion of the course assessment.

i. The Completion Certificate will include the following information (See *Section V: Addendum B* for sample completion certificate):

1. The provider's name, address, telephone number and KSBN provider number
2. Title of the course
3. Date of completion
4. Number of contact hour(s) awarded
5. Signature of individual responsible for the providership (Program Coordinator)
6. Name, address and license number of the participant

2) Presentation

a. TCG Media will offer each attendee the ability to obtain CNEs with the purchase of each presentation.

b. The presentations can be purchased as described in Section II.

c. After the live presentation, each attendee must fill-out a roster with the attendee name, license number, address and signature. The roster will include the following:

   i. TCG Media, LLC's name, address, and provider number

   ii. The name of TCG Media, LLC's program coordinator

   iii. The number of contact hours awarded

   iv. The title of the offering

   v. The date on which the offering was completed

d. If there are multiple attendees from an organization, then the organization can establish an Organization Administrator who is responsible for verifying the attendance of all attendees at their organization, and fill out one roster for all attendees.

e. After the live presentation, each attendee must complete a presentation evaluation and post test.

f. The attendance roster and evaluation and post test must be returned to TCG Media by fax, mail, or email within 30 days after the live presentation.

g. The designated Education Team member will receive the attendance rosters and evaluations and post tests, then verify that each attendee organization attended the live presentation.

h. After confirming attendance, the designated Education Team member will generate a CNE certificate for the attendees, then email the certificates to the Organization Administrator. Each certificate shall be complete before distribution to the attendee.

i. See *Section V: Addendum C* for samples of the attendance forms and presentation evaluations and post tests.

Section VI: Regulation 60-9-107 b (3) (G); 60-9-107 h

Process for record keeping and record storage

1) eLearning

   a. TCG Media provides all CNE courses through a secure online Learning Management System (LMS). The LMS requires individual usernames and passwords. The LMS keeps all course and assessment completion data for participants. This data is available to individual participants as well as System Administrators. Reports can be developed to track individual participant completion history, as well as the history of all participants that have ever taken a CNE course on the LMS. Because all completion history is online, System Administrators and TCG Media representatives can access this history 24 hours a day, seven days a week, as needed. All history is kept in the LMS indefinitely (greater than the two (2) year retention requirement) and the completion dates

cannot be changed. See *Section VI: Addendum A* for examples of how history is tracked.

b. TCG Media will keep hard copies and electronic copies (stored in a secure, HIPAA compliant cloud server) of the following for each course for a minimum of two (2) years after the course is placed on the LMS:

i. A summary of planning (Continuing Education Development Plan)

ii. Advertisements

iii. Screenshots of the course content (includes bibliography)

iv. Time Tests

v. Subject Matter Expert contract and résumé

vi. Post Test Evaluation

c. A designated member of TCG Media is responsible for maintaining these records.

2) Presentation

a. TCG Media will distribute completion certificates after the completed attendance rosters, post tests, and evaluations are received and verified. All rosters, post tests, evaluations, and completion certificates are scanned and stored electronically in a secure cloud server. The hard copies are kept on-site and maintained by a designated member of TCG Media.

b. TCG Media will keep hard copies and electronic copies (stored in a secure, HIPAA compliant cloud server) of the following for each presentation for a minimum of two (2) years after the live presentation.

i. A summary of planning (Continuing Education Development Plan)

ii. Advertisements

iii. Presentation handouts

iv. Presentation recordings

v. Attendance forms

vi. Attendance reports (obtained from the webinar software)

vii. Time Test

viii. Subject Matter Expert contract and résumé

ix. Post Test Evaluations

c. A designated member of TCG Media is responsible for maintaining these records.

Addendum B

Section VII: Regulation 60-9-107 b (3) (H)

Process for notice of change of coordinator or required policies

1) The Program Coordinator shall notify the Kansas State Board of Nursing in writing of any change of the individual responsible for the providership or required policies and procedures within 30 days of the change(s).
2) The new Program Coordinator will meet the Kansas State Board of Nursing minimal requirements.
3) The new Program Coordinator will submit their curriculum vitae to the Kansas State Board of Nursing upon accepting the role of Program Coordinator.

Section VIII: Regulation 60-9-107 b (3) (I)

Total Program Evaluation

1) TCG Media will follow a Total Program Evaluation process to "analyze outcomes of the overall continuing nursing education program in order to make subsequent decisions" (60-9-105(s)).
2) See *Section VIII: Addendum A* for a sample of TCG Media's Total Program Evaluation.

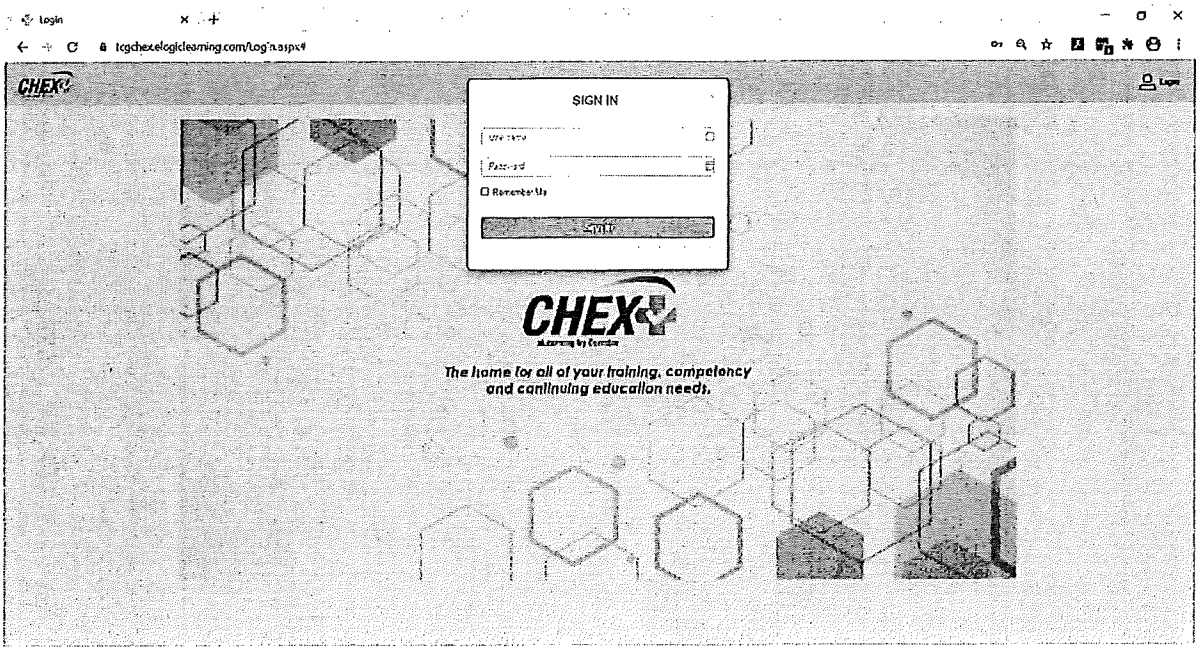
Corridor/TCG Media, LLC
Kansas State Board of Nursing Long-Term Continuing Nursing Education (CNE)
Provider Five Year Renewal – Additional Materials Requested

Independent Study is offered via CHEX eLearning, an online learning platform. TCG Media requires that each participant has an individual username and password to access CHEX eLearning. Usernames and passwords are assigned by a designated TCG Media representative and cannot be transferred or shared. Identifying information is kept in the user profile and cannot be changed by the User.

Attendance and completion of independent study (or courses) is tracked and verified in the CHEX eLearning platform. Users must complete the course in order to gain access to the evaluation. The evaluation must be passed with a score of 80% or higher in order to produce a completion certificate. A user cannot print a completion certificate until they take the course, pass the test, and complete the evaluation.

TCG Media runs completion reports annually.

The following screenshot shows how a user can log-in to CHEX eLearning with their individual username and password.



Section II
Addendum A

corridor

ORGXX
Statement of Work
Corridor CHEX eLearning
Effective Date: DateXX

This Statement of Work ("SOW") is made pursuant to, and is subject to all of the terms and conditions contained in the Master Services Agreement ("MSA") dated XX/XX/20XX between ORGXX ("Client") and The Corridor Group Holdings, LLC dba The Corridor Group ("CORRIDOR").

In the event of a conflict between any terms of this SOW and the MSA, the terms of this SOW shall control.

Scope of Work, Responsibilities

1. Services to Be Provided. In order to assist in the fulfillment of annual mandatory and ongoing education, Corridor will provide access to Corridor CHEX eLearning for a total of XX (XX) users ("Active Learners"). For the purposes of this SOW, Corridor CHEX eLearning will include access to the Corridor CHEX eLearning standard library.

User Course Allocation:	Number of Users
Full CHEX Standard Library	XX
Therapy Library (add-on package)	XX

2. Term.
   a. Use of services provided under this SOW will expire twenty-four (24) months after the Effective Date.
   b. If Client wishes to discontinue use of Corridor CHEX eLearning prior to the end of the term, Client will be responsible for full payment of contractual amount.
   c. This SOW shall renew automatically for successive twelve (12) month terms unless Client provides written notice to Corridor at least sixty (60) days prior to the anniversary of the Effective Date. If a sixty (60) day written notice is not received timely, Client will be invoiced a sixty (60) day pro rata amount from the point of notification.

3. Active Learner Assignment & Passwords: Each Active Learner will be assigned a password to access Corridor CHEX eLearning. This password will allow each Active Learner to access to Corridor CHEX eLearning for the term of this SOW. Passwords are non-transferable except for Active Learners that resign or are terminated from Client organization during the term of the SOW. Active Learners may only be reassigned once per contract year. Deactivation and new activation must be requested in writing/email and is subject to the discretion and approval of Corridor.

4. Set-Up of Active Learners: Active Learner passwords will be activated by Corridor for new users upon notification to Corridor, provided total users do not exceed the quantity outlined in this SOW.

5. License to Use; Ownership of Content & Proprietary Materials.
   a. Each Active Learner is authorized unlimited use of and access to proprietary content and materials provided by Corridor as part of Corridor CHEX eLearning for the duration of this SOW.
   b. All proprietary content and materials provided by Corridor as part of Corridor CHEX eLearning shall remain the property of Corridor and shall be considered Confidential Information in accordance with section 5 of the MSA. Under no circumstances are the proprietary content and materials provided by Corridor as part of Corridor CHEX eLearning to be considered "Corridor Materials" as defined in section 8 of the MSA.
   c. Any proprietary content and materials owned by Client that is placed on Corridor CHEX eLearning for any purpose will remain the property of the Client and shall be considered Confidential Information in accordance with section 5 of the MSA. Any such content will only be accessible by Client for the duration of this SOW. All such materials will be returned to Client at the termination of this SOW.

6. Client Responsibilities.
   a. Provide Corridor with the name and contact information of a Client employee who will serve as the Client CHEX Manager.
   b. Via the Client CHEX Manager, provide Corridor with an initial list of Active Learners, and will also work with Corridor to maintain and update the list of Active Learners on an ongoing basis.

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c. Client will ensure that Active Learners are accessing Corridor CHEX eLearning using computer hardware and software that meets Minimum System Requirements, provided upon request.
d. Client will deliver orientation and provide direct support for all Active Learners using Corridor CHEX eLearning.

7. Corridor Responsibilities.
   a. Upon receipt of an initial or updated list of Active Learners from the Client CHEX Manager, set up new Active Learners, notify the Active Learner that they have been set up and provide the Client CHEX Manager with a list of all Active Learners who have been successfully set up.
   b. Provide access to Manager and User Manuals and orientation materials for Client's CHEX Manager.
   c. Provide orientation training to Client CHEX Manager by telephone or web as Corridor CHEX eLearning program is launched. Note: orientation training can be delivered at the Client's location for $2,000.00 per day plus travel expenses.
   d. Provide help desk support to Client CHEX Manager only – Monday – Friday 8:00 AM – 5:00 PM Central Time, excluding holidays.
   e. Respond to e-mails from Client CHEX Manager during regular business hours.
   f. Provide support to Client for technical requirements, Minimum System Requirements provided upon request.
   g. Provide support to Client CHEX Manager for standard reports to meet tracking requirements.

8. Infringement Warranty and Indemnification.
   a. Corridor warrants that it has sole ownership of and/or the right to license Corridor CHEX eLearning as contemplated under this SOW. Corridor will indemnify and hold harmless Client from and against any losses, damages, claims or actions or any kinds (including reasonable expenses for defense and attorneys' fees) asserted against Client arising from a claim that Corridor CHEX eLearning infringes a trade secret, patent or copyright in the United States (an "Infringement Claim"). As a condition of such defense and payment, Client must give Corridor prompt written notice of such claim and give complete authority to Corridor to compromise or settle such claim and fully cooperate with Corridor in the defense and all related negotiations.
   b. Notwithstanding anything to the contrary herein, Corridor shall have no liability or obligation or indemnify Client with respect to, and Client shall hold Corridor and its affiliates, directors, officers, employees, agents, successors and assigns harmless from and against any Infringement Claim (including reasonable expenses for defense and attorneys' fees) arising from Client's use of Corridor CHEX eLearning in violation of this SOW, Client's modification of the Corridor CHEX eLearning without Corridor's prior written approval; and/or Client's use of equipment, programs or services not furnished by Corridor to Client pursuant to this SOW.
   c. Client agrees that if the operation of Corridor CHEX eLearning becomes or, in the opinion of Corridor, is likely to become the subject of an Infringement Claim, Client will permit Corridor at Corridor's option and expense, to:
      i. Promptly procure for Client the right to continue to use Corridor CHEX eLearning; or
      ii. Replace Corridor CHEX eLearning with alternatives that function substantially the same as the portion of the Corridor CHEX eLearning that becomes infringing or is likely to become infringing; or
      iii. Modify Corridor CHEX eLearning in a manner that causes it to be non-fringing or not likely to be infringing while causing it to function substantially the same as it had prior to modification; or
      iv. Remove Corridor CHEX eLearning (or portion thereof) that is or is likely to become infringing.
   d. If Client fails to permit Corridor to take any of the above-stated actions, Corridor's obligations under this section shall immediately terminate and Client shall have no recourse against Corridor for a breach of any of the warranties contained in this section.

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Implementation Plan

Corridor is available to schedule the implementation of CHEX as mutually agreed. The initial proposed plan for implementation is as follows:

Activity	*Timing*
Orientation and training for administrator and Managers (web meetings)	TBD

This timeline is dependent on the ability of Client's staff to respond in a timely manner during the implementation to requests for required information. The actual timeline will be determined in collaboration with Client and any adjustments during the course of the implementation will be confirmed between Corridor and Client.

Fees and Financial Arrangements

Number of Active Learners – Standard Library	XX
Annual Fee Per Active Learner	$XX
Number of Active Learners – Therapy Library	XX
Annual Fee Per Active Learner	$XX
Total Annual Amount Due	$XXXX

No Fee Increase During Initial Term: Fees shall remain in effect and shall not be amended during the term of this SOW.

Additional Active Learners: Active Learners may be added in groups of 5 (five) at any time for the agreed upon contractual rate. Therapy Active Learners may be added individually at any time for the agreed upon contractual rate.

Payment Terms: The amount due for the initial term
of this agreement will be due annually as follows:
50% of total payment or $XX.00 is due on execution of SOW and remaining 50% or $XX.00 is due 30 days post go live.

Please make checks payable to:
Corridor Media, LLC
PO Box 17603
Clearwater, FL 33762-0844
913-362-0600

Fees Upon Renewal: For renewals, an estimated annual fee will be calculated based on the number of Active Learners that exist sixty (60) days prior to the anniversary of the Effective Date. An Invoice or credit memo will be issued based upon the actual Active Learners on the anniversary date. Prompt payment received by Corridor will ensure uninterrupted access to Corridor CHEX eLearning.

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Confirming Statement of Work

The Statement of Work is part of and governed by the terms and conditions of the Master Agreement between The Corridor Group Holdings, LLC dba The Corridor Group ("Corridor") and ORGXX ("Client") effective DateXX.

The Corridor Group Holdings, LLC dba The Corridor Group (Corridor)	ORGXX
By _____	By _____
Peggy Patton Vice President of Education Services	_____
Date _____	Date _____
"Corridor"	"Client"

Corridor Statement of Work – X/X/2019
Attachment to Master Service Agreement – X/X/20XX

Please complete client billing information.

Contact Name:	Billing Name:
Contact Title:	Address:
Telephone:	
	City, ST, ZIP:

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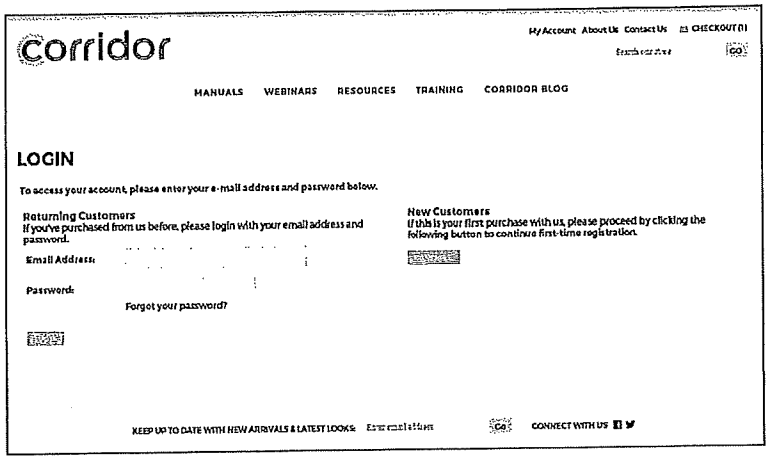
Section II
Addendum B

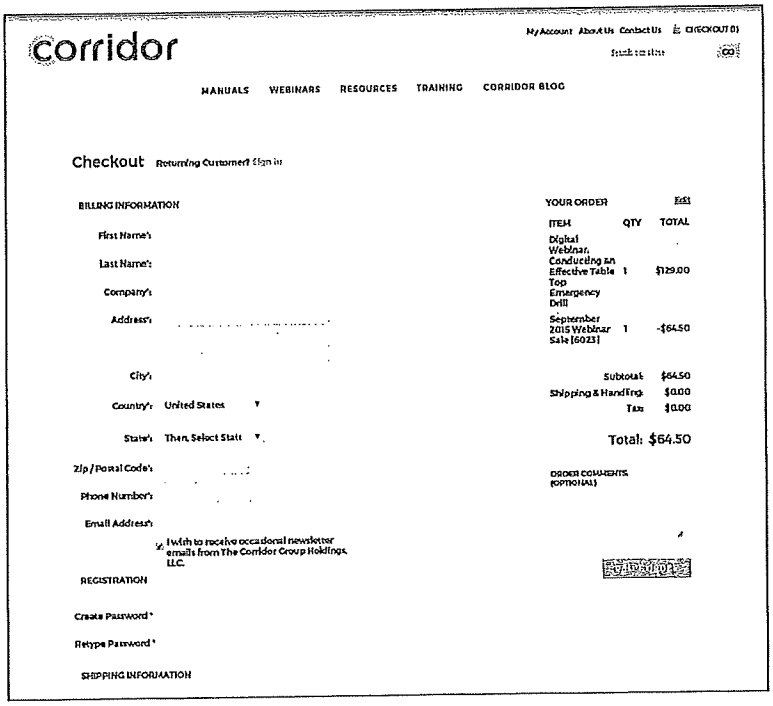
Section II: Addendum B

Once a customer has selected which presentation they would like to purchase, they will proceed to the checkout.

1) A customer can create an account in the Corridor web store. Creating an account will allow the customer to track their order history. An account will also store the customer's personal information, but will not hold credit card numbers.
2) If the customer decides to not create an account, then they can check out of the web store as a guest.



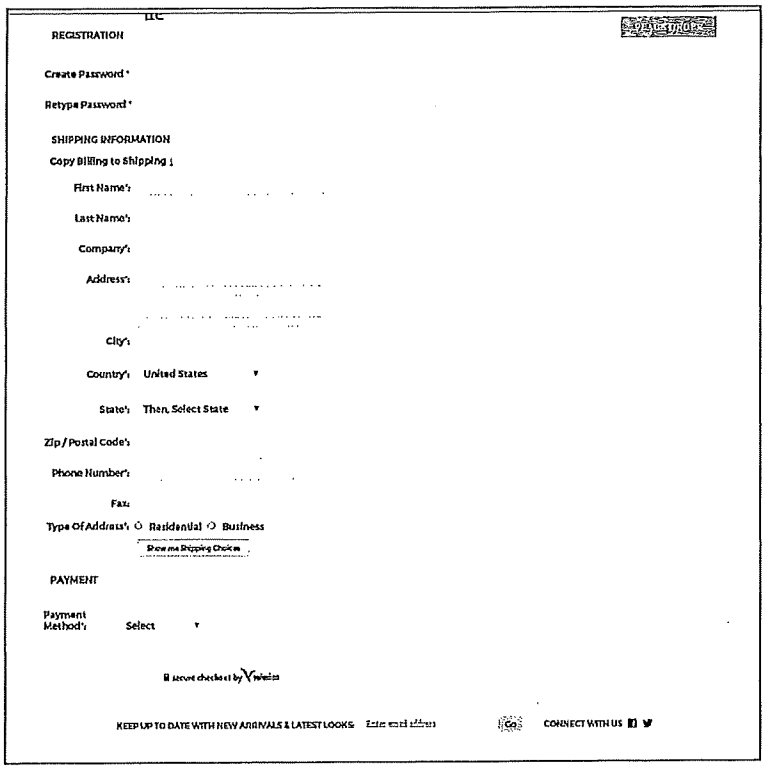
3) The customer will need to provide their *E-Mail Address*, *Shipping Address*, *Billing Address* and *Phone Number* to TCG Media in order to process their order.



Section II: Addendum B

4) The customer will review his/her *Shipping Address*, *Billing Address* and the *Order Summary* box.

5) The customer will enter his/her *Payment Information* then click *Continue*.



6) TCG Media will receive this order via email and process the order as appropriate.

Section IV
Addendum A

Section IV: Addendum A

Time Test Evaluation

TCG Media, LLC

corridor

Instructions: Each reviewer will record the exact time that they begin the review. The reviewer will complete the entire offering, then record the end time. Any additional comments can be recorded in the comments section. All reviews must be returned to the Program Coordinator.

Offering Name: _____

Delivery Method: _____

Program Coordinator: _____

Date: _____

Start Time: _____ **End Time:** _____

Comments: _____

_____

_____

Reviewer Name: _____

Date: _____

Start Time: _____ **End Time:** _____

Comments: _____

_____

_____

Reviewer Name: _____

Date: _____

Start Time: _____ **End Time:** _____

Comments: _____

_____

_____

Reviewer Name: _____

Date: _____

Start Time: _____ **End Time:** _____

Comments: _____

_____

_____

Average Time: _____

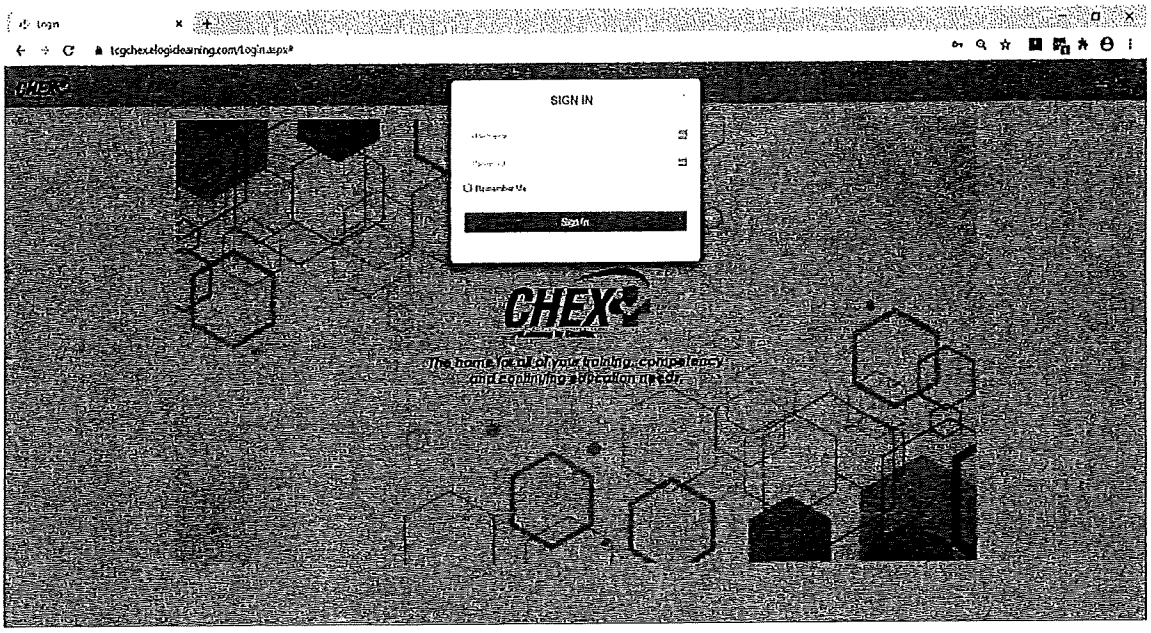
CE Awarded: _____

Program Coordinator Signature: _____

Section V
Addendum A

Section V: Addendum A

Once an organization has purchased CHEX eLearning, TCG Media assigns usernames and passwords to each individual. The individuals will log-in to CHEX eLearning with their assigned username and password.



CE Completion Certificate

CHEX
eLearning by Corridor

TCG Media, LLC certifies that **NAME**

has successfully completed

CE - COURSE NAME
(Estimated Time: ## minutes)

on **DATE** and was awarded **##** continuing education credits.

-309-

Sharon Seaton

Sharon Seaton, RN
TCG Media, LLC
6405 Metcalf Avenue, Suite 108
Overland Park, KS 66202
Accredited by Kansas State Board of Nursing (KSBN)
KSBN Provider Number: LT0270-0111

CHEX eLearning is an approved provider of Texas HHS Administrator and Alternate Administrator training.
The following statement pertains to RNs licensed in the state of Florida. This certificate must be retained for four years. **Do not forward this certificate to the Florida Board of Nursing.**

Record your license number here: _____

Section V
Addendum C

Webinar Attendance Form

corridor

TCG Media, LLC
Kansas State Board of Nursing Provider Number LT0270-0111

MAIL TO: TCG Media, LLC
ATTN: Education Division
6405 Metcalf Avenue, Suite 108
Overland Park, KS 66204

FAX TO: Corridor Education Division, 913-362-5378 **EMAIL TO:** bookstore@corridorgroup.com

Webinar Information

Presentation Title:	
Presenter:	
Presentation Date:	
Contact Hours Available:	XX hour

Your Organization Information

Organization Name:	
Webinar Site Coordinator Name and Title:	
Provider Number:	
Mailing Address:	
City:	**State:** **Zip:**
Telephone Number:	**Email:**

TCG Media, LLC is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course is approved for XX contact hours applicable for APRN, RN, LPN, or LMHT relicensure. Kansas State Board of Nursing provider number LT0270-011.

Instructions:

- Designate a Webinar Site Coordinator for your organization. The Webinar Site Coordinator will be responsible for completing the Webinar Attendance Form and for making sure all attendees are listed on the Sign-in Sheet(s).
- If you are attending the Webinar as an individual and do not have a Provider Number, please write "Individual" in the Provider Number field.
- Provide an email address to which TCG Media can send CE Certificate(s) in pdf form. Hard copy certificates are available upon request.
- After the Webinar, each attendee must complete the Post Test and Evaluation in order to receive a CE.
- To obtain CEs, send your completed Webinar Attendance Form, Sign-in Sheet(s), completed Post Test and Evaluation(s) to Corridor Media by mail, fax or email (information listed above). **Certificates will not be sent until all completed materials are received.**

Return completed forms to TCG Media, LLC within 30 days of the live presentation.
If forms are not received within 30 days, CEs will not be rewarded.

Webinar Post Test
TCG Media, LLC
Kansas State Board of Nursing Provider Number LT0270-0111

corridor

MAIL TO: TCG Media, LLC
ATTN: Education Division
6405 Metcalf Avenue, Suite 108
Overland Park, KS 66204

FAX TO: Corridor Education Division, 913-362-5378 **EMAIL TO:** bookstore@corridorgroup.com

Instructions: Each attendee must complete this test after attending the webinar. Return this test with your completed Webinar Attendance Form. If you are not requesting CEs, please provide your feedback below and return by mail, fax or email.

Attendee Name:

Presentation Name:

Presentation Date:

1. Was the presenter knowledgeable on the content and well prepared?
   ☐ Yes ☐ No
2. Did the presentation meet your expectations?
   ☐ Yes ☐ No
3. Were the handouts adequate?
   ☐ Yes ☐ No
4. Will you attend other presentations from this organization in the future?
   ☐ Yes ☐ No
5. Rate the extent to which the presenter was able to meet each of the following objectives.

Achievement of Objectives	Fully	Partially	Not At All

Comments about this presentation:

Comments about the presenter:

Return completed forms to TCG Media, LLC within 30 days of the live presentation.
If forms are not received within 30 days, CEs will not be rewarded.

Sign-in Sheet
TCG Media, LLC
Kansas State Board of Nursing Provider Number LT0270-0111

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Attendees From Your Organization

CE	Name (please print):	License Type & Number:	Address:	Signature:
☐				
☐				
☐				
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Total CEs: _____

Return completed forms to TCG Media, LLC within 30 days of the live presentation.
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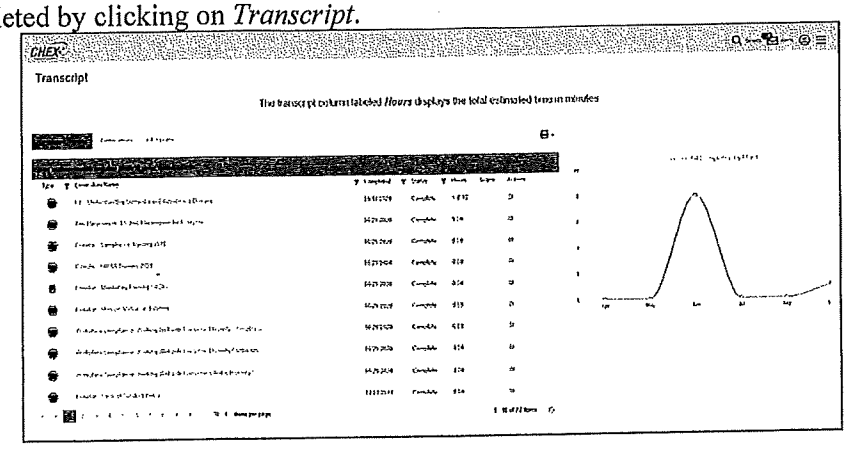
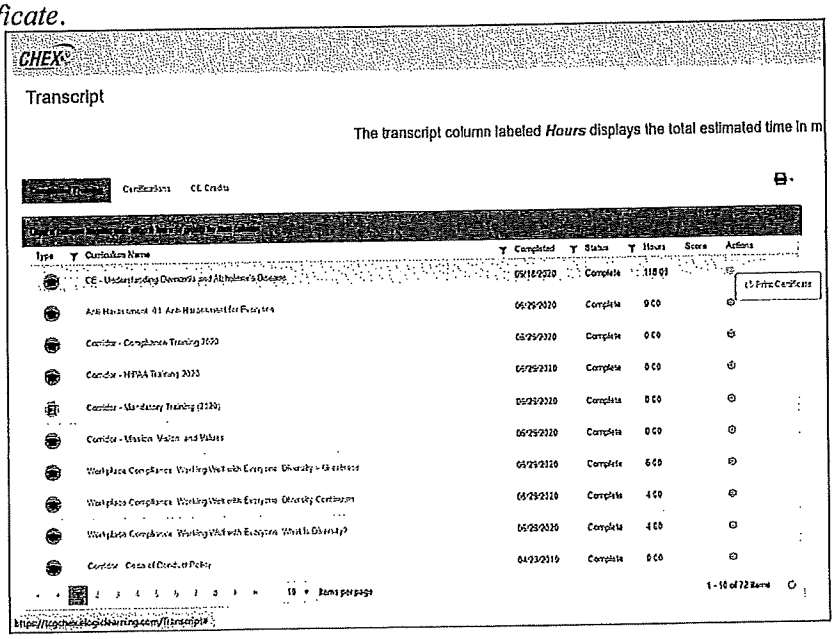
Section VI
Addendum A

Section VI: Addendum A

At any time, an individual can log-in to their account and view the courses and tests that he/she has completed by clicking on *Transcript*.

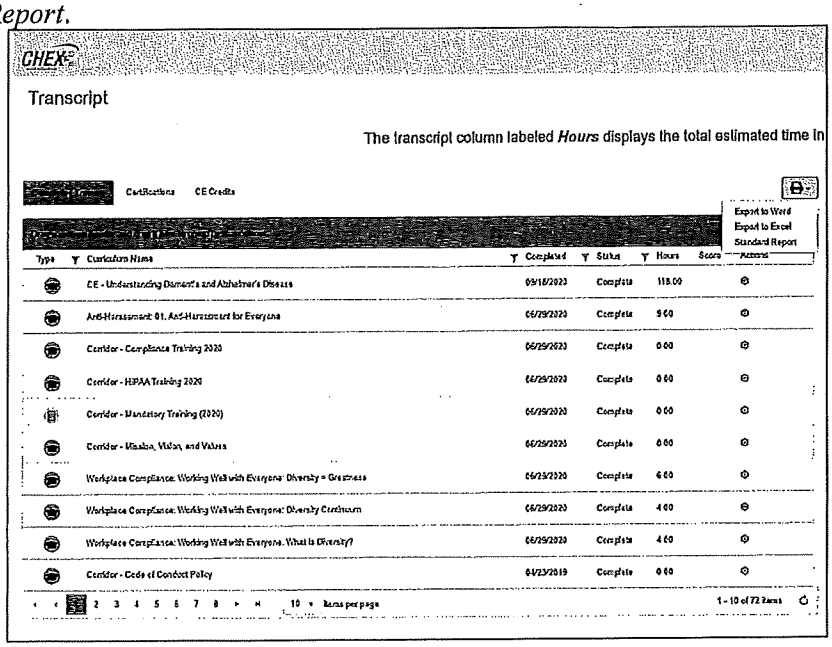


From the list of completed courses and tests, an individual can print his/her completion certificates, including CE Certificates, by clicking the icon in the *Actions* column, then select *Print Certificate*.



Section VI: Addendum A

An individual can also generate a report of his/her test history by clicking on the printer icon. The report can be exported into Word or Excel, or opened in a separate window by clicking *Standard Report.*



This report will show results for all completed tests and courses. This report can be printed or downloaded.

Section VIII
Addendum A

TCG Media, LLC
KSBN Long Term Provider Number: LT#0270-0111
Total Program Evaluation

Area	Frequency	Resp. Person	Criteria	Findings	Actions/ Recommendations
Administration	Annually	Program Coordinator or Appointed Representative	Review job description		
Policies: Assess need, planning -written tool -evaluation summaries	Annually	Program Coordinator or Appointed Representative	Review survey for appropriateness; were survey findings and identified needs from evaluation summaries used in program planning		
Policies: Fee Assessment	Annually	Program Coordinator or Appointed Representative	Policy meets organization and customer needs		
Policies: Announcement	Annually	Program Coordinator or Appointed Representative	Review to be certain they reflect necessary information		
Policies: Regulatory Compliance	Every six months or more frequently, as needed	Program Coordinator or Appointed Representative	Review for any changes to be certain that they compliant with the most current regulations		
Policies: Offering approval process	Annually	Program Coordinator or Appointed Representative	Review policies and compare to KSBN requirements		
Policies: Awarding contact hours	Annually	Program Coordinator or Appointed Representative	Review agendas/pilot test results to verify contact hours awarded; review documentation or partial credit		
Policies: Verifying participation/completion	Annually	Program Coordinator or Appointed Representative	Review learner assignments and completion reports; compare to KSBN requirements		
Policies: Record keeping	Annually	Program Coordinator or Appointed Representative	Audit contents of files for compliance with KSBN requirements		
Policies: Notification of changes	Annually	Program Coordinator or Appointed Representative	Review procedures for changes reported to KSBN		
Total Program Evaluation effectiveness	Annually	Program Coordinator or Appointed Representative	Review total program evaluation and compare contents to KSBN requirements		

Reviewed by: Date:

Program Coordinator
Sharon Seaton, RN

Addendum C

CHEX+

eLearning by Corridor

CHEX+ is your new home for all of your training, competency and continuing education needs.

- Easily administer and document training for all staff at one or multiple locations.
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POPULAR COURSE TOPICS INCLUDE:

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- Health and Safety
- OASIS
- CoPs
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- Behavioral Health

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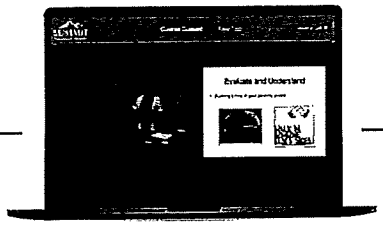
- Orthopedics
- Functional therapies for dementia
- Heart failure
- COPD
- Diabetes
- Stroke rehab
- Therapy documentation and OASIS guidance

CNE 320

"CHEX is so easy to navigate. The modules are interesting and keep your attention with questions and interactivity. The modules explain the concepts of home care well, especially the OASIS components, which directly relate to the work I am doing."

- Amy Pederson, RN Case Manager - UnityPoint at Home



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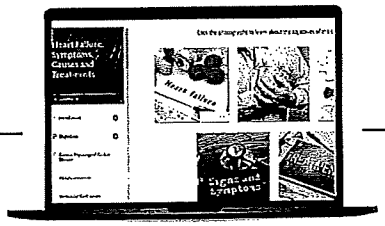

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CNE 321 MK009 10.20

Corridor/TCG Media, LLC
Kansas State Board of Nursing Long-Term Continuing Nursing Education (CNE)
Provider Five Year Renewal – Additional Materials Requested

Post-Test Evaluation for all KSBN CNE Courses

1. Please rate how well this course met each of the stated objectives:
   a. Excellent
   b. Good
   c. Average
   d. Poor

2. Please rate the course's ease of navigation:
   a. Excellent
   b. Good
   c. Average
   d. Poor

3. Please rate the course content:
   a. Excellent
   b. Good
   c. Average
   d. Poor

4. Please rate the course graphics, activities, and examples:
   a. Excellent
   b. Good
   c. Average
   d. Poor

5. Please rate how well you were able to navigate the course and test (for example, find and launch this course, access resource links, apply examples and take the test):
   a. Excellent
   b. Good
   c. Average
   d. Poor

Addendum D
Course #1

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Continuing Education Development Plan

Presentation Continuing Education Development Plan

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Corridor Media, Inc.

Kansas State Board of Nursing Provider #LT0270-0111

Offering Title: Understanding Chronic Obstructive Pulmonary Disease (COPD)

Program Coordinator: Peggy Patton

Date: 09/03/2019

Appropriate Media: eLearning

Action	Result	Initials	Date
Assess need for offering based on: • Regulatory requirements • Current industry trends • Current client request	Ongoing client requests for additional clinical education in our Learning Management System. There are no specific regulatory requirements for the content – but a general interest and need across our client base in home health and hospice.	PP	09/03/19
Identify Subject Matter Expert	Peggy Patton RN, MHCL and Amy Lemmon MA (reviewer)		
Meet with Subject Matter Expert • Discuss topic • Obtain feedback and suggestions • Content agreed upon and accepted • Project scope determined	Feedback and suggestions: Project Scope: • Intended Audience: Home Health and Hospice clinicians • Length of offering: 1 hour • Content outline: Chronic Obstructive Pulmonary Disease or COPD is a term used to describe a group of lung diseases that block airflow when exhaling, causing increased difficulties while breathing. This course provides an overview of COPD, including the clinical manifestations of COPD and the treatment options available • Objectives: 1. Define Chronic Obstructive Pulmonary Disease (COPD) 2. Understand the stages of COPD 3. Identify treatment modalities and medications currently used 4. Define clinical manifestations of COPD 5. Identify patient and caregiver interventions for COPD management • Test: yes – 10 multiple choice/T-F questions • Evaluation: yes	PP/AL	09/03/19
Weekly meetings scheduled	Dates/times: will not meet weekly		
Offering to be returned to Program Coordinator	Date: 09/18/2019	PP	
Research Validated	yes	AL	
Sources Validated	Yes – updated at each review	PP	
Develop the appropriate media for content offering	Converted standard storyboard format to mobile responsive, SCORM compliant eLearning course using RISE course authoring tool. Added to secure ftp site for access on leaning management system.	PP/TC RISE course developer	09/22/19
Final project meeting	Not needed		

Presentation Continuing Education Development Plan

Corridor Media, Inc.

Kansas State Board of Nursing Provider #LT0270-0111

Time tests conducted	yes	PP/EL	10/04/19
CE Awarded	Yes – 1.2 CE	PP	10/04/19

Attach:

- Corridor Media contract with Subject Matter Expert – NA
- Subject Matter Expert curriculum vitae
- Media storyboard/handouts and references
- Time Test Form
- Post test

Corridor/TCG Media, LLC
Kansas State Board of Nursing Long-Term Continuing Nursing Education (CNE)
Provider Five Year Renewal – Additional Materials Requested

Calculating Contact Hours

We previously were using 1 CNE = 60 minutes, but we have changed our evaluation and will now use 1 CNE = 50 minutes. The two courses that we submitted for approval have been reassigned the following CNEs:

1. Understanding COPD: 72 minutes = 1.2 CNE
2. Understanding Dementia & Alzheimer's Disease: 62 minutes = 1.1 CNE

Corridor/TCG Media, LLC
Kansas State Board of Nursing Long-Term Continuing Nursing Education (CNE)
Provider Five Year Renewal – Additional Materials Requested

Behavioral Objectives for Offering 1: Understanding Chronic Obstructive Pulmonary Disease

After the successful completion of the course "Understanding Chronic Obstructive Pulmonary Disease," the user will be able to:

A. Define COPD
B. Explain the causes of COPD
C. Identify the stages and pathophysiology of COPD
D. Identify treatment modalities and medications currently used
E. Define clinical manifestations of COPD
F. Identify patient and caregiver interventions for COPD management
G. Explain the role of home care and/or hospice care providers
H. Identify ways to prevent COPD exacerbations and reduce hospitalizations

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Contract With Subject Matter Expert

(if Subject Matter Expert is not employed by TCG Media, LLC)

This course was developed by Peggy Patton, Vice President of Education at Corridor, therefor there is not a contract.

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Subject Matter Expert CV

PEGGY PATTON

SUMMARY OF QUALIFICATIONS

1980 – Present – Licensed by the State of Kansas – RN

Managerial Experience in Training/Consulting/Project Management

Training/Consulting/Project Management Experience in Homecare arena

Client Relationship and Management Expertise

Personnel Management

VP of Education Services at Corridor

WORK EXPERIENCE

1980 - 1991 Stormont-Vail Regional Medical Center Topeka, Kansas

Staff RN, Charge Nurse

- Staff RN with promotion to Charge Nurse in Adult Coronary Intensive Care Unit.

1991-2001 Stormont-Vail Regional Medical Center Topeka, Kansas

Hospital based clinician for Stormont Vail / Cotton-O'Neil Cardiology -RN

- Responsible for patient and family education regarding medical procedures and condition, patient assessment and documentation, patient triage, record compliance, documentation, dictation and discharge planning.

2001-Jan. 2009 Cerner Corporation - BeyondNow Home Care KC, Missouri

Training and Consulting role, Training and Consulting Manager, Project Implementation Manager, IT Manager with promotion to Senior Manager of Client Services and IT.

- Responsible for management of Client Services which have included Training, Consulting Services, Project Implementation, Reference Management, and IT Support Services. Senior Manager of Client Services which includes software training, consulting services, client reference management, KLAS, and IT Support Services.
- In management role for past 5 years. Sr. Management role past 3 years.

2009 (Feb) – present The Corridor Group Overland Park, Kansas

VP of Education Services – includes Products Media and Corridor CHEX eLearning

EDUCATION

1976-1980 Cloud County Community College Concordia, Kansas
Associate of Science Degree - pre -nursing

1980-1982 Stormont-Vail School of Nursing Topeka, Kansas
Diploma of Nursing

2006-2008 Friends University of Wichita at Topeka Campus Topeka, Kansas
Bachelor of Science Business Management
4.0 GPA

2010 – 2012 Friends University of Wichita at Topeka Campus Topeka, Kansas
Masters of Healthcare Leadership (MHCL)
Current 4.0 GPA

PRESENTATIONS

October 2008 – Cerner Healthcare Conference - "Making the Most of Client-Vendor Relationships"
Co-presented with Kris Dudziak, Senior Manager of Business Operations for Homecare, Hospice, and Geriatric Services at HealthPartners in Minneapolis, MN.

October 2009 – Cerner Healthcare Conference – "Innovations in Homecare"
Co-presented with Terry Skreteny, Director of IS at Longview Homecare and Hospice in Longview, WA.

May 2010 – CAHSAH Annual Conference – "Education – Put your Money Where it Matters"

April 2011 – NHPCO conference – Co-presenter

May 2011 – Southwest Gulf Coast Conference – Co-presented with Gracie Davis – Encompass

May 2013 – CAHSAH Annual Conference – Presenter

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- Therapy documentation and OASIS guidance

CNE 334

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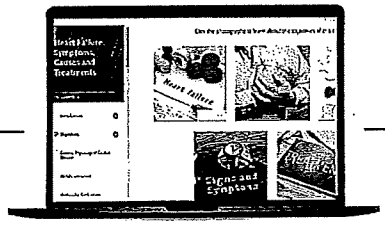

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CNE 335 MK009 10.20

Time Tests

Time Test Evaluation

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Corridor Media, Inc.

Kansas State Board of Nursing Provider #LT0270-0111

12:51

Instructions: Each reviewer will record the exact time that they begin the review. The reviewer will complete the entire offering, then record the end time. Any additional comments can be recorded in the comments section. All reviews must be returned to the Program Coordinator.

Offering Name: Understanding Chronic Obstructive Pulmonary Disease (COPD)

Delivery Method: eLearning Presentation

Program Coordinator: Peggy Patton

Date: 10/04/2019

Start Time: 7:35 am **End Time:** 8:57 am

Comments: Technical update – to completion display. Now displays on transcript as expected in LMS.8

Reviewer Name: Elizabeth Larsen

Date: 09/30/2019

Start Time: 12:50 pm **End Time:** 2:03 pm

Comments: Reviewed after update

Reviewer Name:

Date:

Start Time: **End Time:**

Comments:

Reviewer Name:

Date:

Start Time: **End Time:**

Comments:

Average Time: 72 minutes

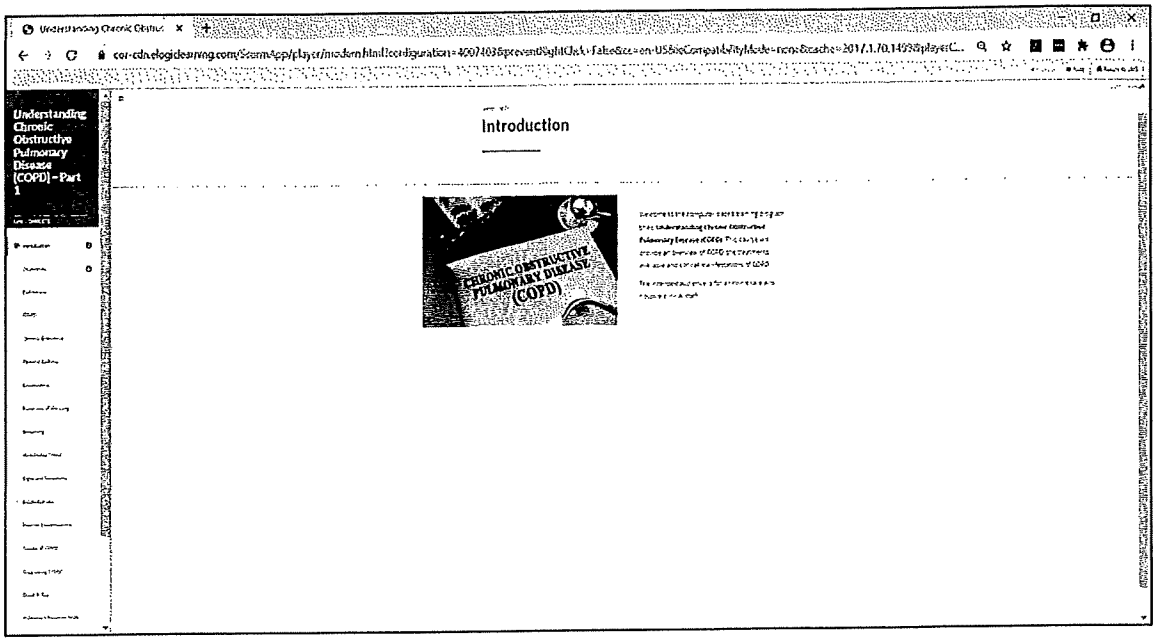
CE Awarded: 1.2

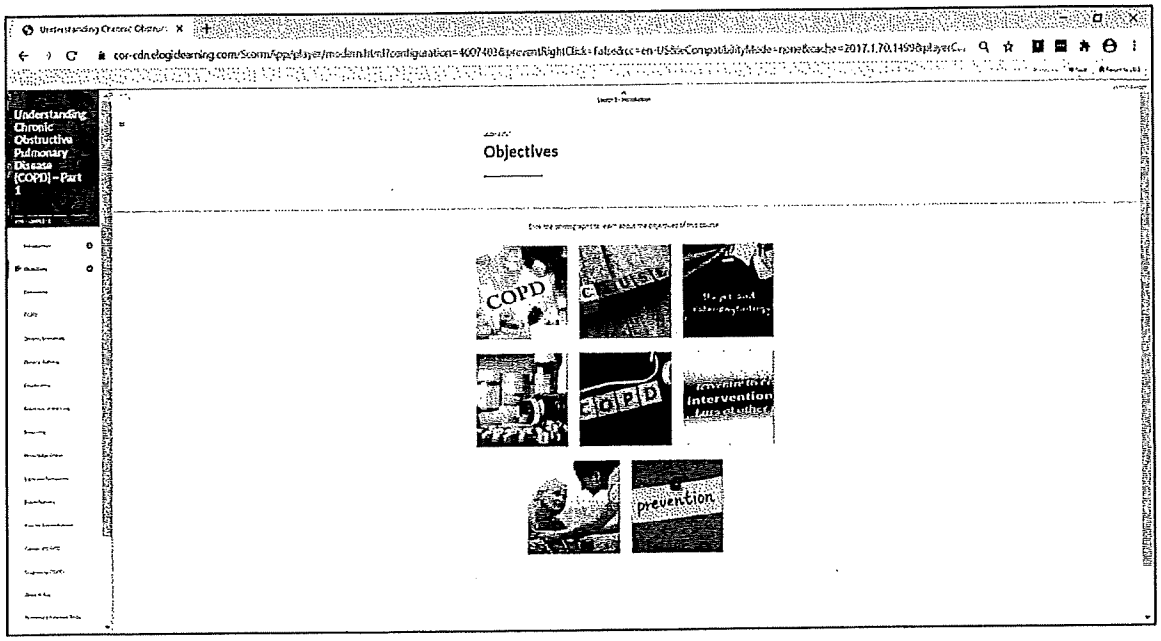
Program Coordinator Signature: Peggy Patton

CNE 337

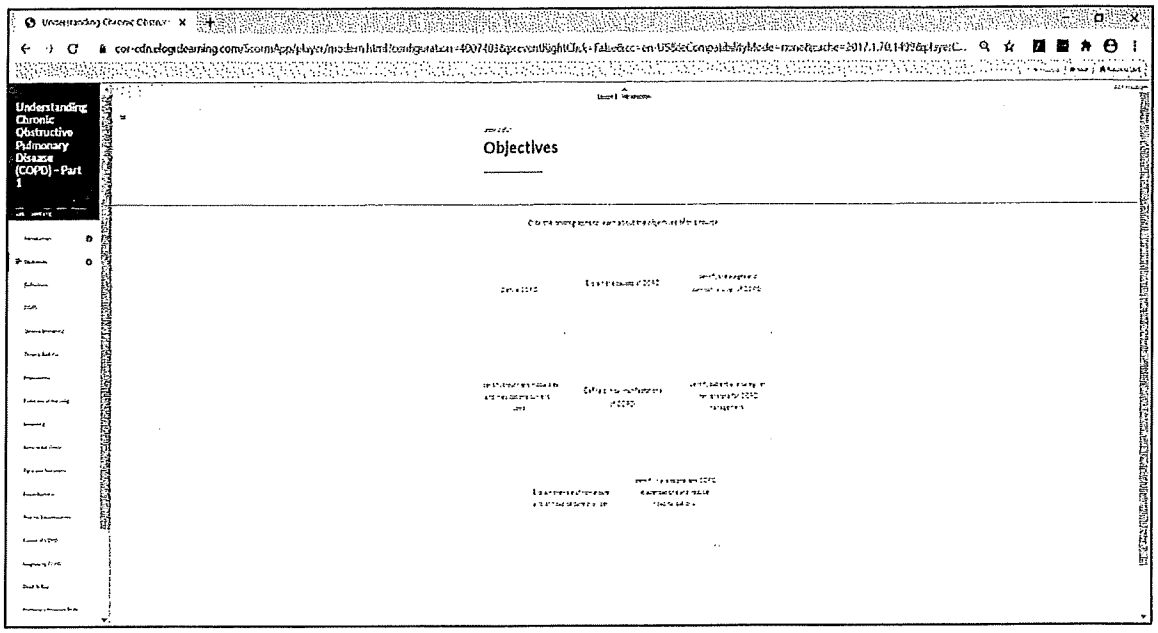
Course Content

Understanding Chronic Obstructive Pulmonary Disease (COPD) Course Content
Part I





Understanding Chronic Obstructive Pulmonary Disease (COPD) Course Content Part I



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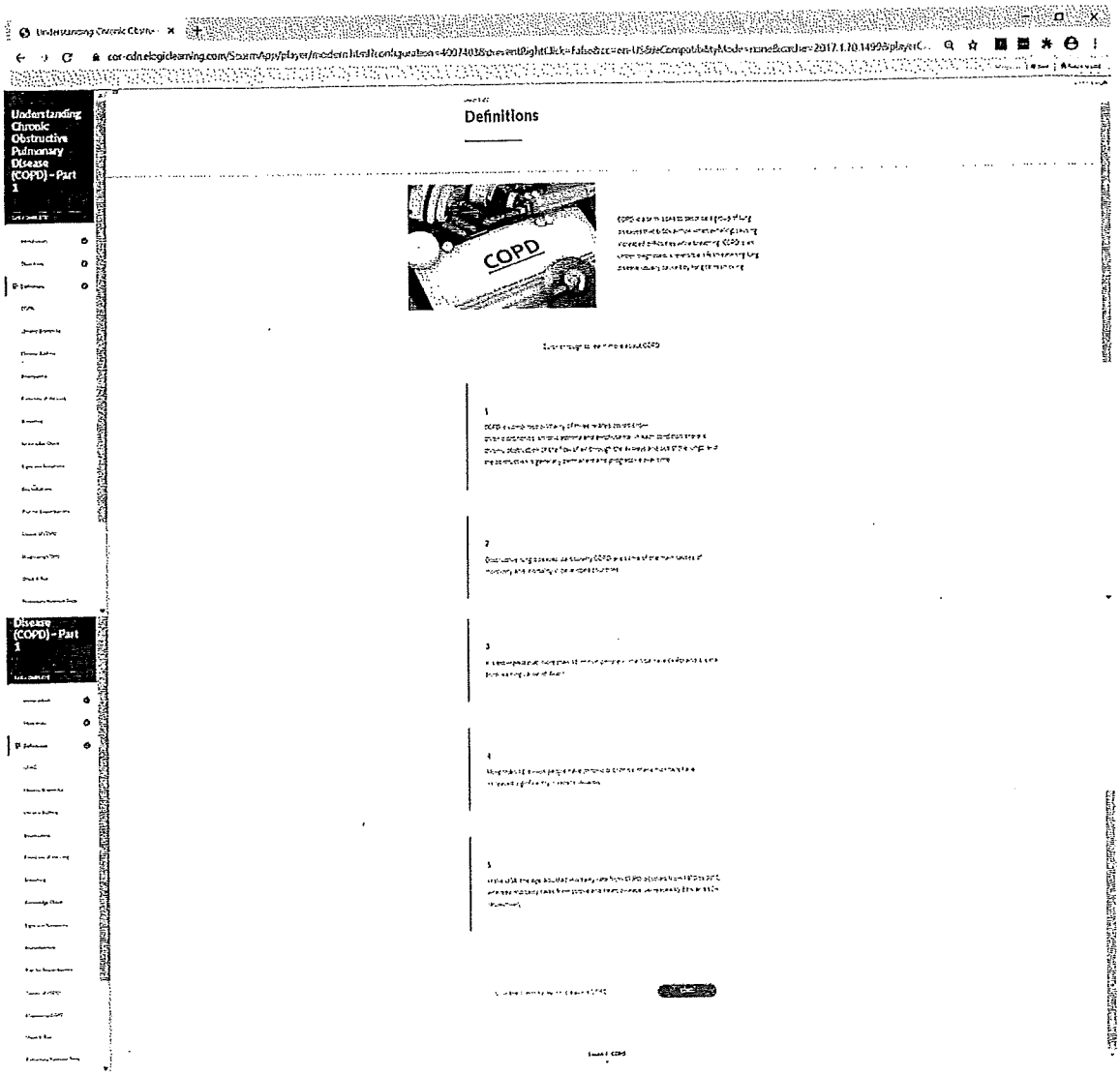

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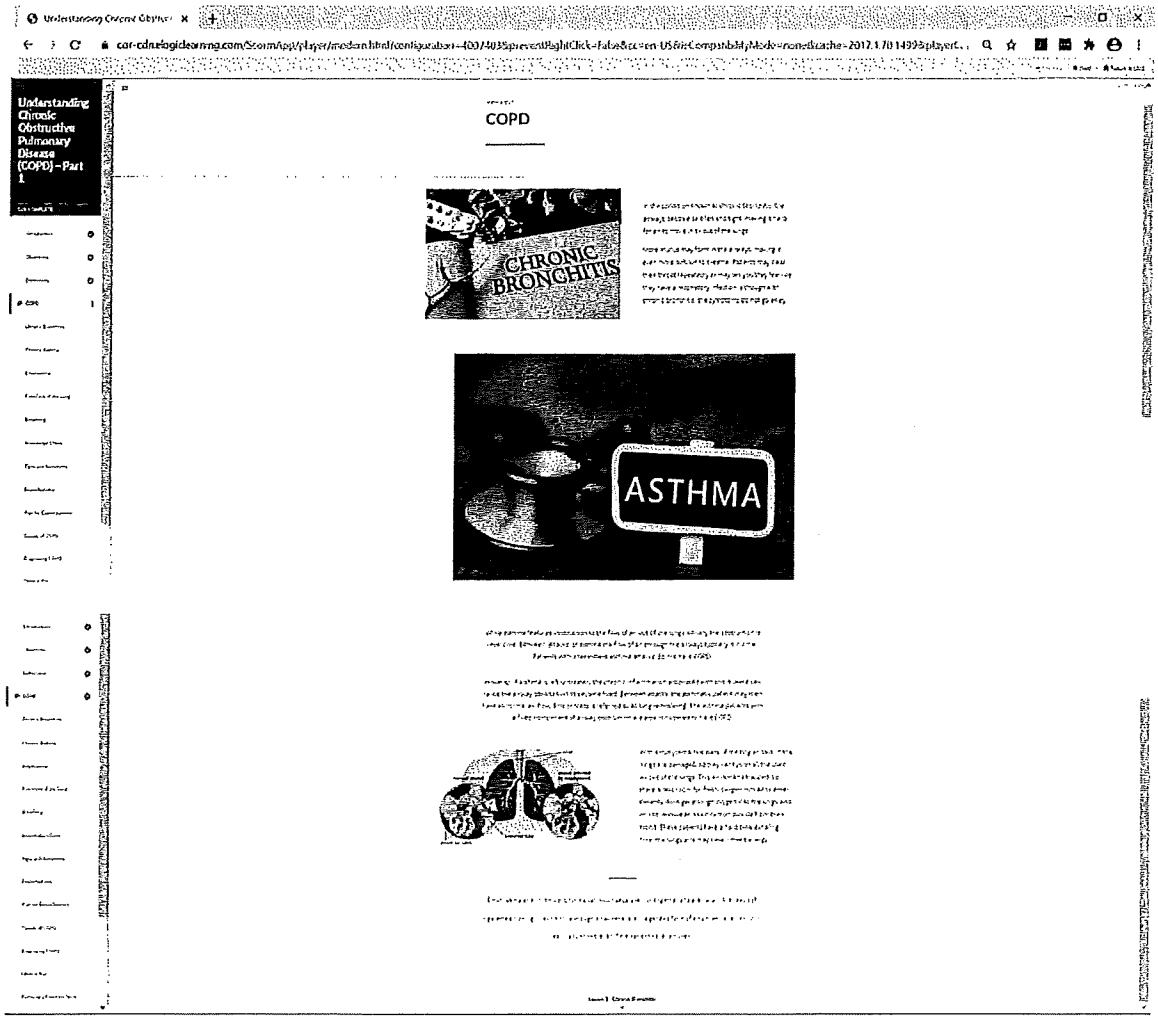

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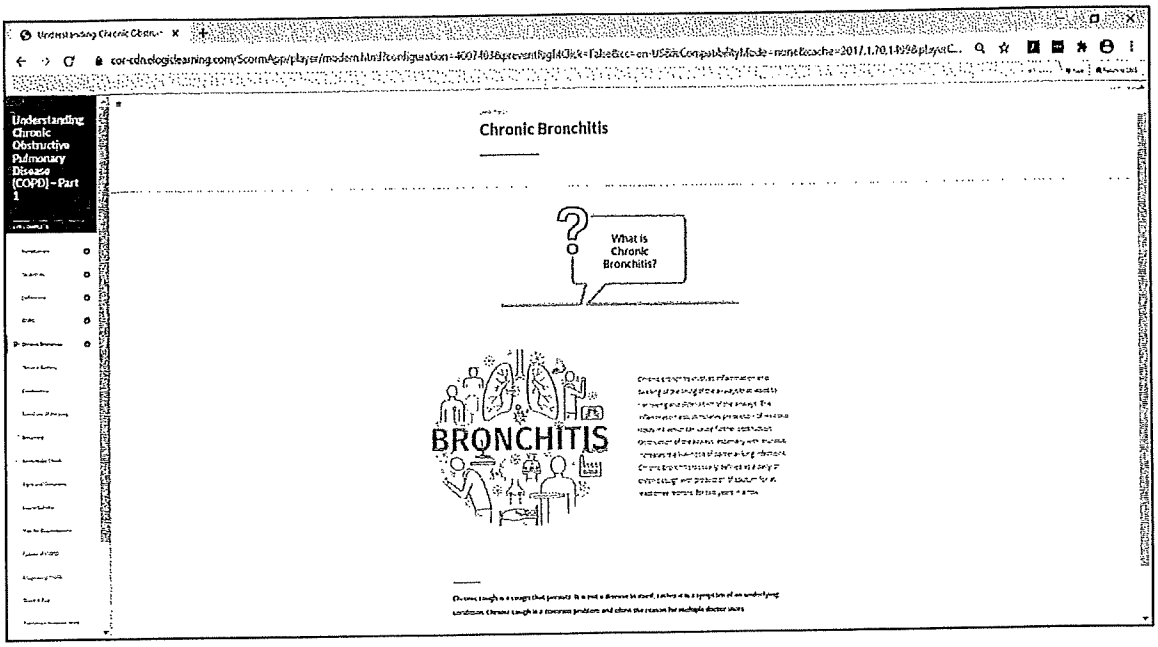
Part I



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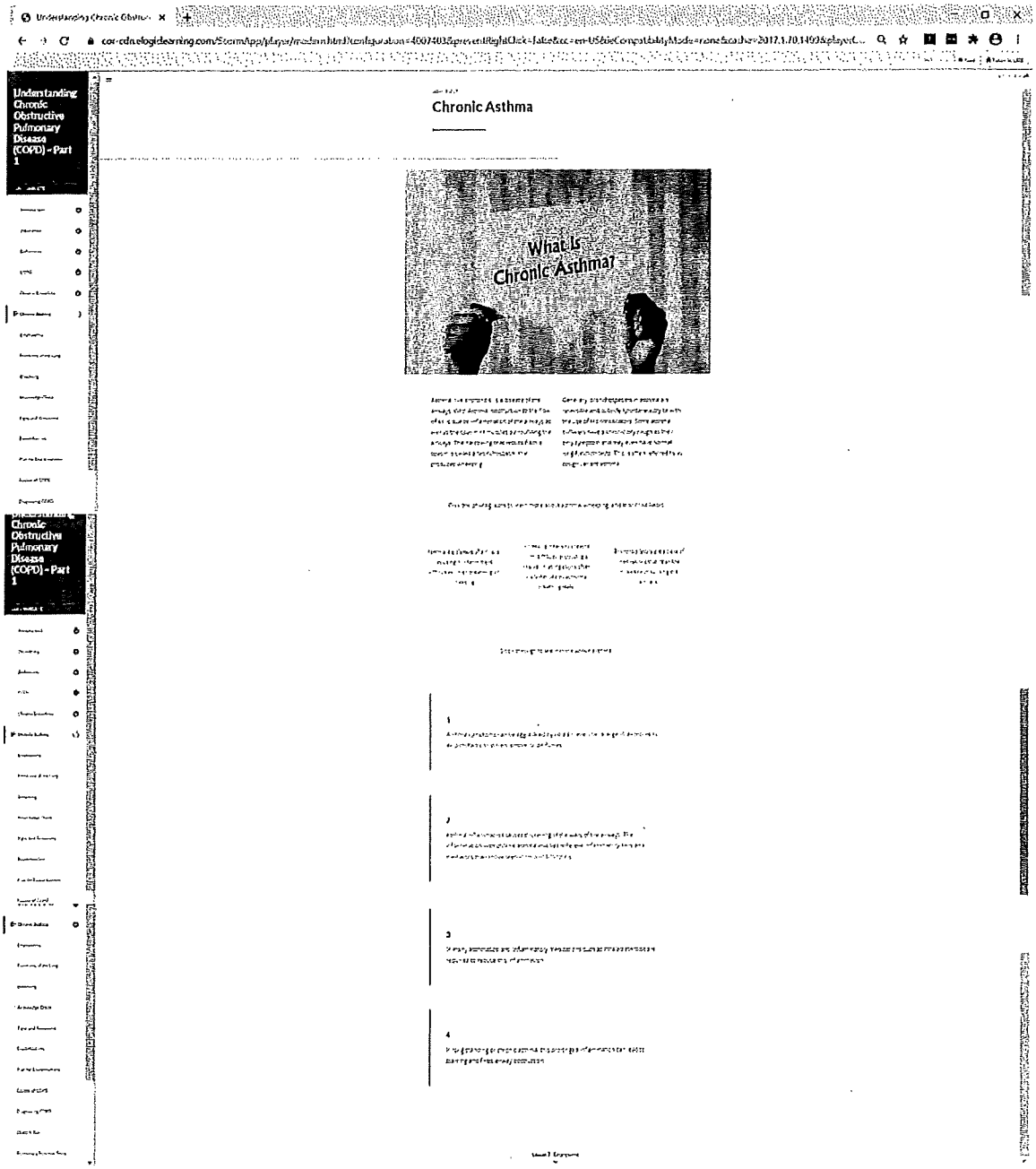

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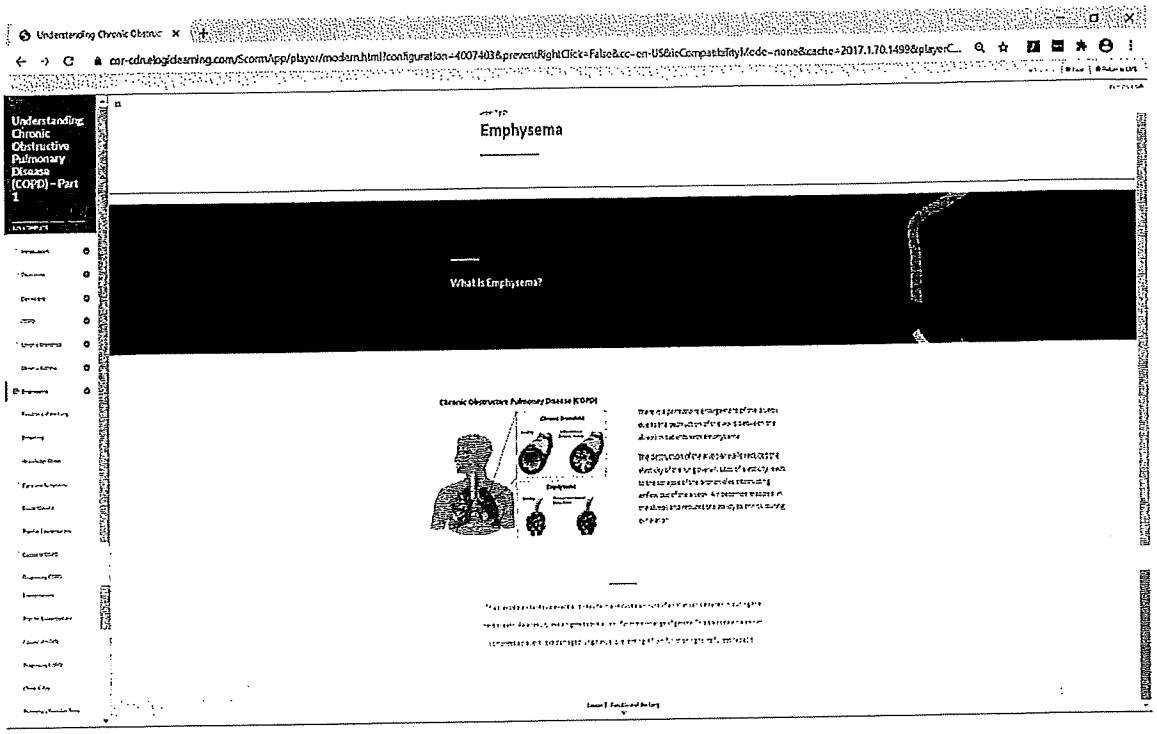

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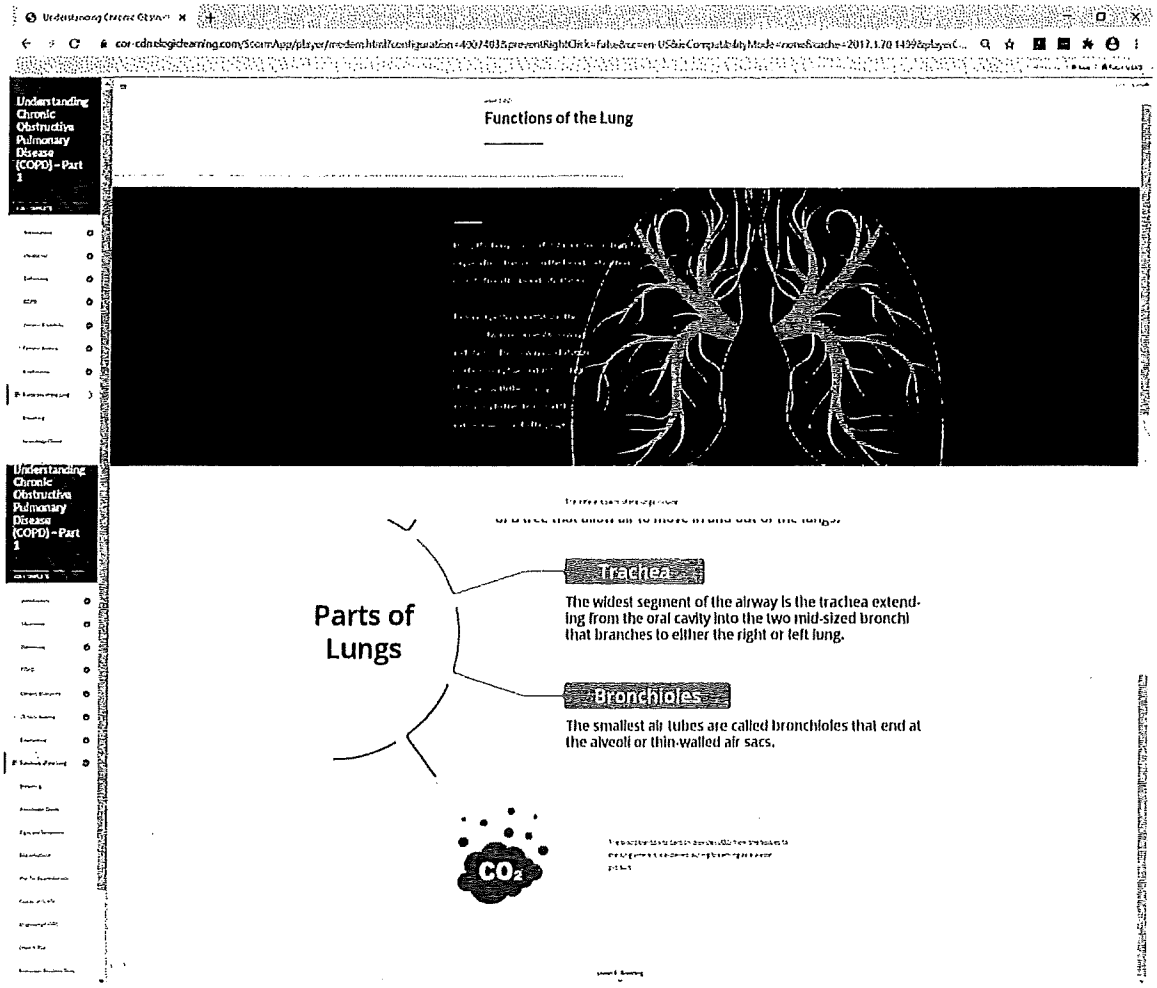

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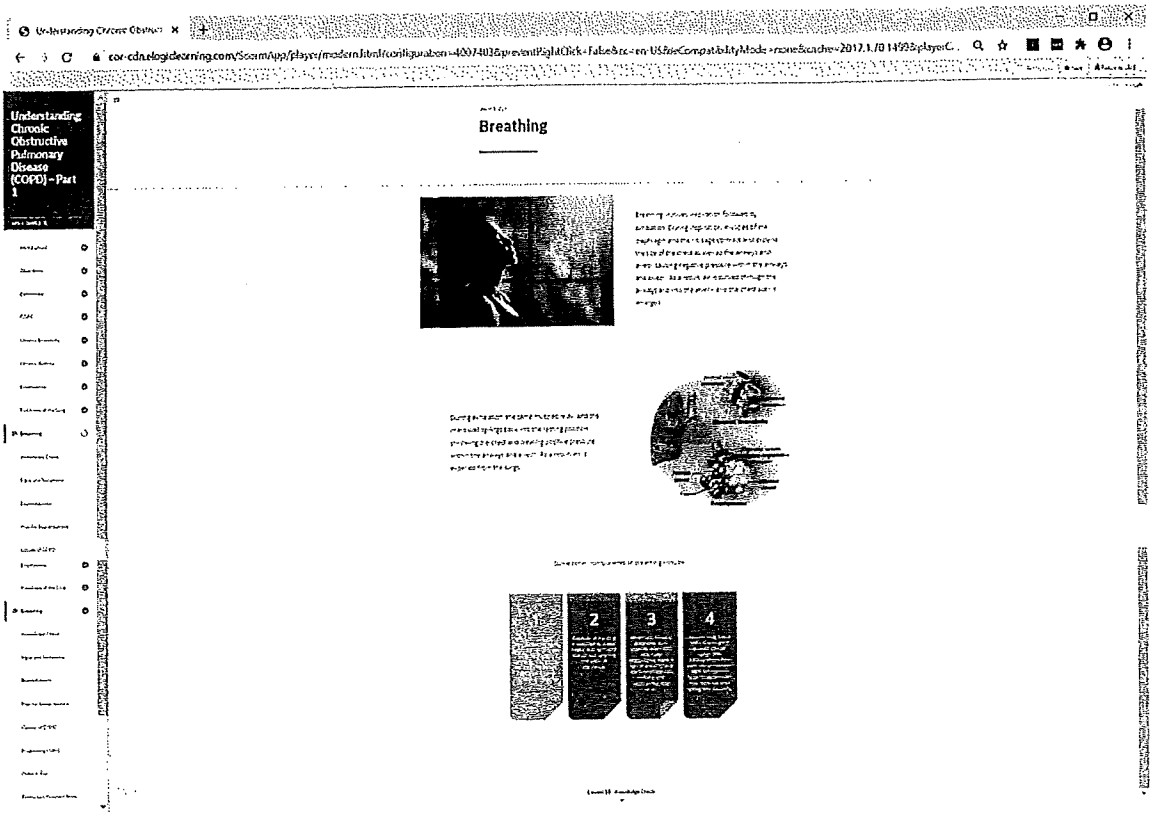

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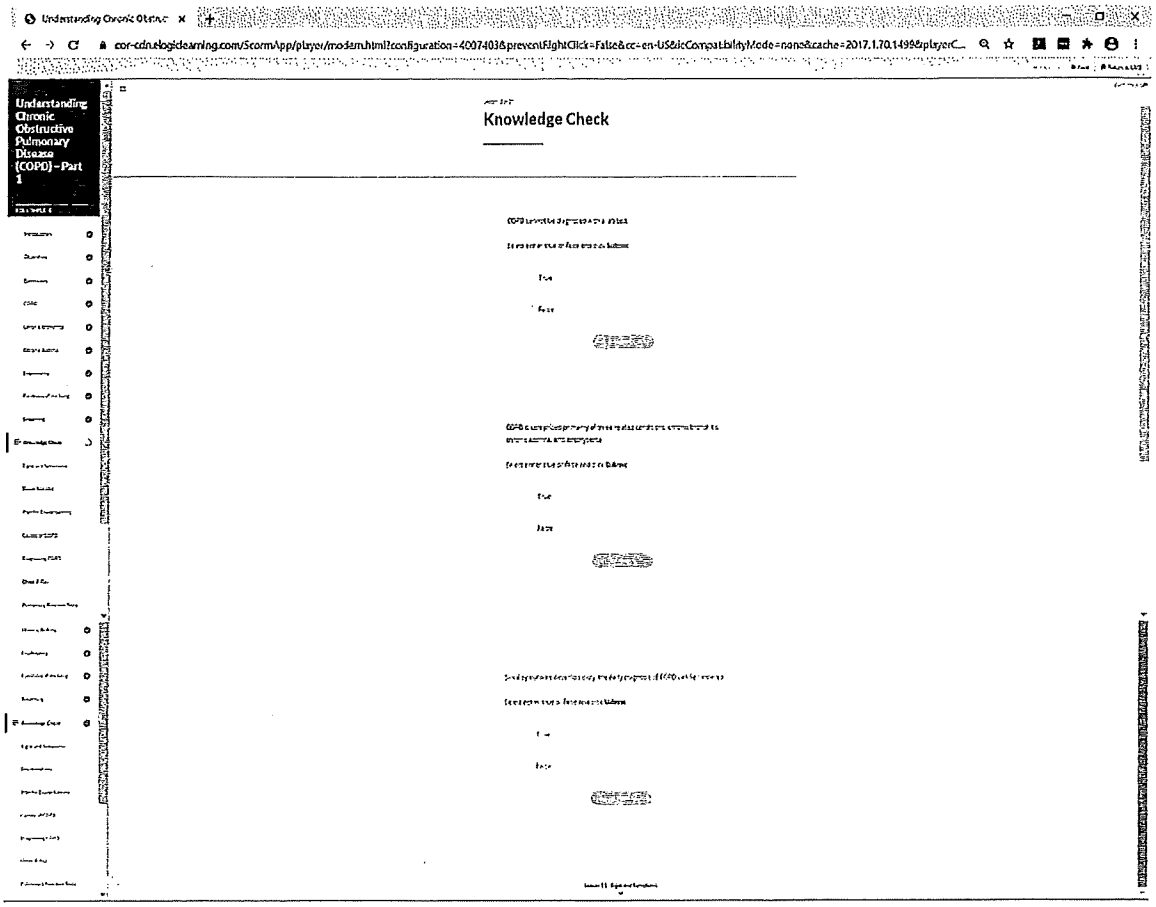

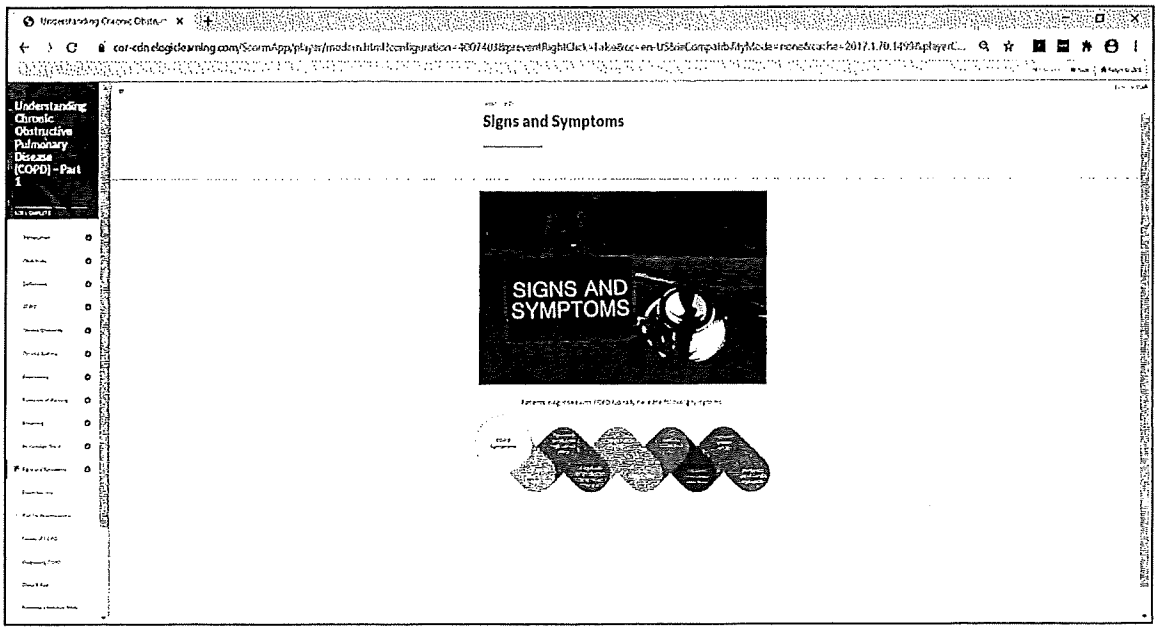

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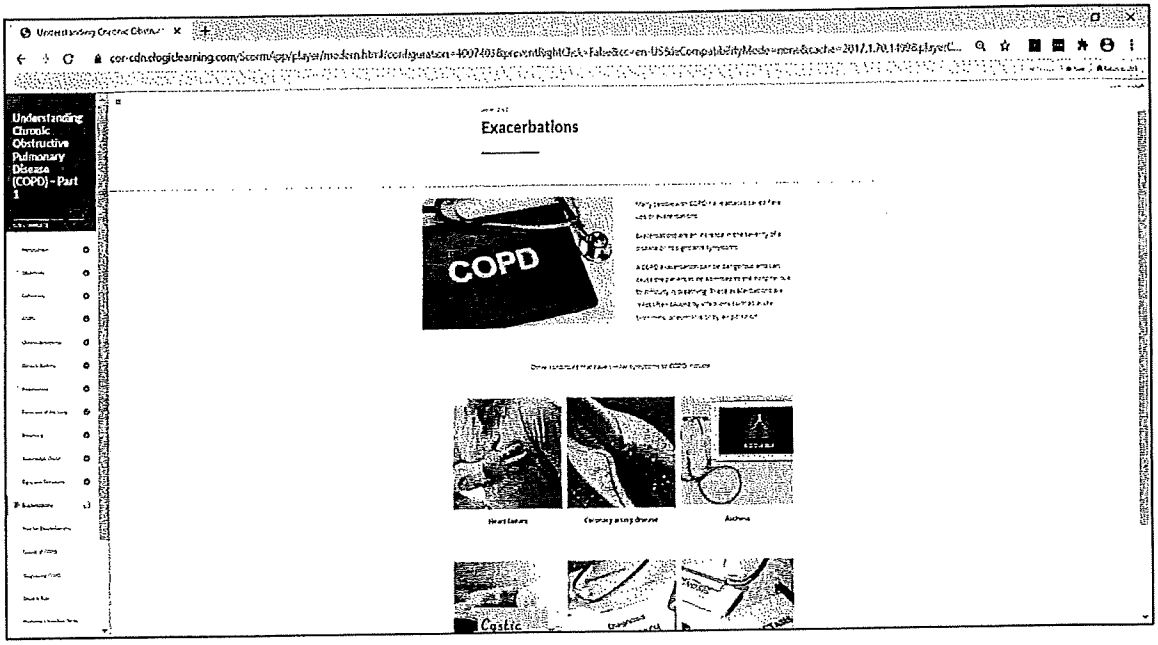

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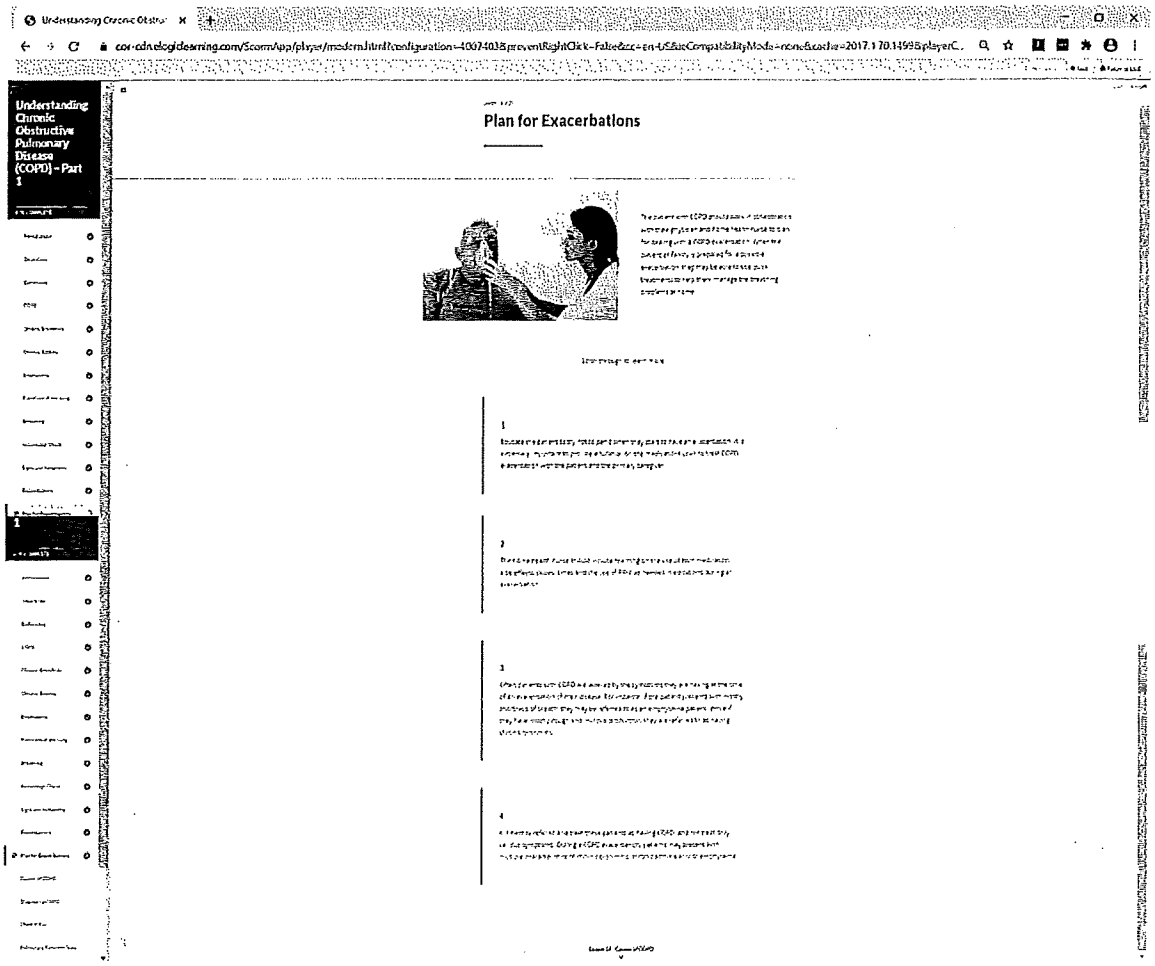
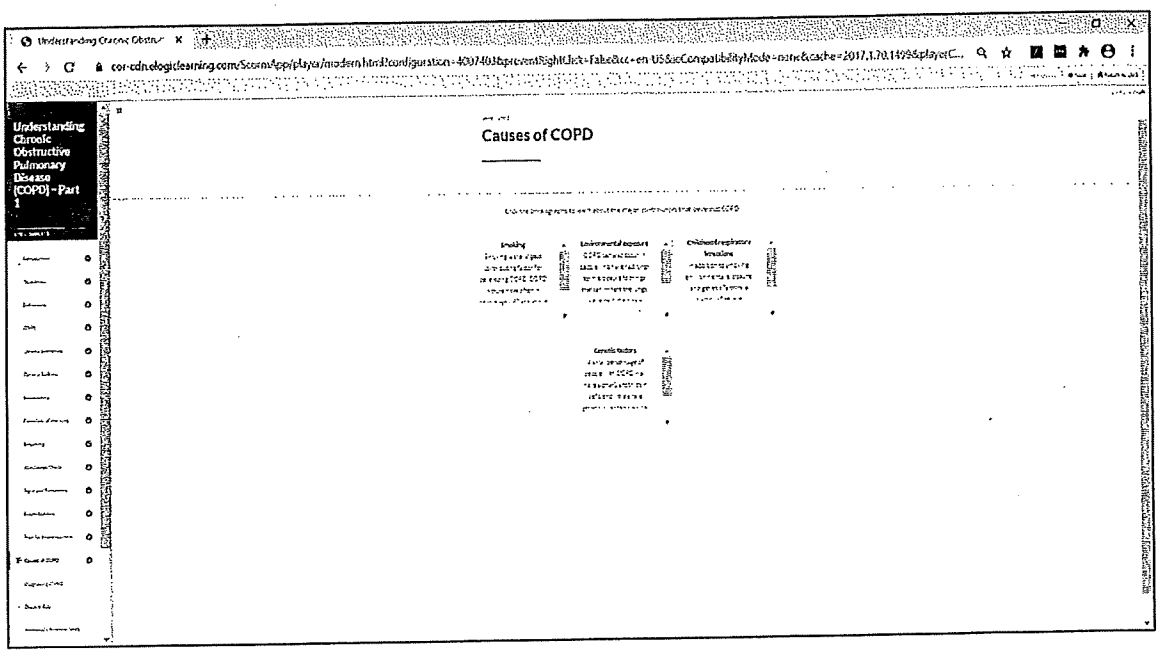
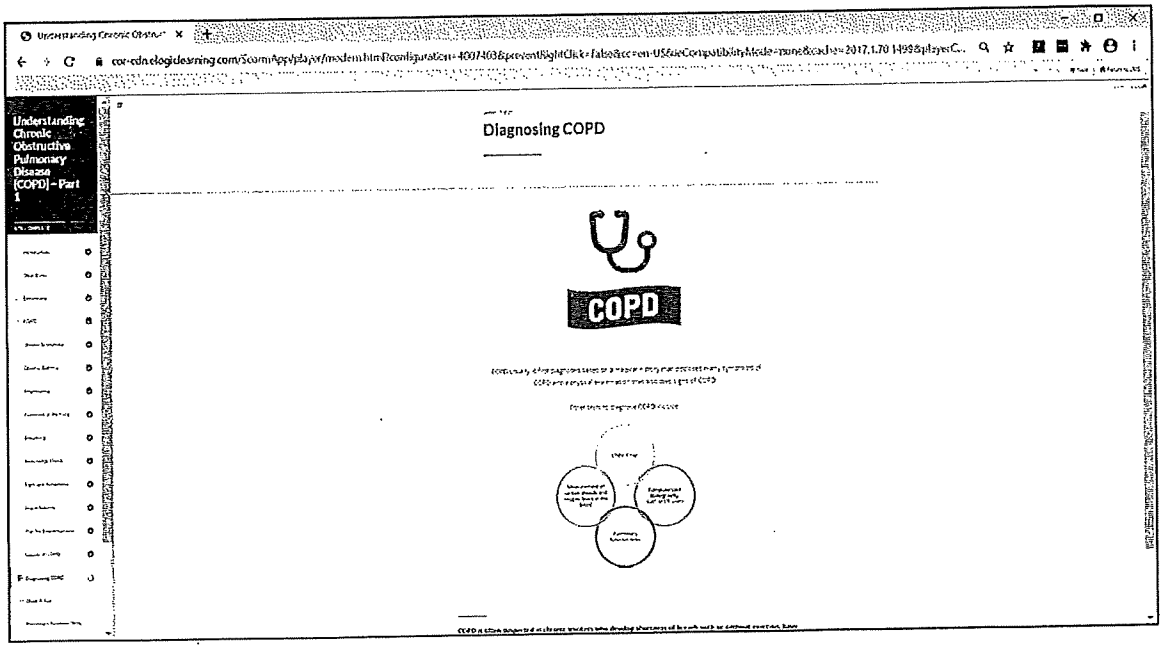


Understanding Chronic Obstructive Pulmonary Disease (COPD) Course Content
Part I





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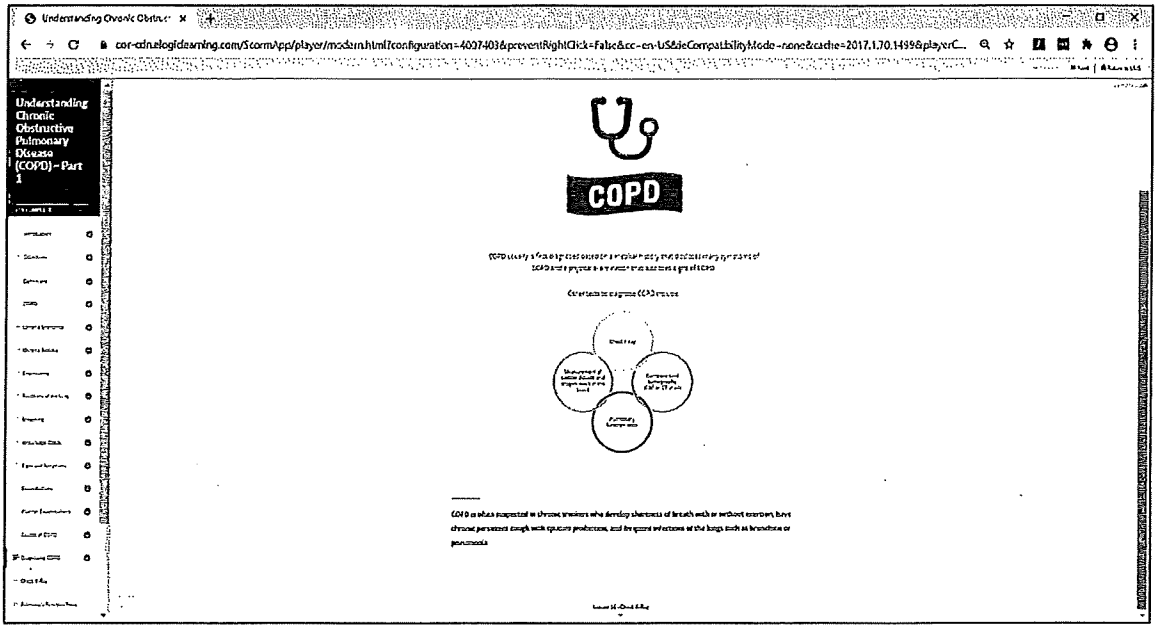

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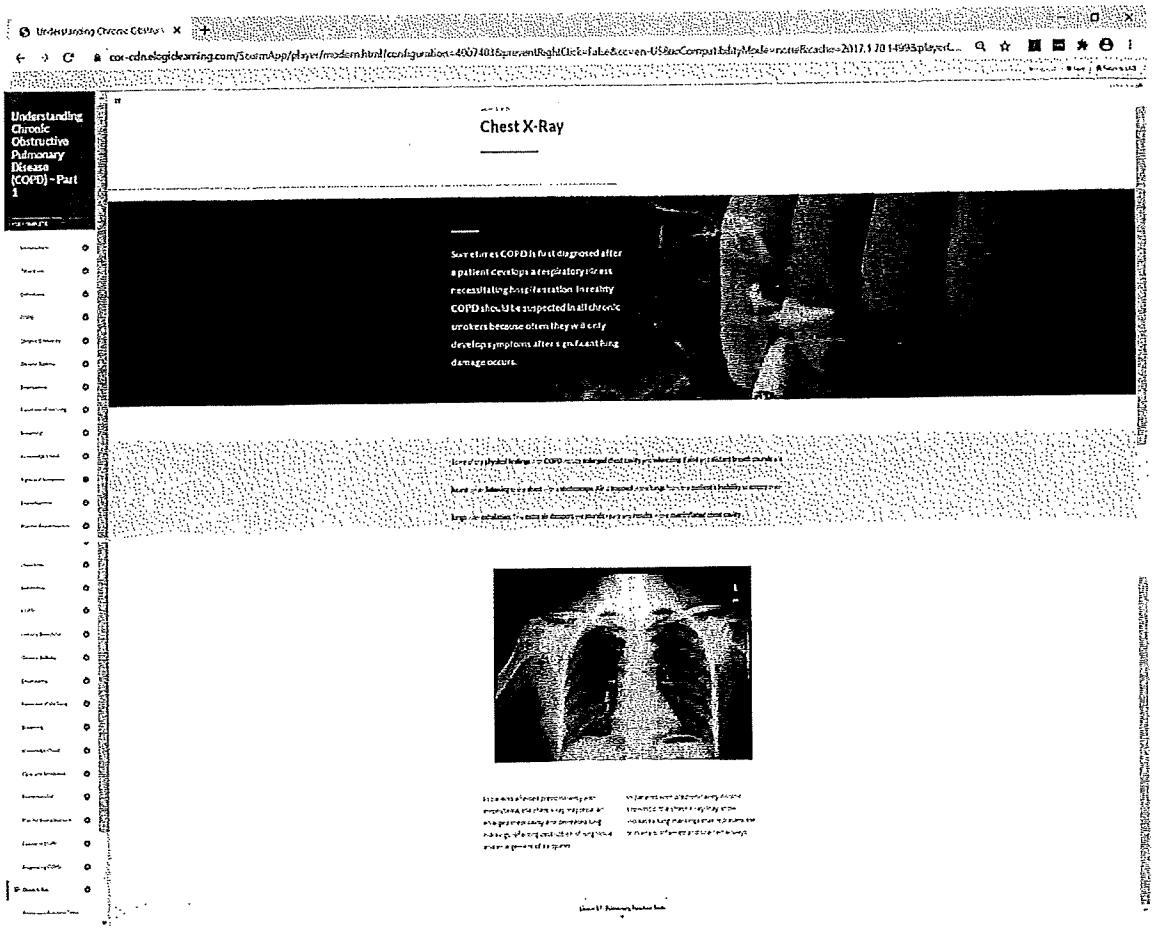
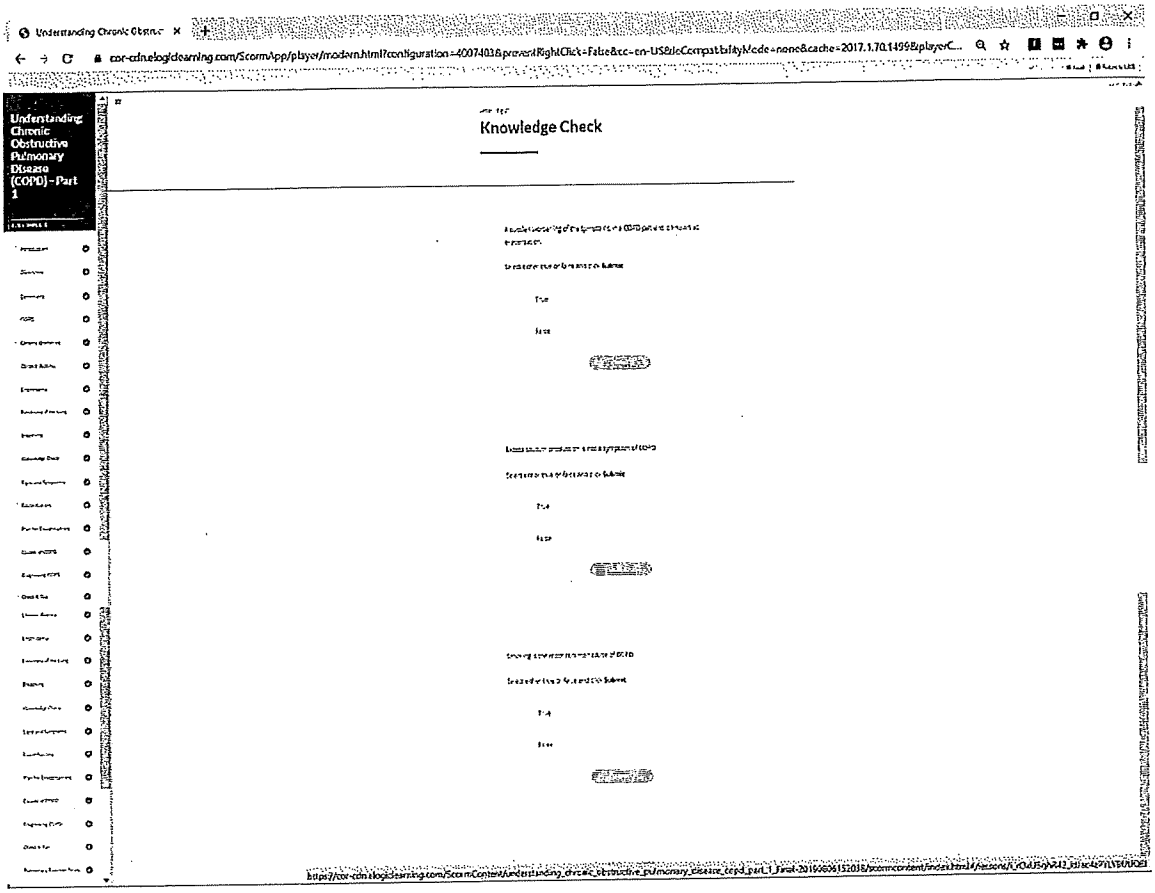


Understanding Chronic Obstructive Pulmonary Disease (COPD) Course Content Part I



Understanding Chronic Obstructive Pulmonary Disease (COPD) Course Content Part I



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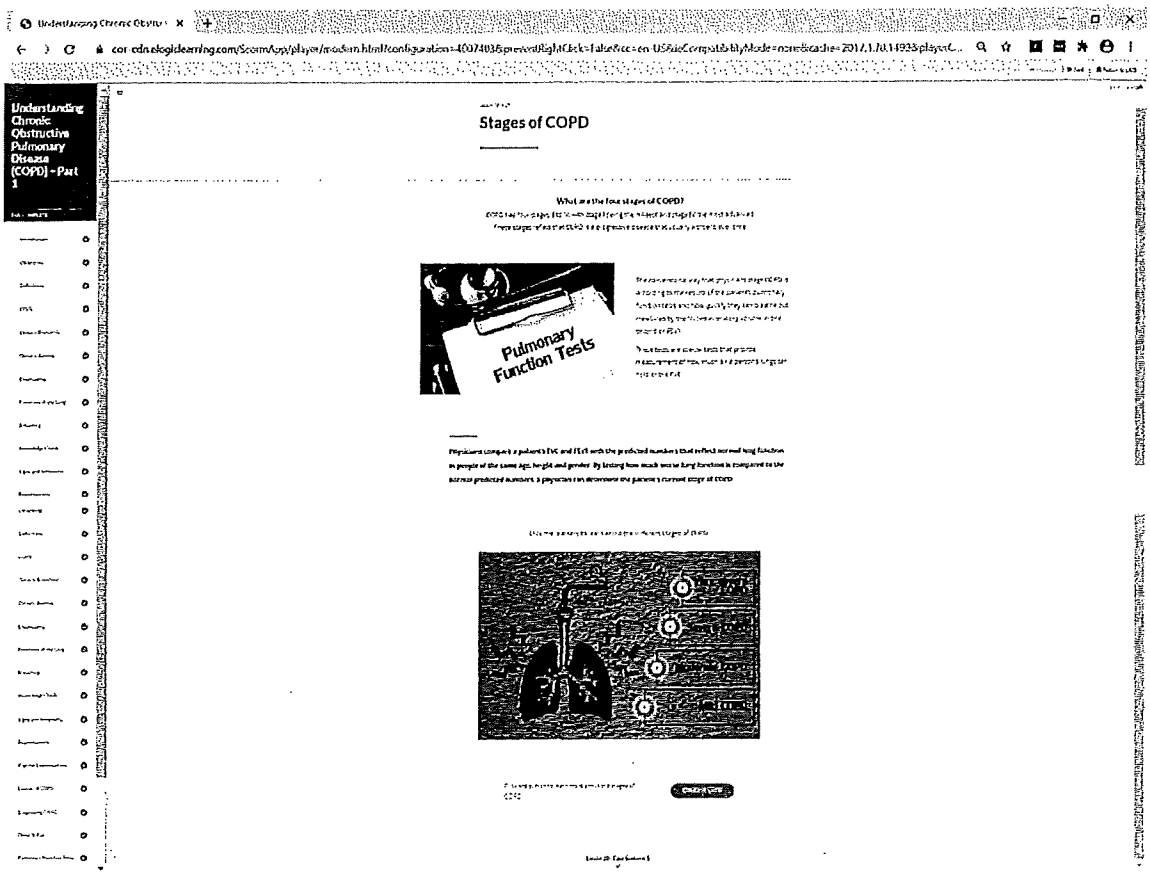

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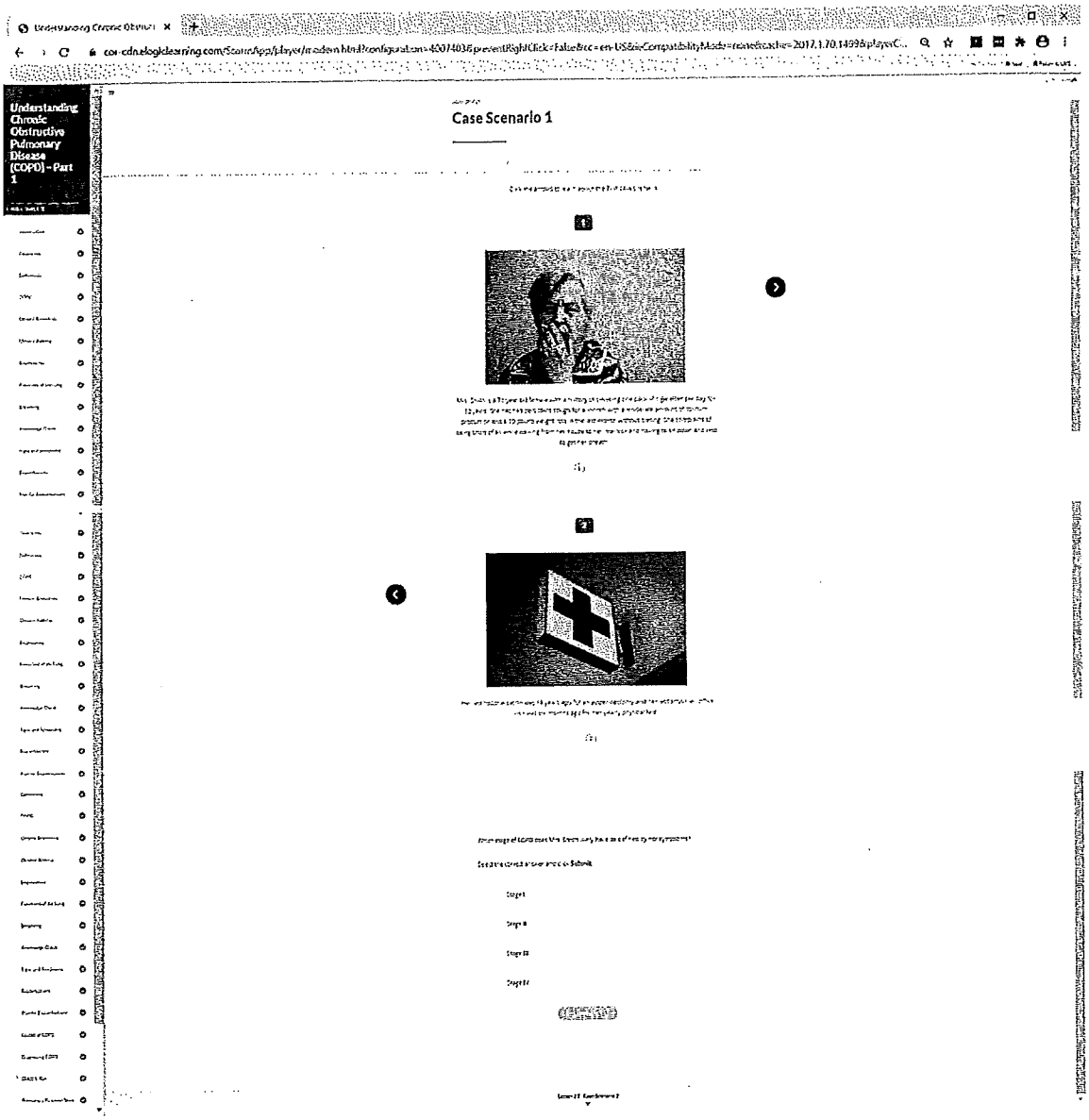

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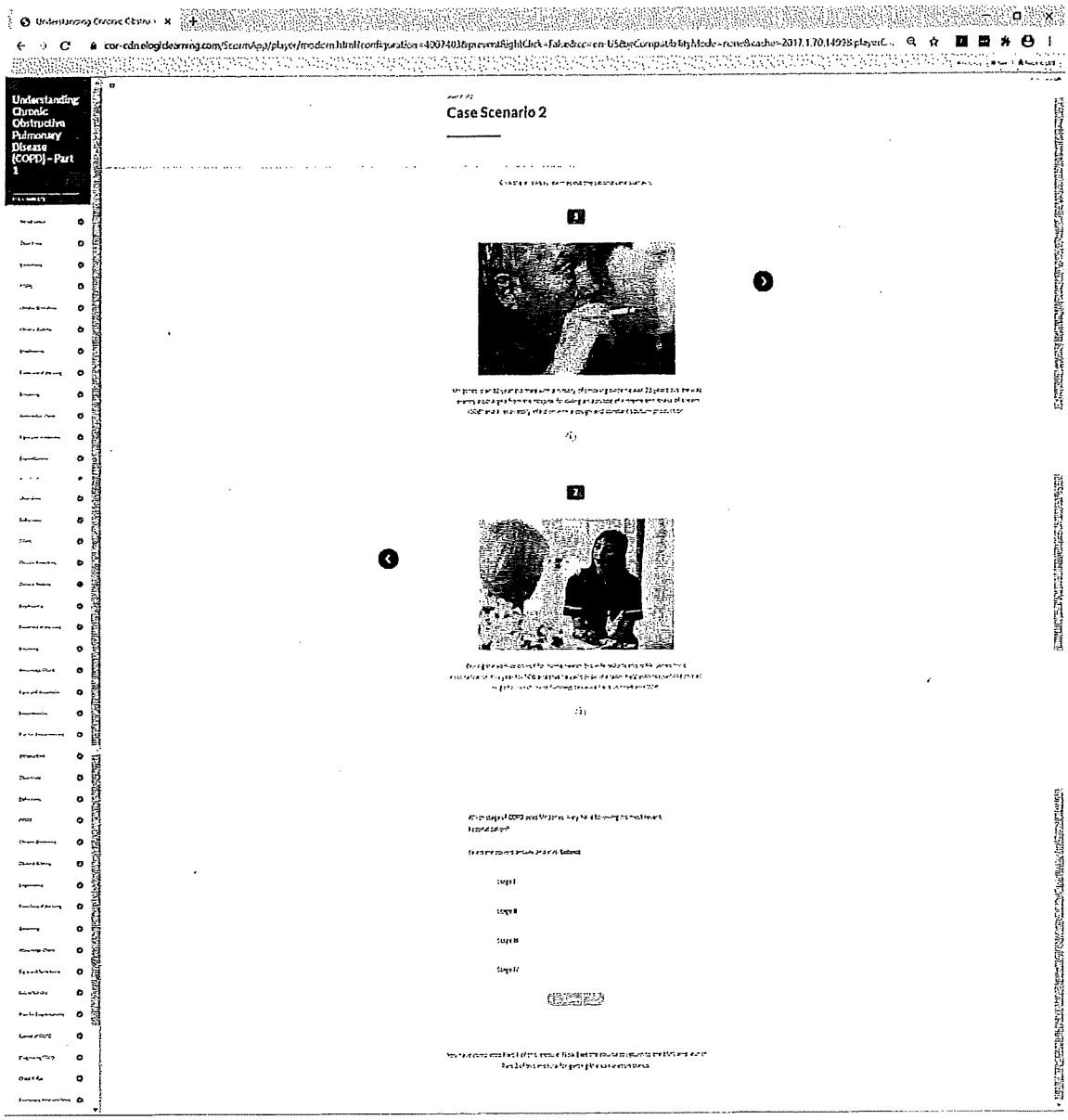

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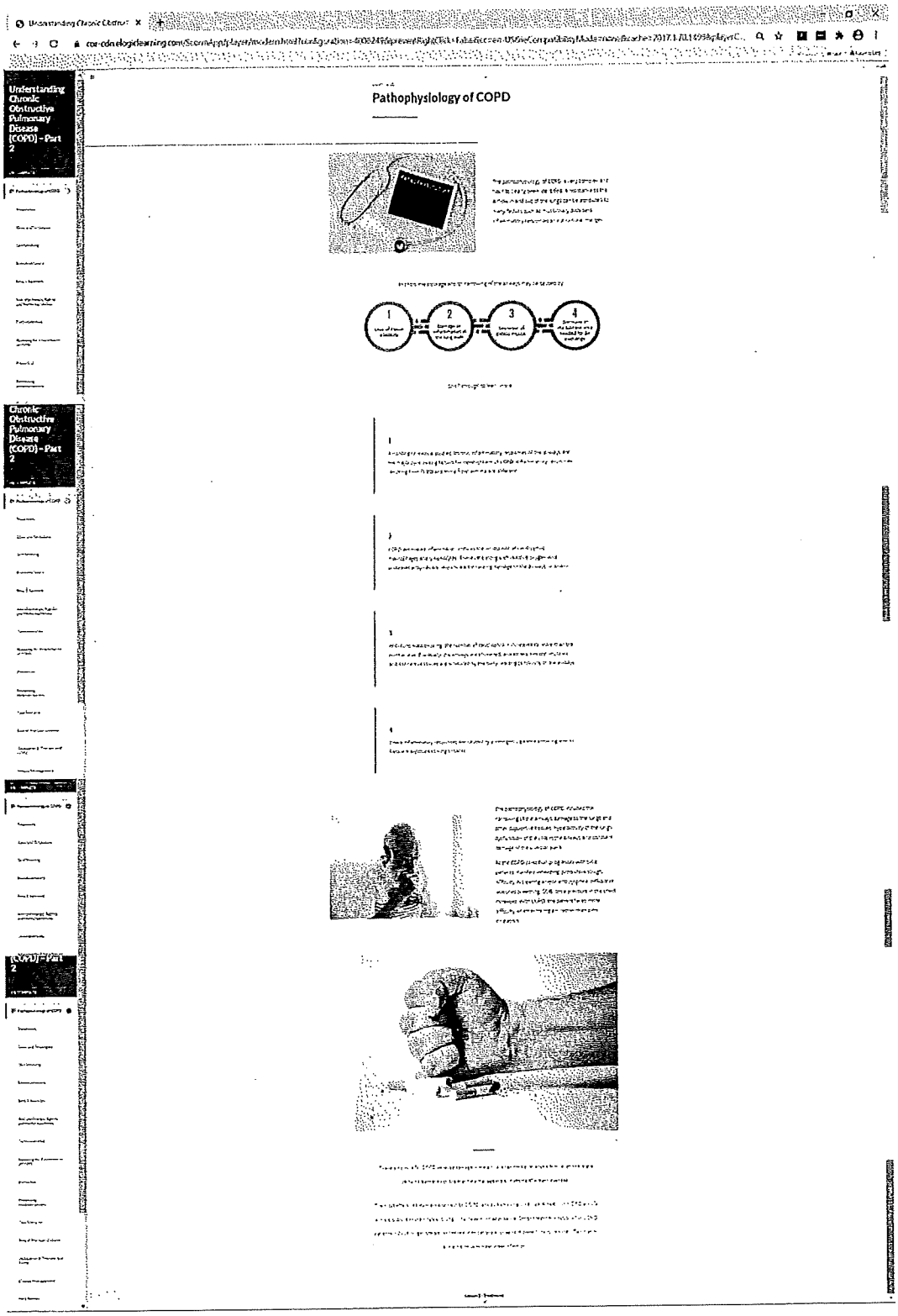

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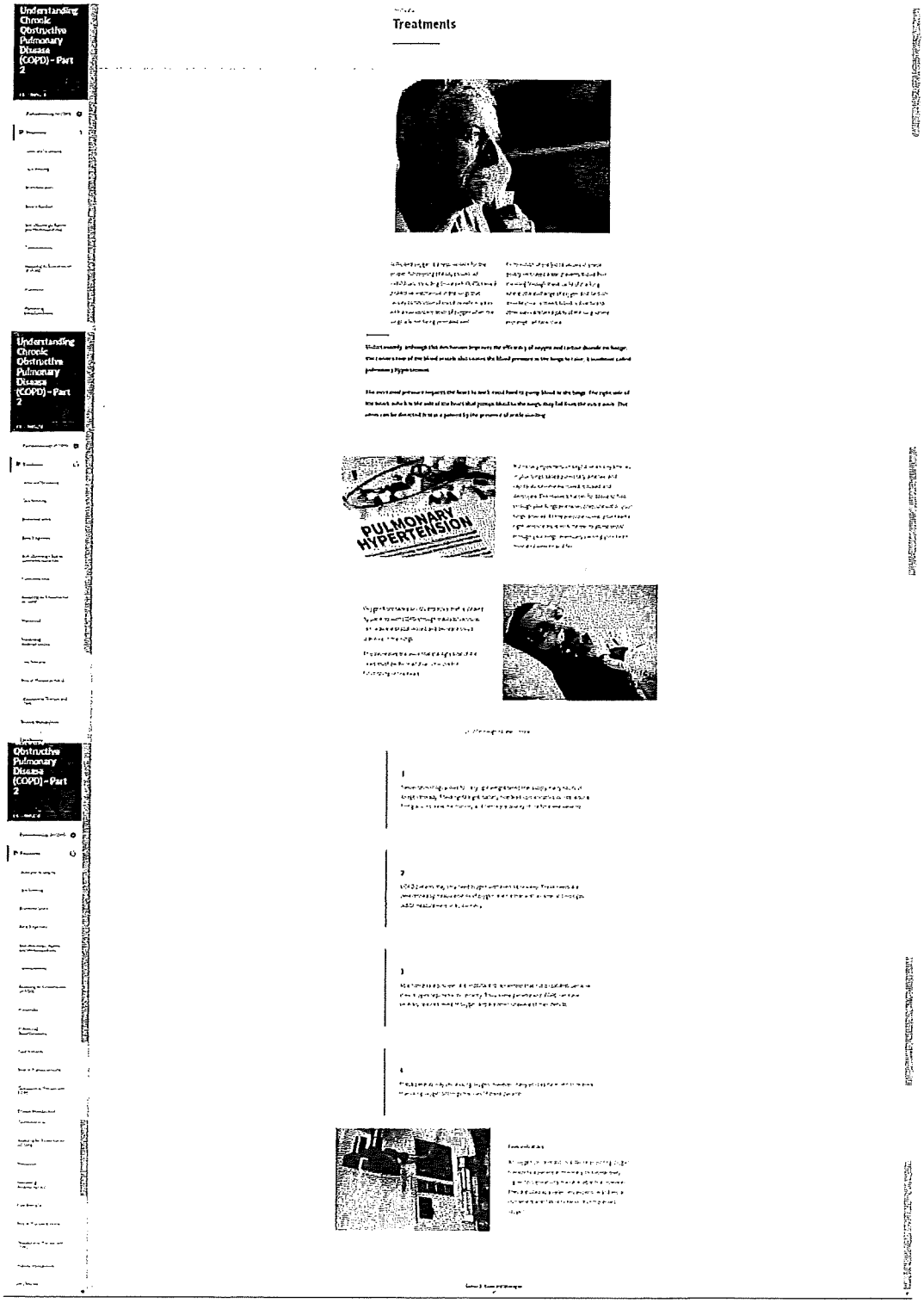

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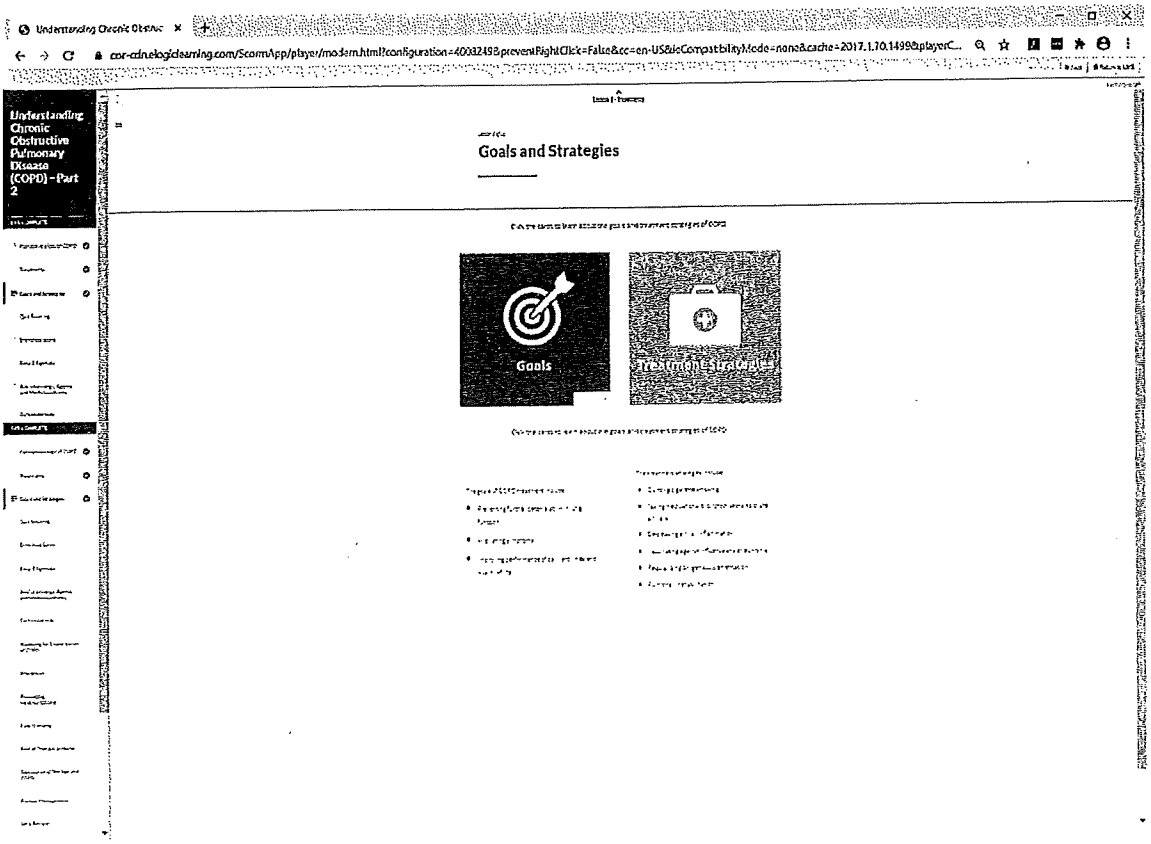

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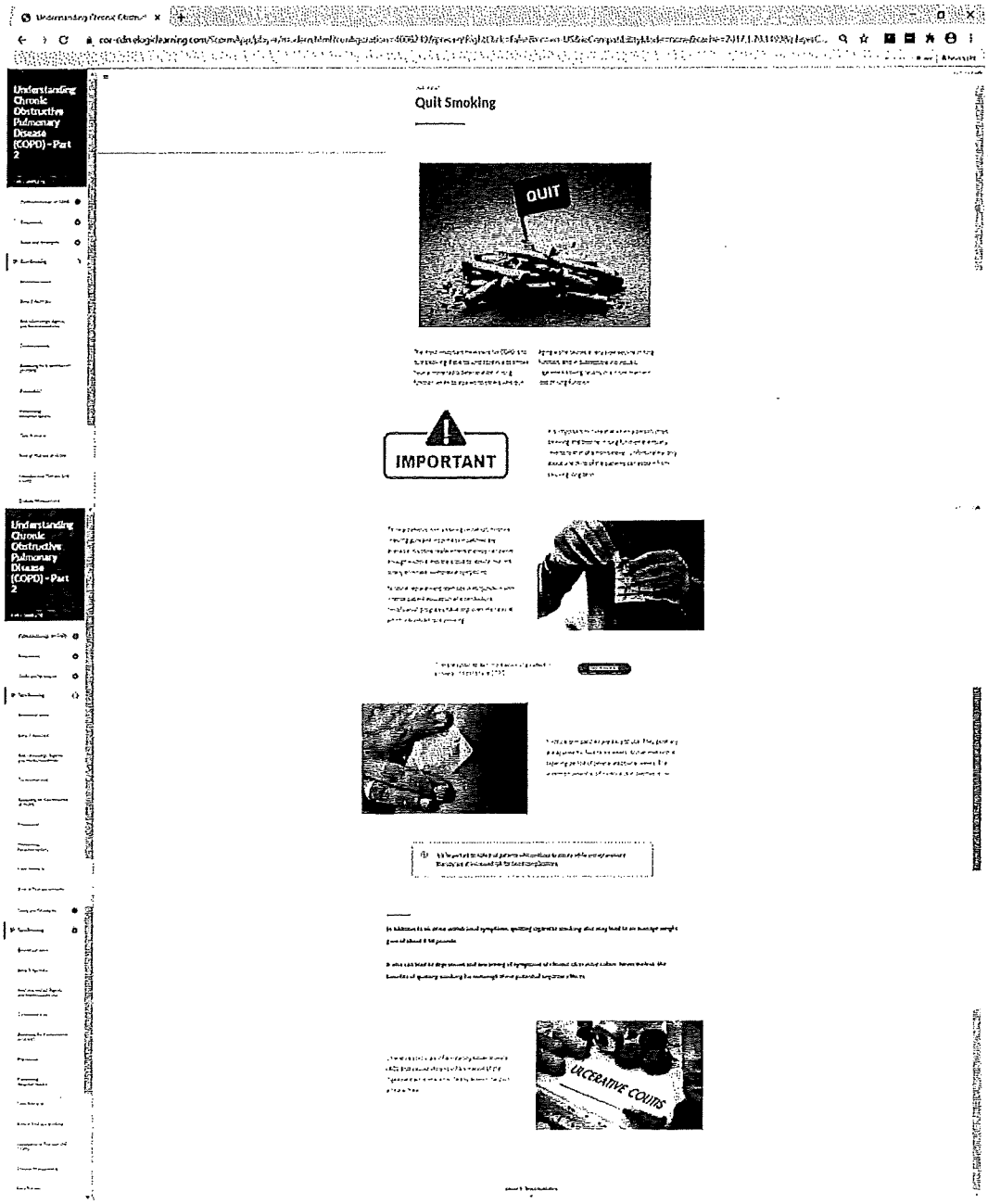

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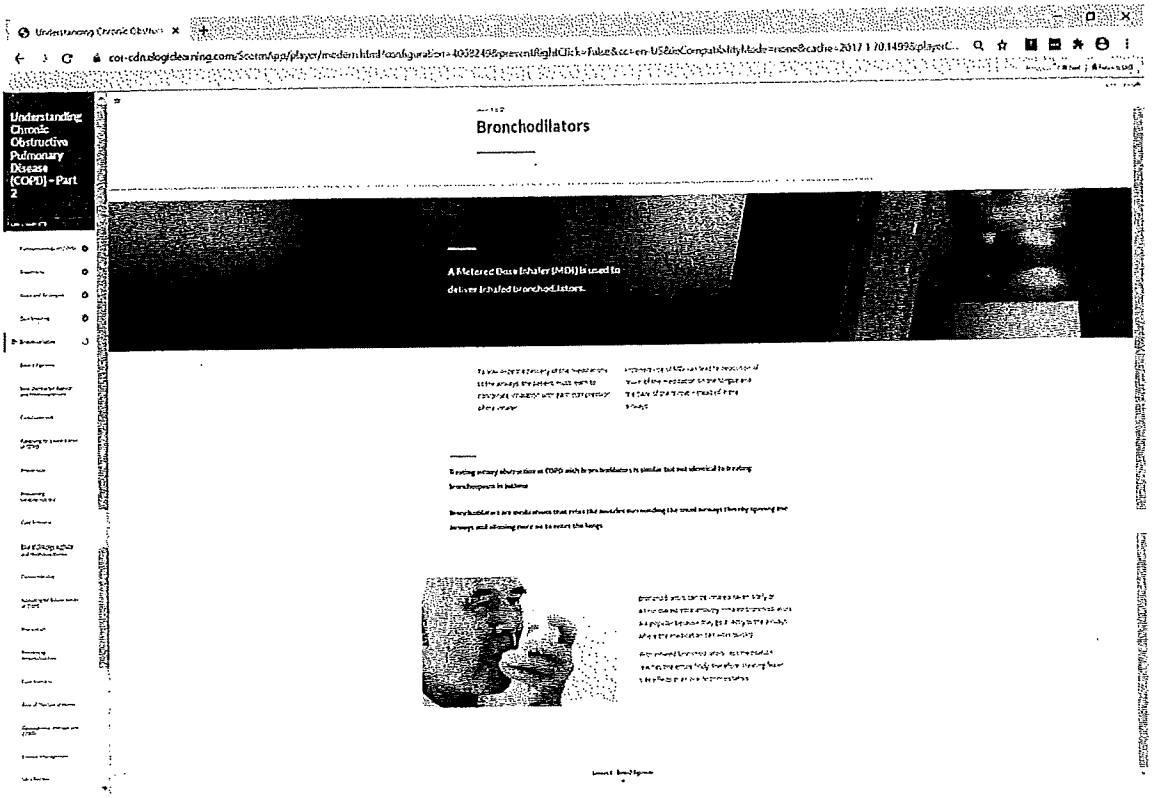

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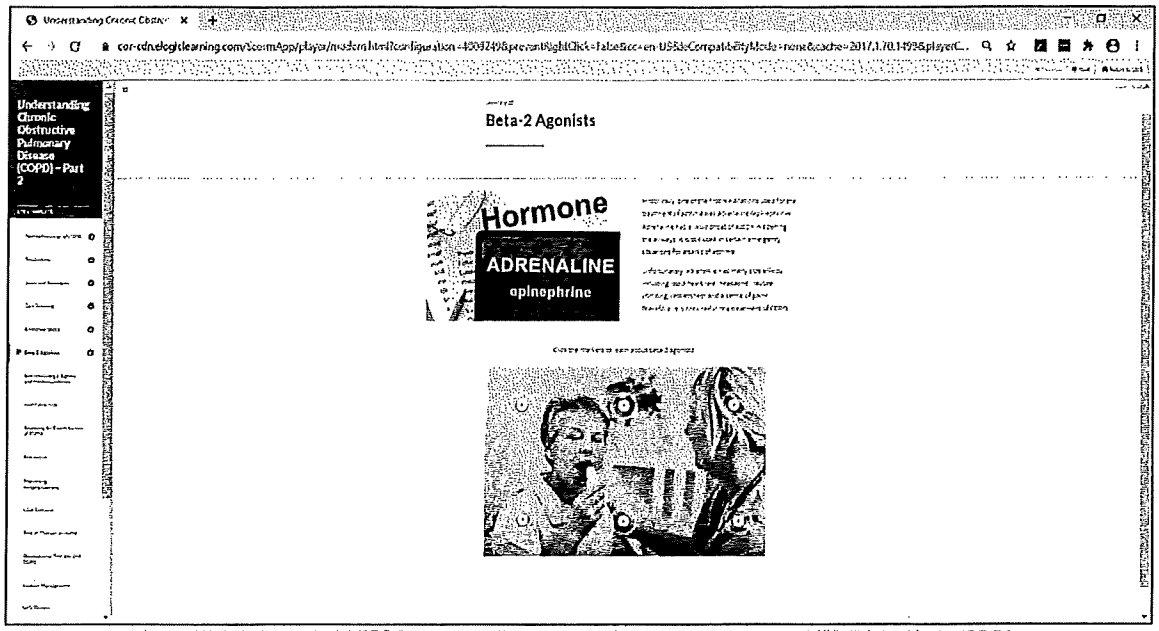

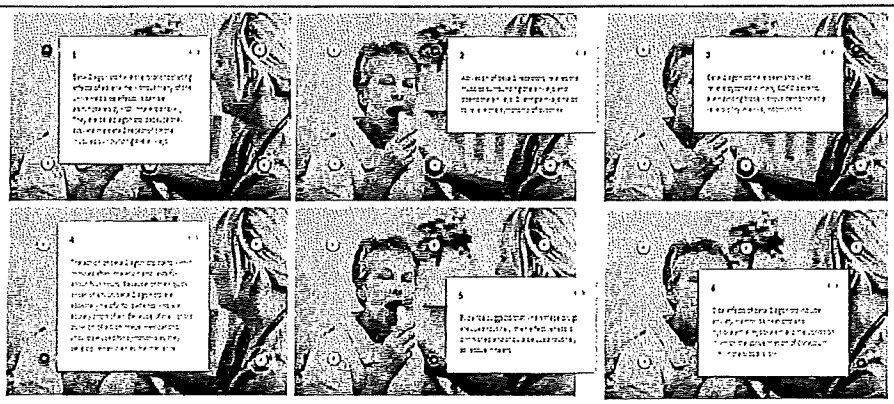

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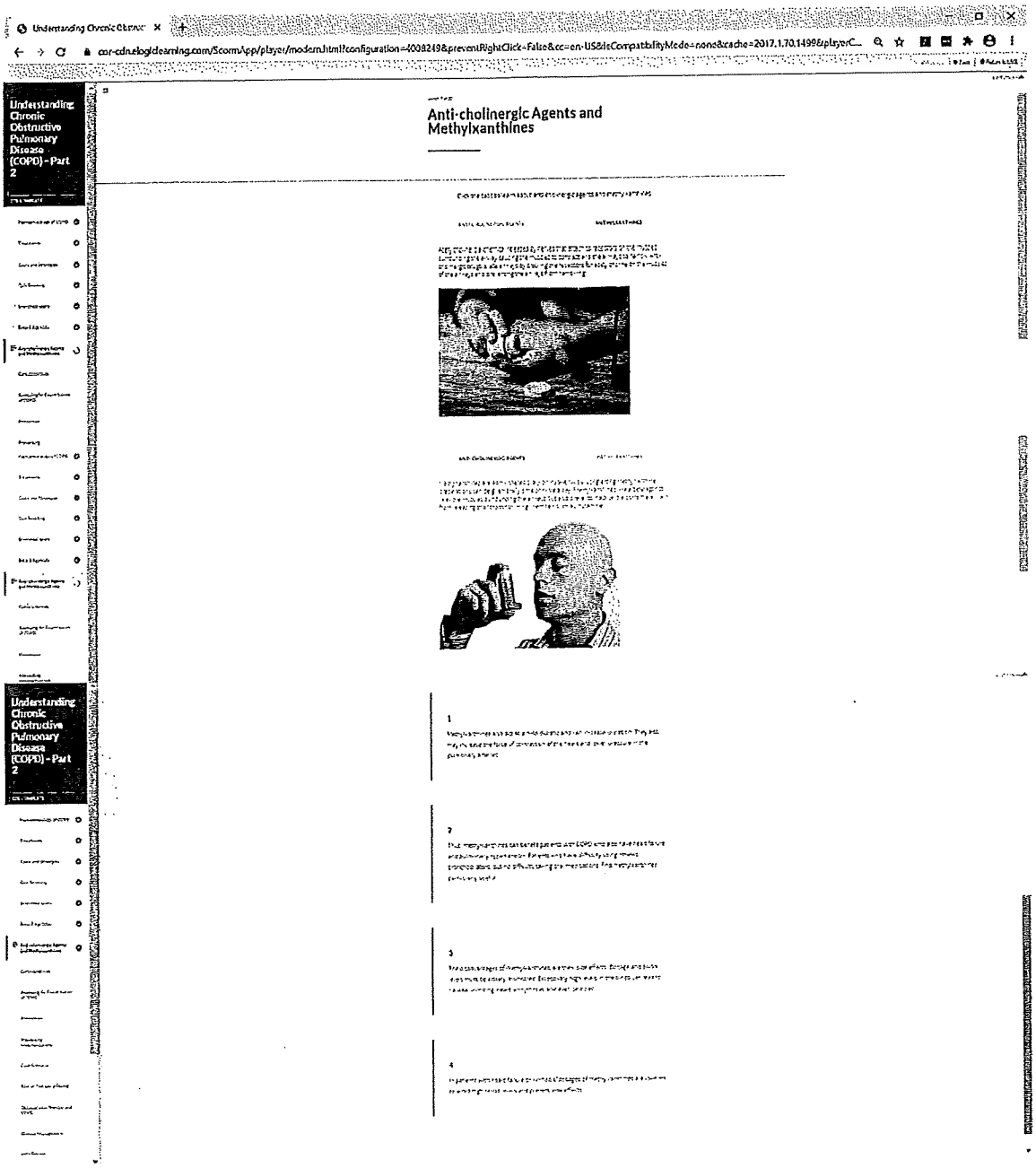

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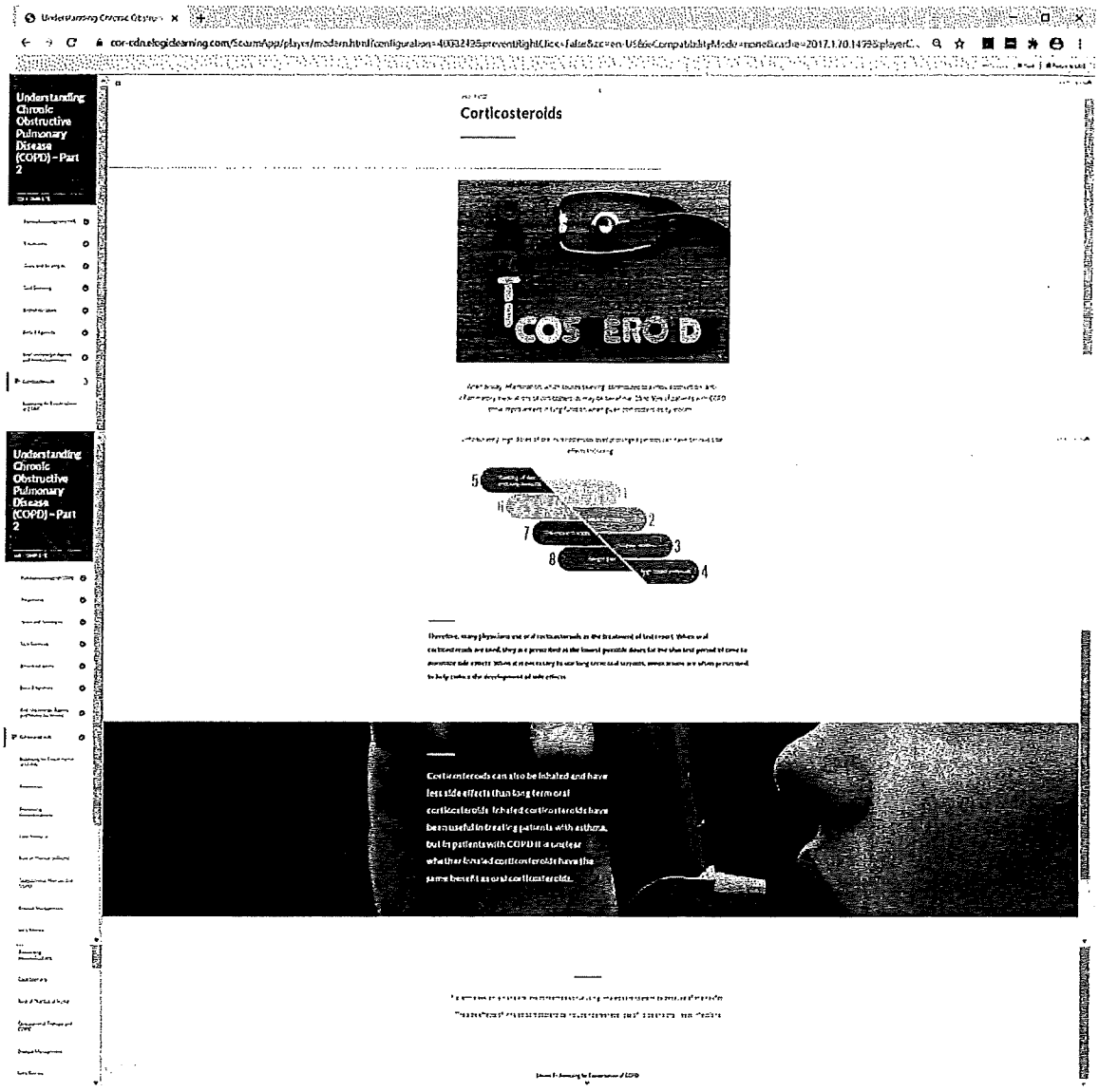

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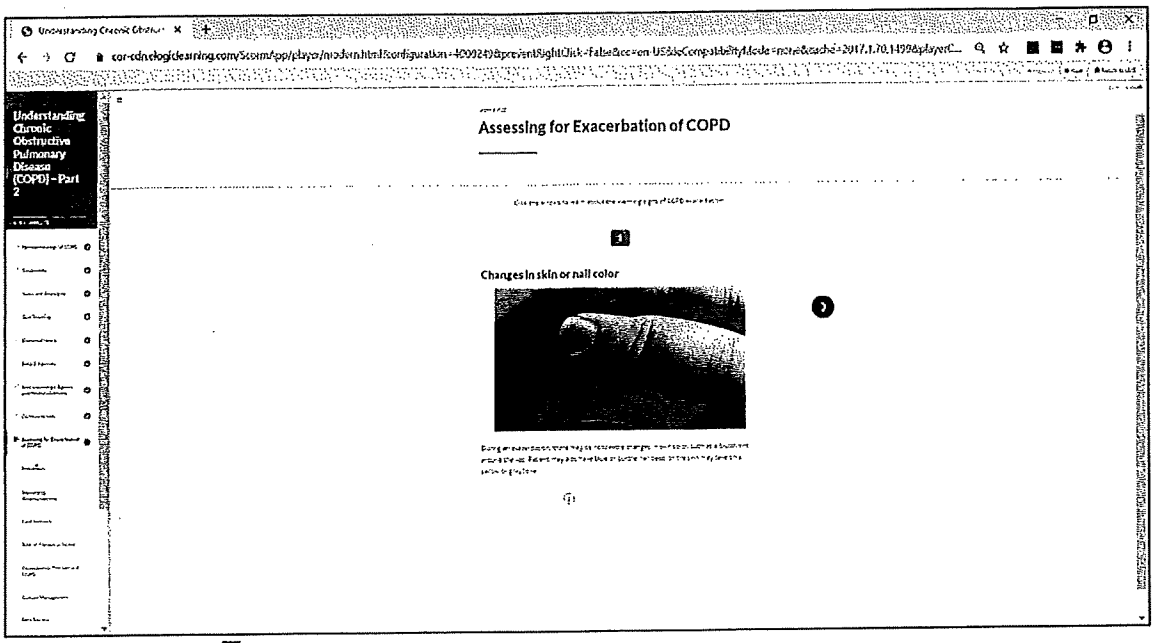

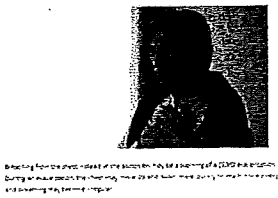





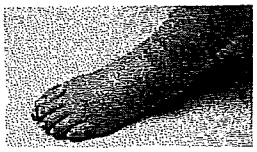











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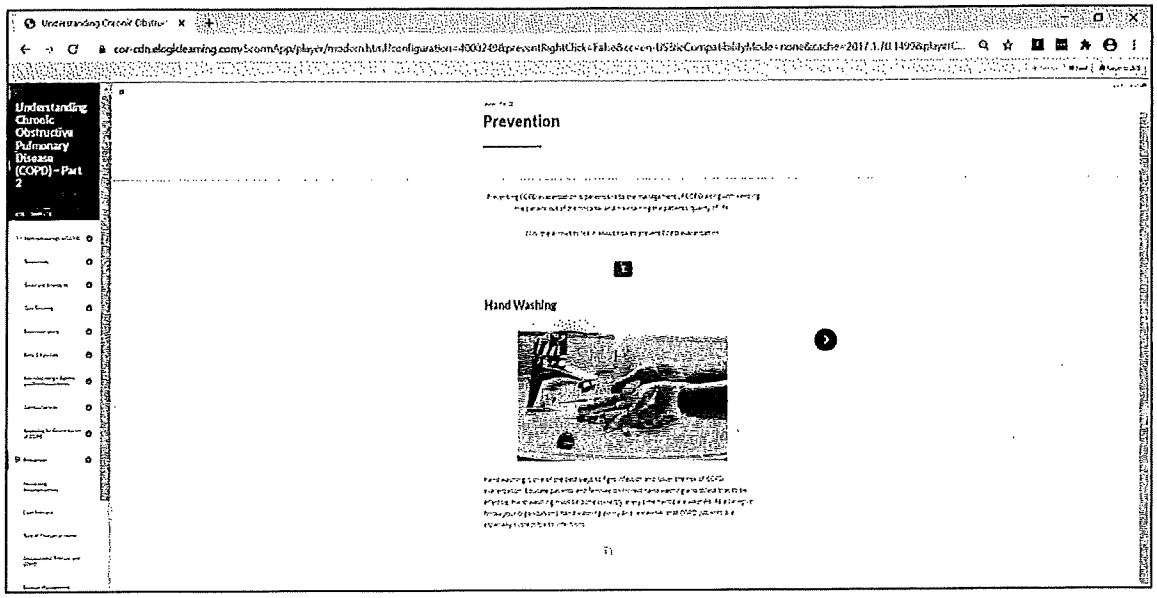

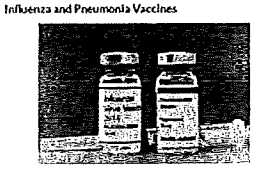





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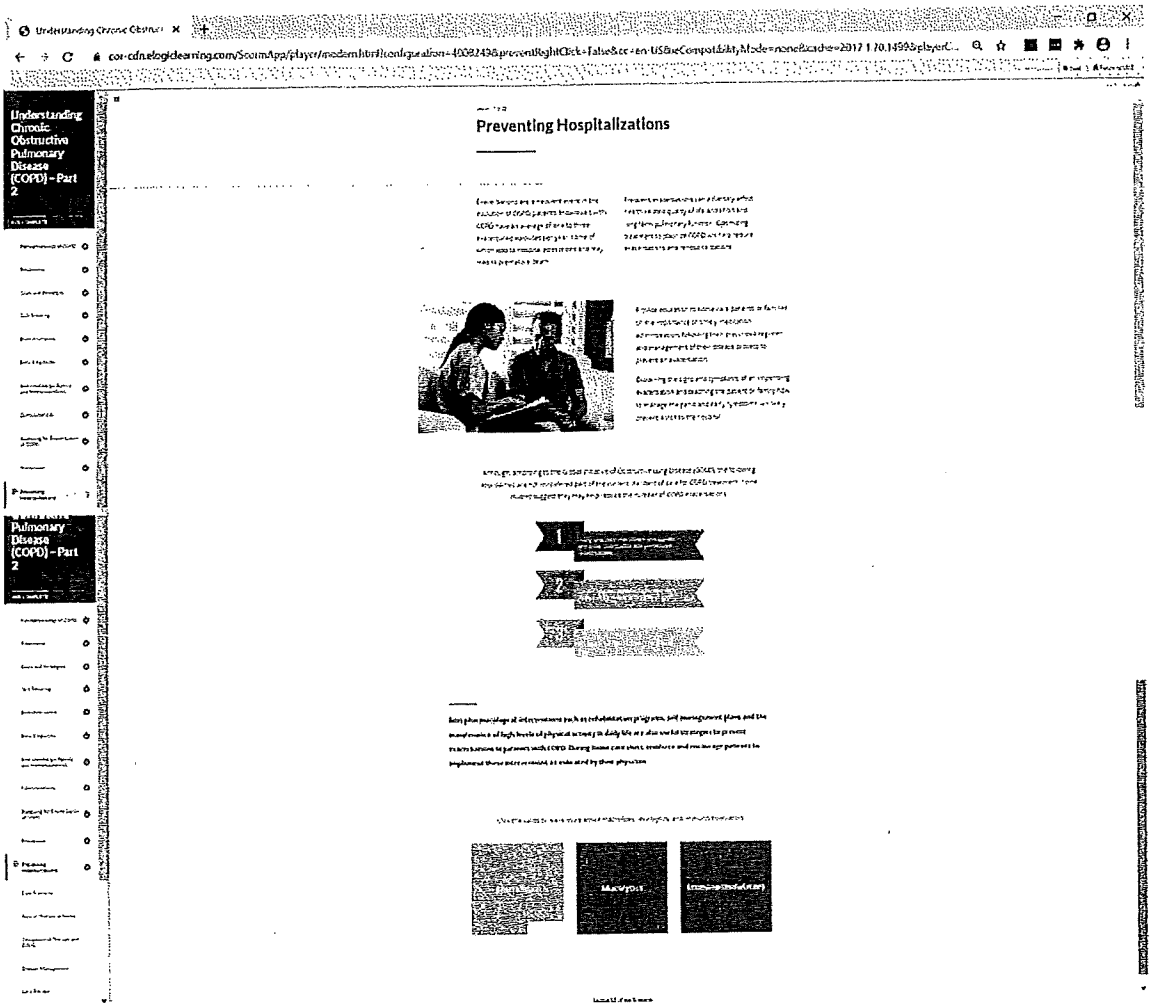

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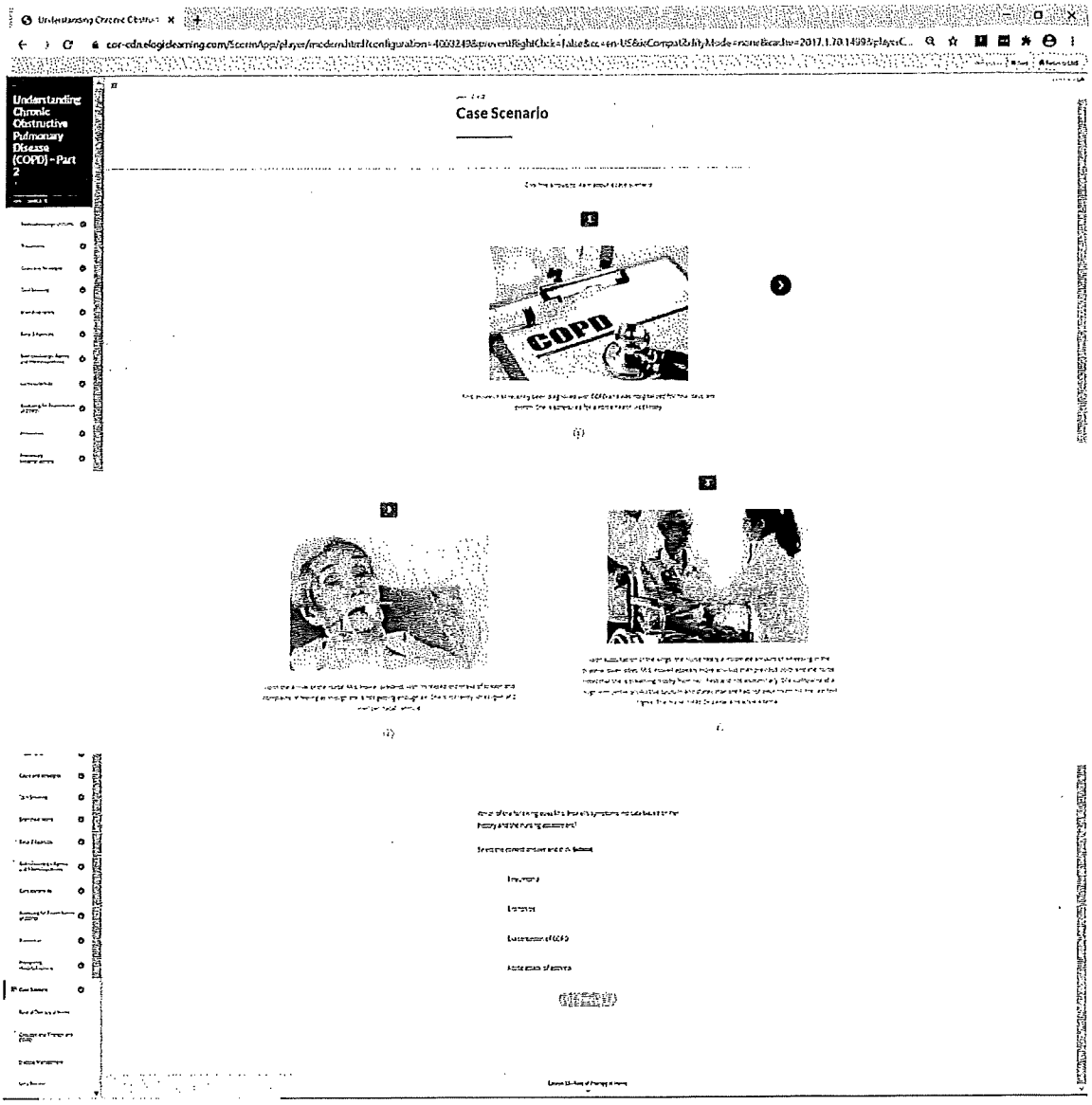

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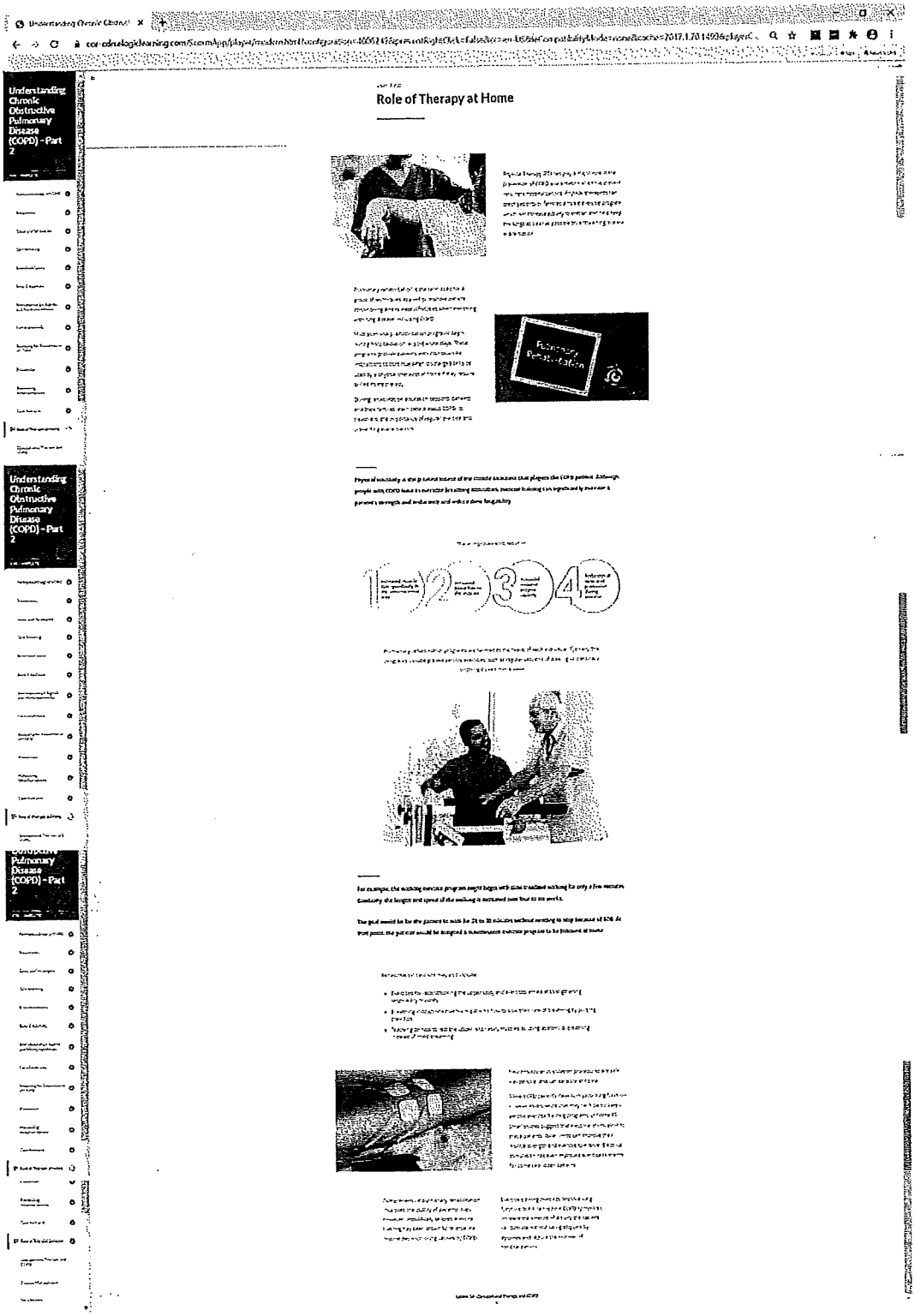

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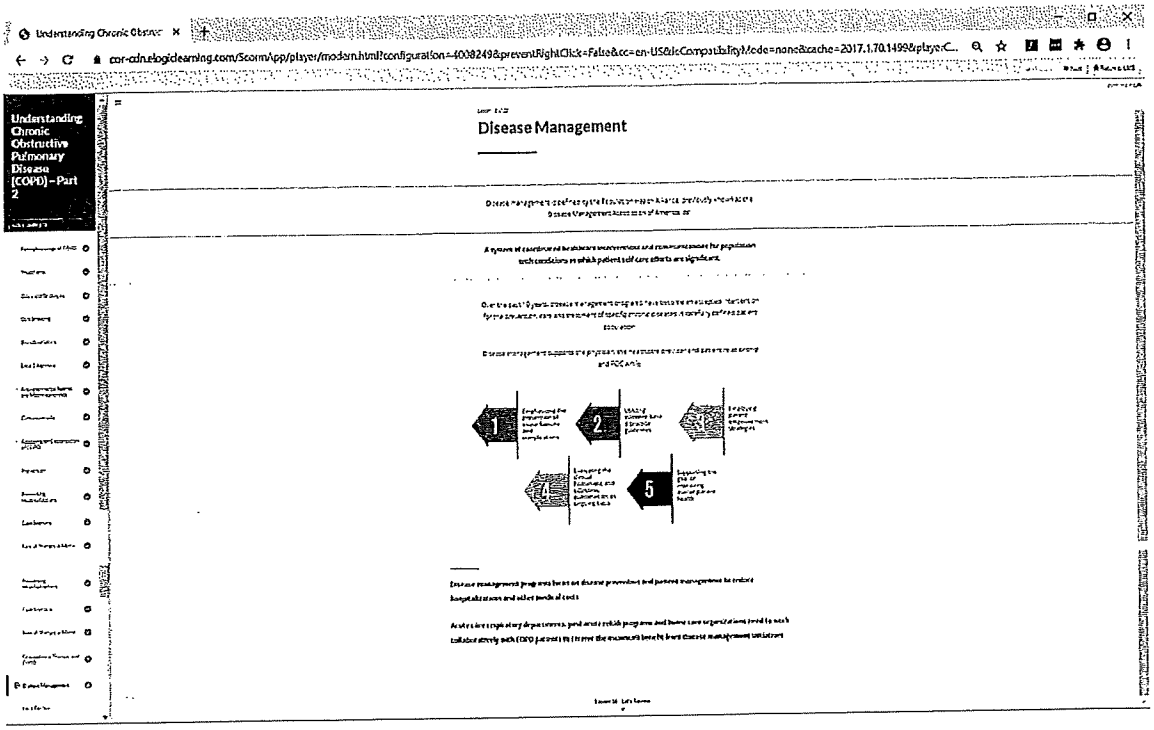

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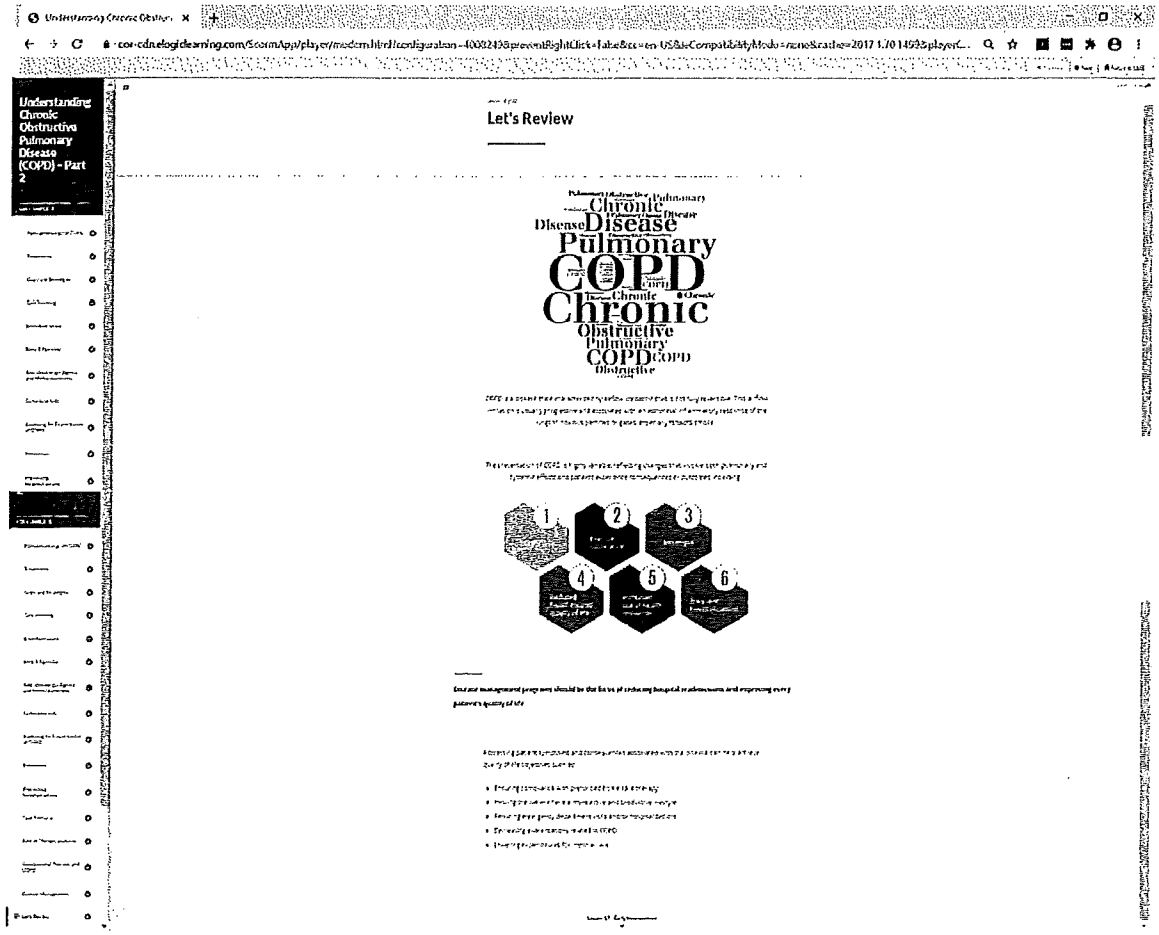

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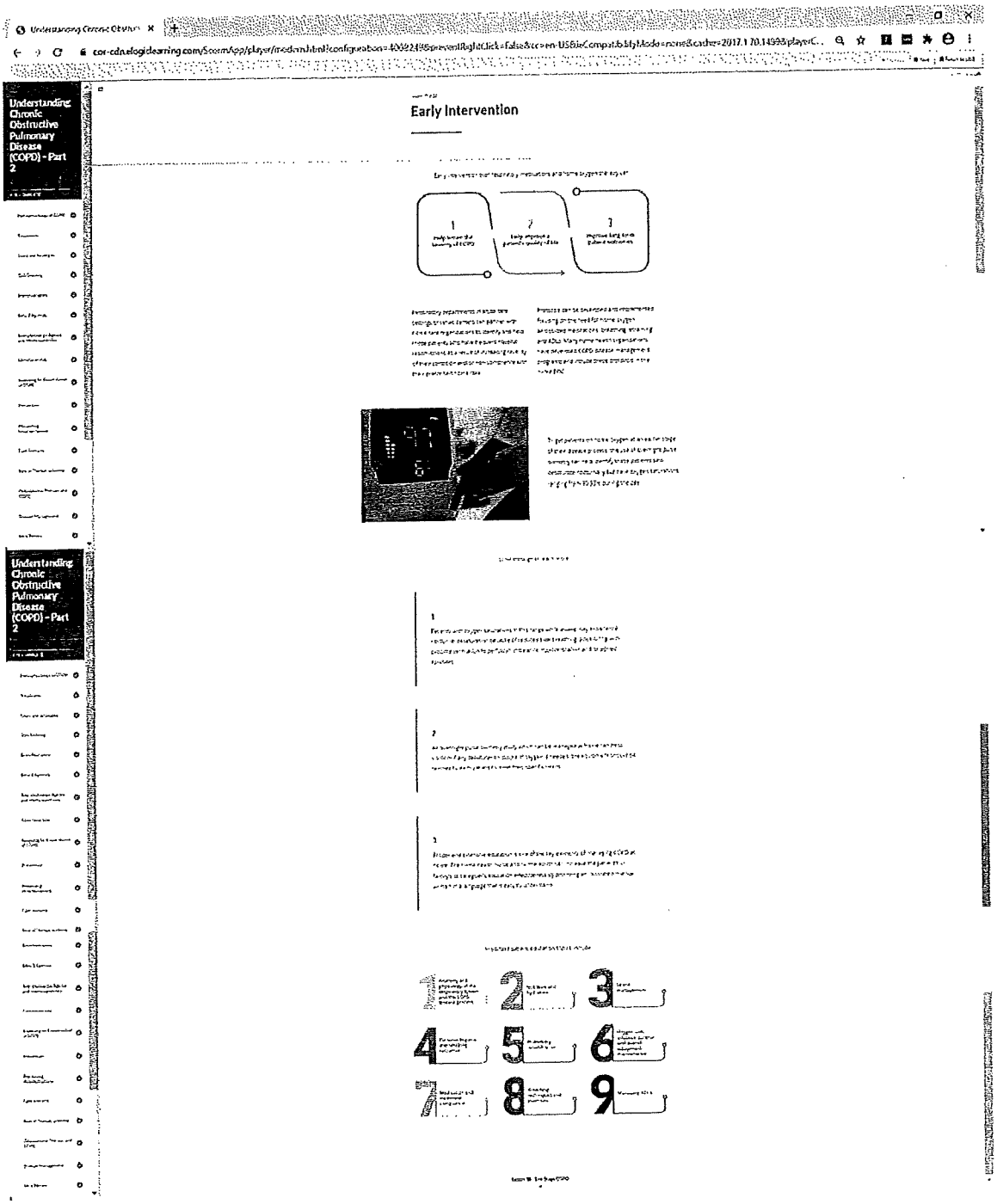

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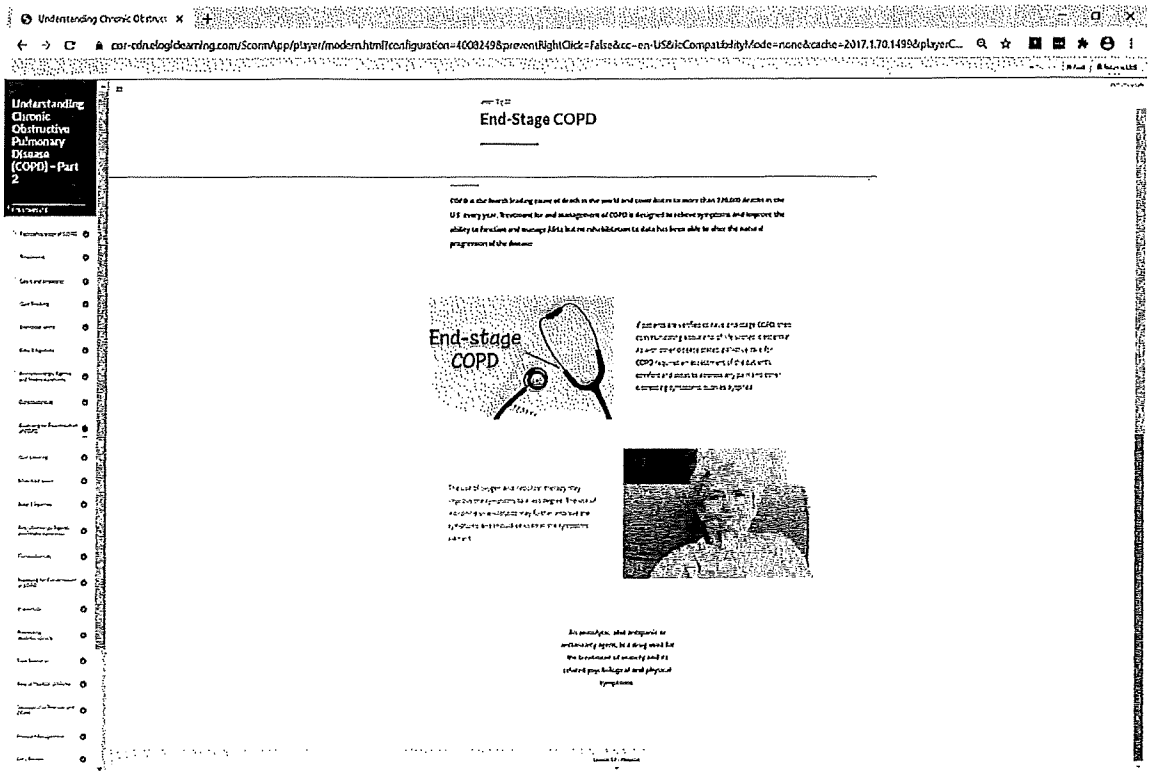

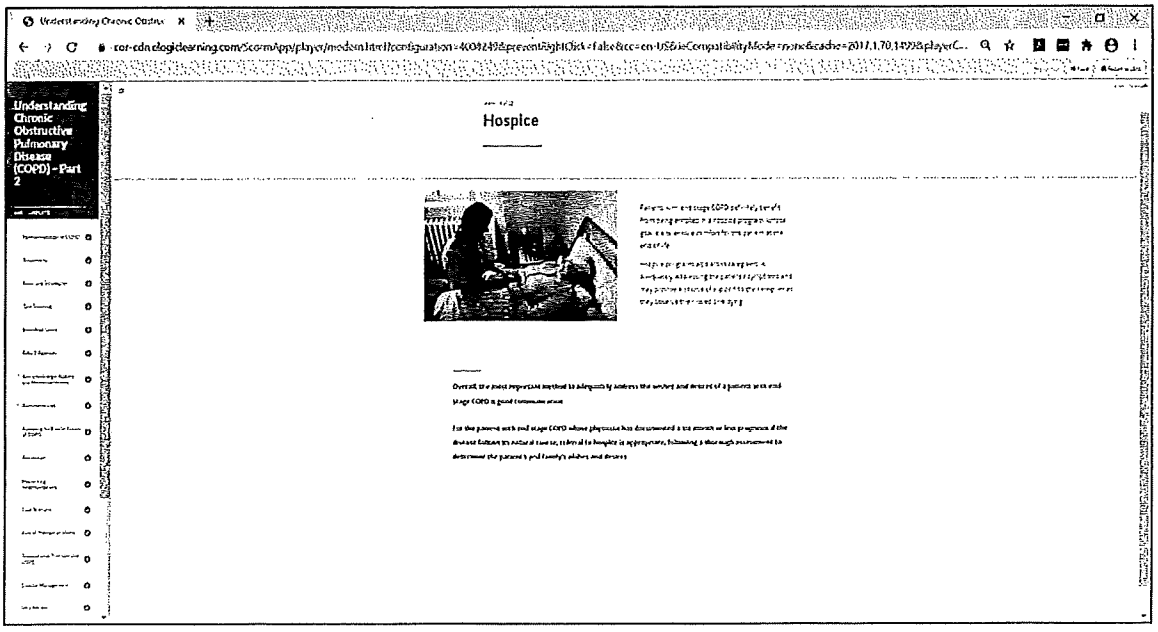

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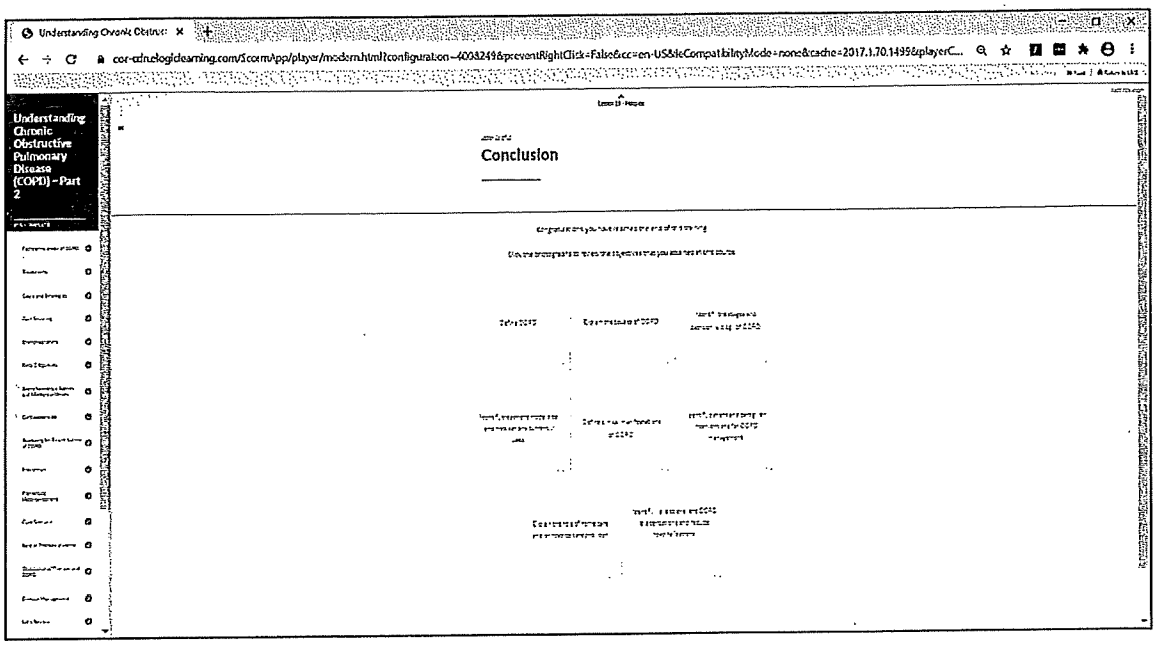

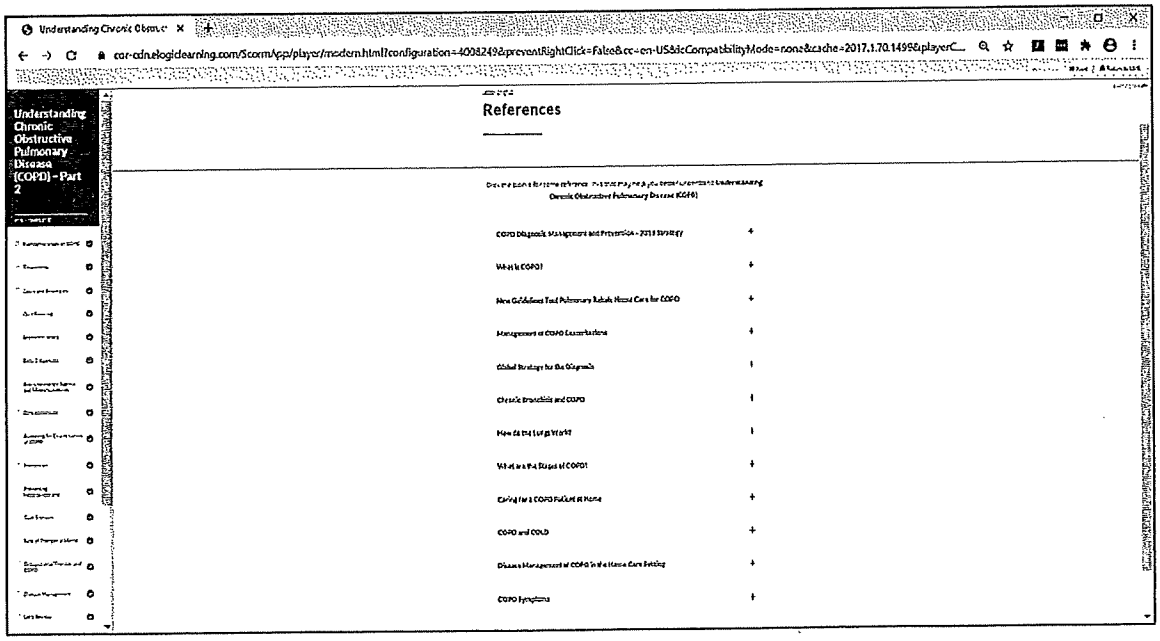

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Part II

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Post Test

Understanding Chronic Obstructive Pulmonary Disease (COPD)

1. COPD is a disease comprised primarily of three conditions: chronic bronchitis, chronic asthma and emphysema.
   A. True
   B. False

   Remediation: COPD is comprised primarily of three related conditions: chronic bronchitis, chronic asthma, and emphysema. In each condition, there is chronic obstruction of the flow of air through the airways and out of the lungs, and the obstruction generally is permanent and may be progressive over time.

2. Which of the following is applicable for a group of lung diseases comprising COPD, chronic bronchitis?
   A. Is the only airway disease resulting in difficulty breathing
   B. Involves permanent enlargement of the alveoli due to the destruction of the walls between the alveoli
   C. Involves inflammation and swelling of the lining of the airway that leads to narrowing and obstruction of the airways
   D. Causes air to remain trapped in the lungs

   Remediation: Chronic bronchitis involves inflammation and swelling of the lining of the airways that leads to narrowing and obstruction of the airways. The inflammation also stimulates production of mucous, sputum, that can cause further obstruction of the airways. Obstruction of the airways, especially with mucous production, increases the likelihood of bacterial lung infections.

3. What is the disease that destroys the alveolar walls and reduces the elasticity of the lung leading to collapse of the bronchioles and air flow obstruction out of the alveoli known as?
   A. Chronic Asthma
   B. Pneumonia
   C. Bronchitis
   D. Emphysema

   Remediation: There is permanent enlargement of the alveoli due to the destruction of the walls between alveoli in emphysema. The destruction of the alveolar walls reduces the elasticity of the lung overall. Loss of elasticity leads to the collapse of the bronchioles obstructing airflow out of the alveoli.

4. What are the two components in the lung that accomplish gas exchange?
   A. Airways and alveoli
   B. Bronchi and trachea
   C. Alveoli and capillaries
   D. Trachea and airways

   Remediation: To accomplish gas exchange the lung has two components - airways and alveoli. The airways are branching, tubular passages like the branches of a tree that allow air to move in and out of the lungs. The widest segment of the airway is the trachea extending from the oral cavity into the two mid-sized bronchi that branch to either the right or left lung. The smallest air tubes are called bronchioles that end at the alveoli or thin-walled air sacs.

5. Which of the following will a COPD patient typically exhibit?
   A. History of smoking

B. Weight loss
C. Exercise intolerance
D. Frequent infections
E. All of the above

Remediation: A patient diagnosed with COPD will typically exhibit increased shortness of air, a persistent and/or productive cough, history of smoking, weight loss, exercise intolerance, frequent infections and reduced health-related quality of life.

6. Which of these conditions exhibit similar symptoms as COPD?
   A. Heart failure
   B. Asthma
   C. Pneumonia
   D. Pulmonary Fibrosis

   Remediation: Conditions that have similar symptoms to COPD include heart failure, coronary artery disease, asthma, cystic fibrosis, pulmonary fibrosis and bronchiectasis. Although pneumonia affects the lungs, many of its symptoms differ from those found in COPD.

7. Causes of COPD include smoking, long-term environmental exposure to lung irritants and alpha-1 antitrypsin deficiency.
   A. True
   B. False

   Remediation: Smoking is the largest contributing factor for developing COPD. COPD occurs most often in people aged 40 and above with a history of smoking (either current or former). About 80 to 90% of all COPD is caused by cigarette smoking. COPD can also occur in people who have had long-term exposure to environmental factors that can irritate the lungs, such as certain chemicals, dust, or fumes in the workplace. Heavy or long-term exposure to secondhand smoke or other air pollutants may also be a risk for developing COPD. A small percentage of people with COPD may have alpha-1 antitrypsin deficiency, a rare genetic inherited disorder that accounts for less than 1% of COPD in the United States. Alpha-1 antitrypsin deficiency is an inherited disorder and COPD is a common disease among patients with this deficiency.

8. Tests used to diagnose COPD include chest X-ray, CT scan, pulmonary function studies and levels of carbon dioxide in the blood.
   A. True
   B. False

   Remediation: COPD usually is first diagnosed on the basis of a medical history that discloses many symptoms of COPD and a physical examination that discloses signs of COPD. Other tests to diagnose COPD include chest X-ray, computerized tomography (CAT or CT scan) of the chest, tests of lung function, pulmonary function tests, and the measurement of carbon dioxide and oxygen levels in the blood.

9. Which stage of COPD will a patient with an FEV1 of between 30-50% fatigue, and SOB with frequent exacerbations requiring extra treatment or hospitalization be categorized as?
   A. Stage I or Mild COPD
   B. Stage II or Moderate COPD
   C. Stage III or Severe COPD
   D. Stage IV or Very Severe COPD

Remediation: With Stage III or severe COPD, the FEV1 is between 30% and 50% of normal. In this stage, people usually are often tired and short of air. They may have frequent exacerbation flares requiring extra treatment or even hospitalization. In this stage, patients may have repeated exacerbations that usually impact the quality of life, reduced exercise capacity and fatigue.

10. The pathophysiology of COPD includes narrowing of the airways, damage to the lungs and supportive tissue, lung hyperactivity, dysfunction of cilia in the airways and damage of the alveolar walls.
    A. True
    B. False

    Remediation: The pathophysiology of COPD includes narrowing of the airways, damage to the lungs and supportive tissue, lung hyperactivity, dysfunction of cilia in the airways and damage of the alveolar walls.

11. What is one of the first signs of pulmonary hypertension that can be detected in a patient?
    A. Consistently high systolic blood pressure readings
    B. Increased SOB
    C. High carbon dioxide levels in the blood
    D. The presence of ankle swelling

    Remediation: Pulmonary hypertension is a type of high blood pressure that affects only the arteries in the lungs and the right side of the heart. The increased pressure requires the heart to work extra hard to pump blood to the lungs, and the right side of the heart, which is the side of the heart that pumps blood to the lungs, may fail from the extra work. This often can be detected first in a patient by the presence of ankle swelling.

12. Which of the common treatment strategies below are used for COPD patients?
    A. Quit cigarette smoking
    B. Use of medications including bronchodilators and Beta-2 agonists
    C. Vaccinating for against pneumonia and influenza
    D. O2 supplementation
    E. All of the above

    Remediation: The most important treatment for COPD is to quit smoking. Other treatments include taking medications to dilate airways such as bronchodilators and Beta-2 agonists that have the bronchodilating effects of adrenaline without many of the unwanted side effects. Vaccinating against influenza and pneumonia because patients with COPD are at a greater risk for developing pneumococcal disease and influenza that can lead to dangerous COPD exacerbations are recommended treatments. Oxygen supplementation from tanks or concentrators that is inhaled by patients with COPD through masks or cannulas can relax the blood vessels and decrease blood pressure in the lungs. This decreases the work that the right side of the heart must perform and can improve heart failure.

13. What does the warning signs of a COPD exacerbation include?
    A. SOB
    B. Productive cough
    C. Increased anxiety
    D. Early morning headaches

E. All of the above

Remediation: Warning signs of a COPD exacerbation may include SOB, noisy breathing, increased anxiety, chest breathing, productive cough, changes in skin or nail color, difficulty sleeping and no interest in eating, lack of speech due to breathing distress, early morning headaches caused by low oxygen levels, swelling in the ankles or legs and/or abdominal pain.

14. What is the term for a group of techniques applied to improve patients conditioning and difficulties when exercising with lung disease, including COPD?
    A. Physical therapy
    B. Occupational therapy
    C. Pulmonary rehabilitation
    D. Gait training

    Remediation: Pulmonary rehabilitation is the term used for a group of techniques applied to improve patient conditioning and to ease difficulties when exercising with lung disease, including COPD. Most pulmonary rehabilitation programs begin during hospitalization or post-acute stays. These programs provide patients with individualized instructions to continue when discharged or to be used by a PT at home if they require skilled home therapy. During rehabilitation education sessions, patients and their families learn details about COPD, its treatment, the importance of regular exercise and preventing exacerbations.

15. What should be taught to the patients, families or caregivers as one of the best ways to fight infection and lower the risk of COPD exacerbation?
    A. Hand washing
    B. Staying out of bad weather
    C. Eating healthy
    D. Seeing a physician regularly

    Remediation: Hand washing is one of the best ways to fight infection and lower the risk of COPD exacerbation. Educate patients and families on correct hand washing and stress that to be effective. Hand washing must be done correctly, every time hands are washed. As a caregiver, follow your organization's hand washing policy and remember that COPD patients are especially susceptible to infections.

16. In skilled home care the COPD patient would benefit from an OT assessment, POC and mutually agreed upon goals incorporating social, physical and psychological considerations.
    A. True
    B. False

    Remediation: OT is a therapy discipline that teaches patients how to best manage ADLs or their occupations in their particular environments with whatever medical problems they have, across the lifespan. It teaches patients with a wide variety of medical disabilities various physical behaviors, to optimally work around their physical disabilities. With OT, there is also an emphasis on treating the patient in a comprehensive manner, including social, psychological and spiritual considerations.

17. Patients with end-stage COPD and their family or caregivers can benefit from being enrolled in a hospice program when the goal is to insure comfort for the patient at the end of life.
    A. True
    B. False

Remediation: Patients with end-stage COPD definitely benefit from being enrolled in hospice programs, whose goal it is to insure comfort for the patient at the end of their life. Hospice programs also assist families and caregivers in adequately addressing the patient's symptoms and may provide a source of support to the caregiver as they observe their loved one dying.

18. Which of the following is included in the disease management of COPD?
    A. Early intervention
    B. Referring a patient to the ER for symptoms with exacerbation
    C. Limiting physical activity
    D. Implementing no changes in lifestyle choices because of SOB
    E. None of the above

Remediation: Early intervention with respiratory medications and home oxygen therapy can help lessen the severity of COPD and help improve a patient's quality of life. This intervention can also result in improved long-term patient outcomes.

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Addendum E
Course #2

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Program Coordinator CV

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Education and Licensing

- Bachelor of Science in Nursing, University of Colorado, 1987
- Registered Nurse, Colorado
- Certifications: CHPN, HCS-D, HCS-O

Compliance

- Quality Assurance Reviewer: Hospice, OASIS, coding.
- Oasis reviews for compliance and coding, coding from scratch. OASIS C-2 and ICD-10 compliance.
- Analyzed and Implemented Hospice QAPI program to present data/trends to staff, Medical Directors and Professional Advisory Committee in a relevant way.
- Educated staff regarding identifying eligibility and criteria for hospice care based on insurance guidelines.
- Improved physician and nursing home survey process which resulted in 60% increased return rate.
- Updated, enhanced and implemented hospice bereavement program. Implemented changes in program allowing increased time for more personal contact and support to our bereaved families as well as significant cost savings.
- Oriented multiple new clinical and non-clinical staff members to Hospice, developed orientation manual for new hires

Management Experience

- Hospice Administrator: Grew program by 100% in first year from a census of high 20's to 70's. Well versed in contract management, Profit and Loss management.
  - Exceeded corporate Census and EBITDAM goals for last 2 years.
- Implemented significant process changes: OASIS – C, Face to Face Encounters, Multiple Medicare regulation changes and clarifications.
- Prepared and submitted Medicare appeals at all levels of appeal, developed queries for appropriate clinical data, identified trends and trainings to improve compliance and documentation.
- Led team through two corporate mergers and accompanying policy and process changes smoothly
  - Patient Care Manager: Clinical manager supervised multidisciplinary team of nurses, social workers, chaplains and C.N.A.'s and clerical support staff. Responsible for cost centers such as staffing, supplies and pharmacy.
  - Quality Manager: Developed CQI program to be relevant to current quality patient care issues. Effective in developing relationships with the management team and empowering them with tools to implement changes in compliance regulations. Integral in educating staff to processes. Incorporated volunteer staff to clerical duties associated with medical records and CQI. Oversight and Management of Clinical Cost Center: Staffing, Supplies, DME.
    - Reduced overtime by 83% w/in 2 months.
    - Reduced supply costs by 33% within 6 months.
- Developed community and physician education programs which resulted in a 53% increase in referrals and a subsequent increase in revenue.

Program development

- Bereavement Program: Developed the program for a small rural nonprofit hospice and increased the program's efficiency which resulted in improved Medicare compliance, reduced paid staff hours by 75% and process costs by 44%.
  - Trained and supervised volunteer staff to implement bereavement program and survey processes reducing costs and increasing paid staff efficiency.
- Orientation Program: Developed a comprehensive orientation program for Nurses and Aides which improved performance and increased retention.
- Appeals Process: Streamlined Medicare appeals management process. Including complete record collection, accuracy, queries, data collection and preparation of reports.

Marketing

- Managed relationships in the local physician community resulting in increased referrals by 53%.
  - personal visits with physicians
  - Conversations focused on education re: our agency's excellence, our compassion, and our dedication to our patients.
- Educated University Hospital staff, a large teaching hospital in Denver, including physicians, social workers and nurses in home care services resulting in increased referrals. Conducted weekly discharge planning meetings designed to ensure appropriate disposition of all patients.
- Presented workshops to community groups about the Hospice benefit which resulted in increased community awareness of our company and the hospice Medicare benefit.
- Prepared and presented programs at quarterly staff meetings with the goal of improving staff understanding of hospice care and the powerful impact of each member of our team.

Skills: OASIS C-2, ICD-10, Hospice Item Set, Microsoft Office Suite, HCHB, McKesson, Allscripts, Kantime, Hospice Engine, Suncoast, EPIC, PointCare, Devero, EPIC, NetSmart

- References:
  - Peggy Patton Vice President of Education Services, The Corridor Group ppatton@corridorgroup.com
  - Kellie Bonifield, Quality Director, The Corridor Group kbonifield@corridorgroup.com
  - Jeff Holm (231) 735-3341 Jjholm74@gmail.com Formerly Regional Vice-President Life Choice Hospice.
  - Karen Wright (603) 833-3663 peppergeorge911@gmail.com Senior Vice President of Operations Life Choice Hospice
  - Dee Geray, RN 719-232-9590 Senior Director of Clinical Operations Life Choice Hospice
  - Dawn Ignatius, RN 719-237-7533 COO Prospect Home Care and Hospice
  - Mary Barrowman 719-573-4166 CEO Prospect Home Care and Hospice

Employment history

Sharon Seaton RN BSN, CHPN
1523 Cresta Rd.
Colorado Springs, CO 80906
719-331-1357
sharonseaton95@gmail.com

2/2018 – present The Corridor Group
Serve as a Hospice resource for the QA team including training, and quality review for stateside and offshore coders and QA reviewers. Developed, implemented and tracked completion for Fall Hospice training all hospice coder's and QA team. Quality Assurance Reviewer for home health diagnosis coding and OASIS reviews. Provided education and training offshore for OASIS and coding as well as use of Corridor's proprietary coding and OASIS software. Featured speaker for Hospice Nut's and Bolts®, state conferences as well as Hospice Management Certification Program. Author and editor for CHEX educational software for topics related to Home Care and Hospice.

5/2015 – 2/2018 McBee & Associates
Hospice and OASIS Coder & Reviewer

2/2012 – 5/2015 LifeChoice Hospice 655 Southpointe Ct #201, Colorado Springs, CO 80906
Formerly SolAmor Hospice and now a branch of Hospice Compassus
Regional Vice President: Jeff Holm (231) 735-3341 Jjholm74@gmail.com

Administrator: Responsible for operations of hospice agency serving two metropolitan areas. Doubled program size within first year and a half. Ensured site compliance, P&L management exceeding EBITDAM past 2 years, developed community relationships while keeping focus on employee retention and engagement and of most importance patient care excellence. Satisfaction scores improved from below national average in 2012 to equal or above national average at present.
(Reason for looking: Sold to Hospice Compassus)

9/10 – 2/12 Odyssey / Gentiva Hospice 5526 N. Academy Blvd., Colorado Springs, CO 80918
Executive Director: Gary Morse

Patient Care Manager. Managed a multidisciplinary team of RN, LPN, C.N.A.'s, Social Workers, Chaplains and clerical staff. Responsible for staffing, supply and pharmacy cost centers, compliance with Medicare guidelines, scheduling.

Quality Manager. Developing CQI program to be relevant to current quality patient care issues. Effective in developing relationships with the management team and empowering them with tools to implement changes in compliance regulations. Integral in educating staff to processes. Incorporated volunteer staff to clerical duties associated with medical records and CQI.
(Reason for leaving: Recruited to run a floundering program at SolAmor Hospice)

12/08 – 9/10 Prospect Home Care and Hospice, 16420 W Us Highway 24, Woodland Park, CO
COO: Dawn Ignatius, RN MS 719-623-1856
Clinical Nurse Manager. Developed effective working relationships with local physicians resulting in referrals, Developed relationships with DME companies, and pharmacies to maximize effectiveness and quality of patient care, bereavement program, supervising Aide staff, LPN staff, quarterly clinical presentations to staff, drafting clinical policies. Management of 15 to 20 home care and hospice patients.
(Reason for leaving: moved to Colorado Springs)

2/07 – 12/08 Odyssey Hospice, 5526 N. Academy Blvd., Colorado Springs, CO 80918
DPS: Rhonda Clark, RN
RN On Call. Sole RN responsible for acute clinical issues with terminally ill hospice patients occurring after hours. This position required autonomy, initiative, and independence as well as excellent working relationships with the hospice physicians. Also required were my skills of diplomacy, attentive listening, and thoughtful intervention within the dynamics of often complex family dynamics.
(Reason for Leaving: sought day shift position closer to home)

7/2005 - 2/2007 Physician's Home Care
Provided weekend visit coverage for Teller County patients as well as case management.

5/2004 – 2/2007 Preferred Hospice 655 South Pointe Ct., Colorado Springs, CO, 80906-3859
(Became SolAmor / LifeChoice Hospice)
DPS: Dee Geray, RN 719-232-9590
RN On Call RN responsible for acute clinical issues with terminally ill hospice patients occurring after hours. This was a similar job to Odyssey with a smaller census and larger geographical area.
(Reason for leaving: sought fulltime employment in hospice)

7/2003 – 5/2004 Penrose St. Francis Hospital, 200 Jackson St., Colorado Springs, CO
Nurse Manager: Brenda Mellencamp, RN
Registered Nurse Staff Nurse in acute care respiratory unit
(Reason for leaving: Became fulltime caregiver for parents)

1/99 – 5/2004 Teller County Social Services, 740 W. Hwy 24, Woodland Park, CO 80863
Medical Foster Home

9/1993-3/1995 San Marcos Regional medical, San Marcos, TX 78666
RN Case Manager, home care

3/1992 – 6/1994 Paragon Home Care, Austin, TX
Clinical Supervisor. Supervising 12 part time nurses and aides and their patients. Coordinated the team to ensure excellent patient care address the unique needs of our impoverished rural patients. Also responsible for hiring, staffing, chart review for Medicare compliance.

8/1991 – 2/1992 Alamosa Regional Medical Center, Alamosa, CO
RN Labor & Delivery, Newborn Nursery for a high risk rural, often malnourished, impoverished population who often presented without prenatal care.

9/1989-8/1991 Visiting Nurses Association, 390 Grant Street, Denver, CO 80203
Manager: Sandy Fragliassi, RN
As discharge planner at University Hospital in Denver developed relationships with Hospital Physicians, Social Workers and floor staff. Educated hospital staff in home care regulations and processes to anticipate patient needs at discharge. Facilitated discharge planning meetings at the hospital and coordinated placement including home, SNF, home care, or hospice. To be effective in this job I was required to be fluent in Medicare guidelines. Prior to promotion to discharge planner I was an RN case manager.

5/1989-11/1989 San Jose Regional Medical Center, San Jose, CA
Staff nurse in newborn nursery, Labor and delivery and Level II, III NICU

6/1987 – 5/1989 Boulder Community Hospital,1100 Balsam, Boulder, Colorado 80301-9019
Nurse Manager: Carol Kleinke, RN
RN Medical/surgical staff nurse
discern trends and identify areas to improve patient care.

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Continuing Education Development Plan

Presentation Continuing Education Development Plan

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Corridor Media, Inc.

Kansas State Board of Nursing Provider #LT0270-0111

Offering Title: Understanding Dementia and Alzheimer's Disease

Program Coordinator: Peggy Patton

Date: 07/23/2019

Appropriate Media: eLearning

Action	Result	Initials	Date
Assess need for offering based on: • Regulatory requirements • Current industry trends • Current client request	The course content is based on current industry trends and information helpful to clinicians providing care in the home. In home care – both home health and hospice, many patients have primary and/or secondary diagnosis related to dementia of some type or Alzheimer's disease. Some states require education on Dementia and Alzheimer's for nursing licensure renewal given the prevalence, although no states require it in home care to date.	PP	07/23/19
Identify Subject Matter Expert	Peggy Patton RN, MHCL, Sharon Seaton RN, BSN		
Meet with Subject Matter Expert • Discuss topic • Obtain feedback and suggestions • Content agreed upon and accepted • Project scope determined	Peggy and Sharon met, discussed content need and direction determined appropriate for intended audience. Determined timeline for project scope and determined deadlines for storyboard, review, development and final reviews. Project Scope: • Intended audience: home health and hospice professional staff • Length of offering: 1 hour • Objectives: o Distinguish between AD and other forms of dementia o Describe the behaviors a patient will exhibit in each of the seven stages of dementia o Describe the characteristic changes to the brain seen in AD o Identify the key components to help manage the behaviors seen in progressive dementia and AD o List the types of medications commonly used to treat behavioral and psychiatric symptoms of dementia and AD. • Test: yes – 10 multiple choice T/F questions • Evaluation: yes	PP	07/24/19
Weekly meetings scheduled	Dates/times: will not meet weekly.		
Offering to be returned to Program Coordinator	Date: 08/08/2019	PP	
Research Validated		yes	
Sources Validated	2 links changed path – required updates to course file	yes	
Develop the appropriate media for content offering	Converted from standard course storyboard to mobile responsive SCORM compliant course file using RISE course authoring tool. Placed in secure ftp site for LMS	PP/SS/Rise Developer - TC	08/15/19

	use. Reviewed final draft, to development for corrections and final copy.		
Final project meeting	Not needed		
Time tests conducted	Yes – see Time Test document	PP/EL	08/19/19
CE Awarded	1.1 based on time test		08/19/19

Attach:

- Corridor Media contract with Subject Matter Expert – NA
- Subject Matter Expert curriculum vitae
- Media storyboard/handouts and references
- Time Test Form
- Post test

Corridor/TCG Media, LLC
Kansas State Board of Nursing Long-Term Continuing Nursing Education (CNE)
Provider Five Year Renewal – Additional Materials Requested

Behavioral Objectives for Offering 2: Understanding Dementia and Alzheimer's Disease

After the successful completion of the course "Understanding Dementia and Alzheimer's Disease," the user will be able to:

A. Distinguish between Alzheimer's Disease and other forms of dementia
B. Describe the behaviors a patient will exhibit in each of the seven stages of dementia
C. Describe the characteristic changes to the brain seen in Alzheimer's Disease
D. Identify the key components to help manage the behaviors seen in progressive dementia and Alzheimer's Disease
E. List the types of medications commonly used to treat behavioral and psychiatric symptoms of dementia and Alzheimer's Disease

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Contract With Subject Matter Expert

(if Subject Matter Expert is not employed by TCG Media, LLC)

This course was developed by Peggy Patton, Vice President of Education at Corridor, therefor there is not a contract.

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Subject Matter Expert CV

PEGGY PATTON

SUMMARY OF QUALIFICATIONS

1980 – Present – Licensed by the State of Kansas – RN

Managerial Experience in Training/Consulting/Project Management

Training/Consulting/Project Management Experience in Homecare arena

Client Relationship and Management Expertise

Personnel Management

VP of Education Services at Corridor

WORK EXPERIENCE

1980 - 1991 Stormont-Vail Regional Medical Center Topeka, Kansas

Staff RN, Charge Nurse

- Staff RN with promotion to Charge Nurse in Adult Coronary Intensive Care Unit.

1991-2001 Stormont-Vail Regional Medical Center Topeka, Kansas

Hospital based clinician for Stormont Vail / Cotton-O'Neil Cardiology -RN

- Responsible for patient and family education regarding medical procedures and condition, patient assessment and documentation, patient triage, record compliance, documentation, dictation and discharge planning.

2001-Jan. 2009 Cerner Corporation - BeyondNow Home Care KC, Missouri

Training and Consulting role, Training and Consulting Manager, Project Implementation Manager, IT Manager with promotion to Senior Manager of Client Services and IT.

- Responsible for management of Client Services which have included Training, Consulting Services, Project Implementation, Reference Management, and IT Support Services. Senior Manager of Client Services which includes software training, consulting services, client reference management, KLAS, and IT Support Services.
- In management role for past 5 years. Sr. Management role past 3 years.

2009 (Feb) – present The Corridor Group Overland Park, Kansas

VP of Education Services – includes Products Media and Corridor CHEX eLearning

EDUCATION

1976-1980 Cloud County Community College Concordia, Kansas
Associate of Science Degree - pre -nursing

1980-1982 Stormont-Vail School of Nursing Topeka, Kansas
Diploma of Nursing

2006-2008 Friends University of Wichita at Topeka Campus Topeka, Kansas
Bachelor of Science Business Management
4.0 GPA

2010 – 2012 Friends University of Wichita at Topeka Campus Topeka, Kansas
Masters of Healthcare Leadership (MHCL)
Current 4.0 GPA

PRESENTATIONS

October 2008 – Cerner Healthcare Conference - "Making the Most of Client-Vendor Relationships"
Co-presented with Kris Dudziak, Senior Manager of Business Operations for Homecare, Hospice, and Geriatric Services at HealthPartners in Minneapolis, MN.

October 2009 – Cerner Healthcare Conference – "Innovations in Homecare"
Co-presented with Terry Skreteny, Director of IS at Longview Homecare and Hospice in Longview, WA.

May 2010 – CAHSAH Annual Conference – "Education – Put your Money Where it Matters"

April 2011 – NHPCO conference – Co-presenter

May 2011 – Southwest Gulf Coast Conference – Co-presented with Gracie Davis – Encompass

May 2013 – CAHSAH Annual Conference – Presenter

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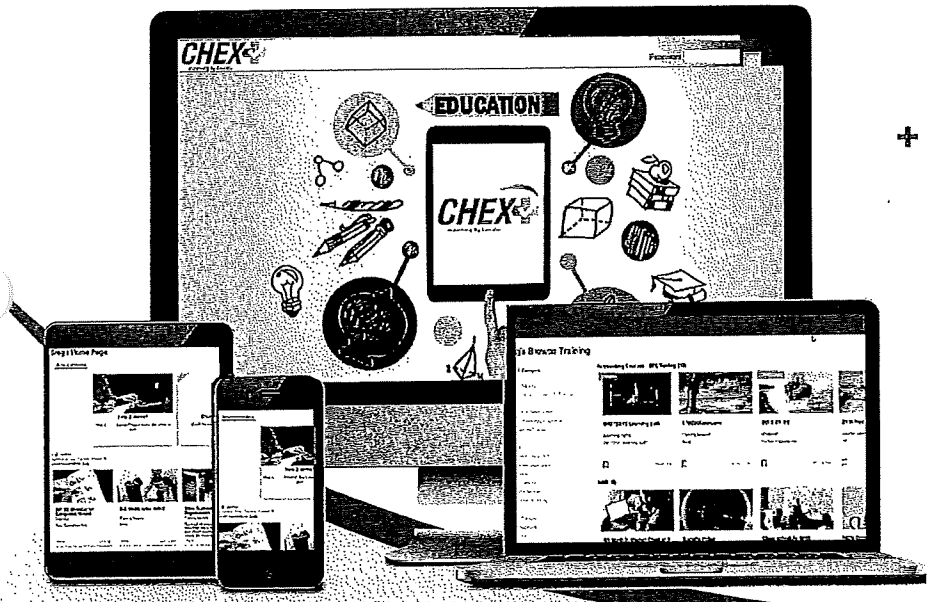

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POPULAR COURSE TOPICS INCLUDE:

- Regulatory and Compliance
- Clinical Development
- Health and Safety
- OASIS
- CoPs
- Home Health and Hospice Aides
- Clinical Skills Videos
- Behavioral Health

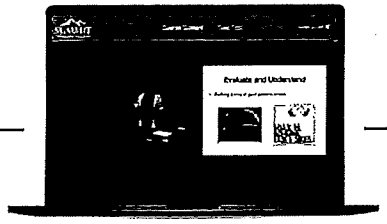
THERAPY COURSE TOPICS FOR PT, OT AND SLP:

- Geriatrics
- Orthopedics
- Functional therapies for dementia
- Heart failure
- COPD
- Diabetes
- Stroke rehab
- Therapy documentation and OASIS guidance

CNE 403

"CHEX is so easy to navigate. The modules are interesting and keep your attention with questions and interactivity. The modules explain the concepts of home care well, especially the OASIS components, which directly relate to the work I am doing."

- Amy Pederson, RN Case Manager - UnityPoint at Home



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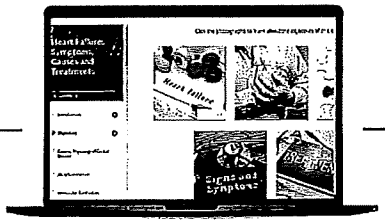

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CNE 404 MK009 10.20

Time Tests

Time Test Evaluation

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Corridor Media, Inc.

Kansas State Board of Nursing Provider #LT0270-0111

Instructions: Each reviewer will record the exact time that they begin the review. The reviewer will complete the entire offering, then record the end time. Any additional comments can be recorded in the comments section. All reviews must be returned to the Program Coordinator.

Offering Name: Understanding Dementia and Alzheimer's Disease

Delivery Method: eLearning Presentation

Program Coordinator: Peggy Patton

Date: 08/19/2019

Start Time: 9:00 am **End Time:** 10:07 am

Comments: Nice presentation 67 minutes

Reviewer Name: Elizabeth Larsen

Date: 08/20/2019

Start Time: 9:50 am **End Time:** 10:47 am

Comments: Reviewed after update 57 minutes

Reviewer Name:

Date:

Start Time: **End Time:**

Comments:

Average Time: 62 minutes

CE Awarded: 1.1

Program Coordinator Signature: Peggy Patton

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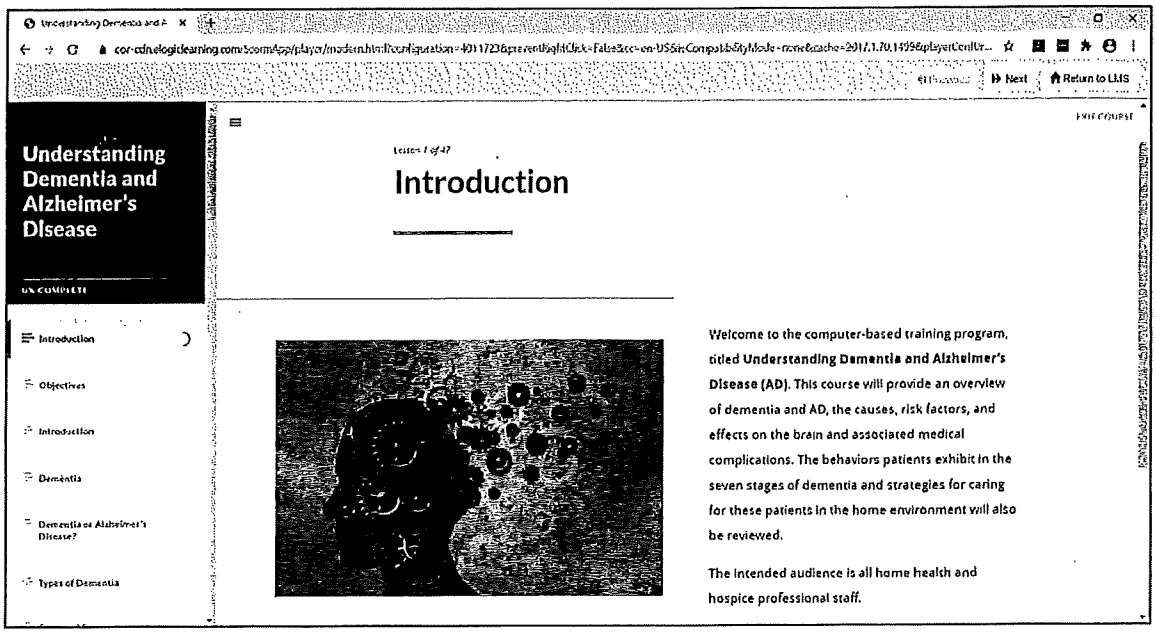
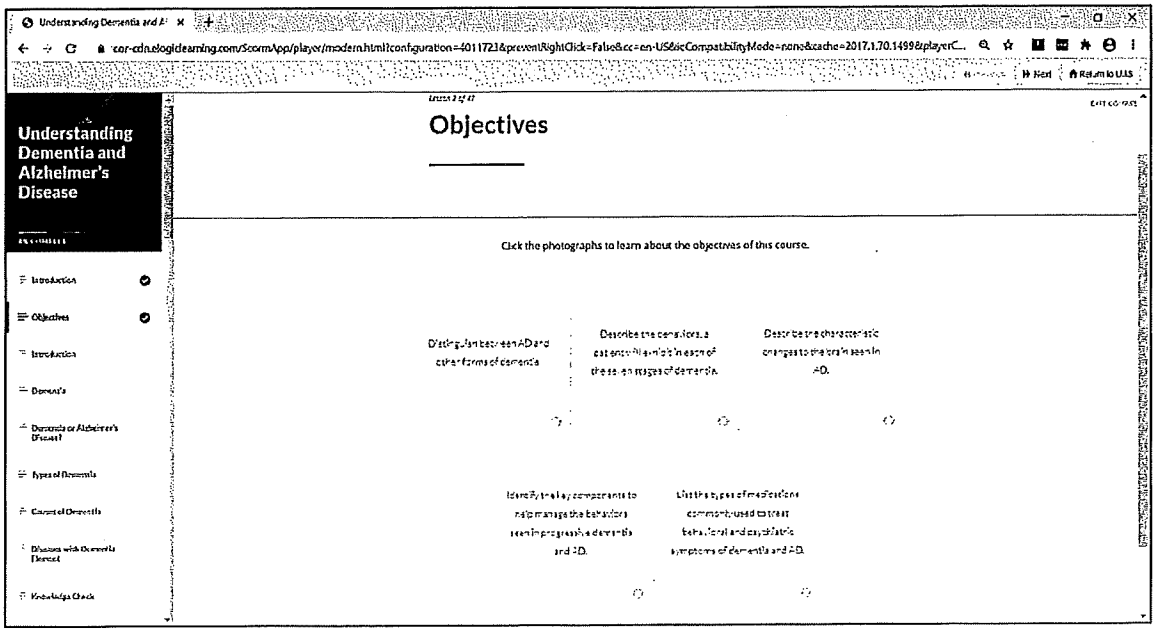
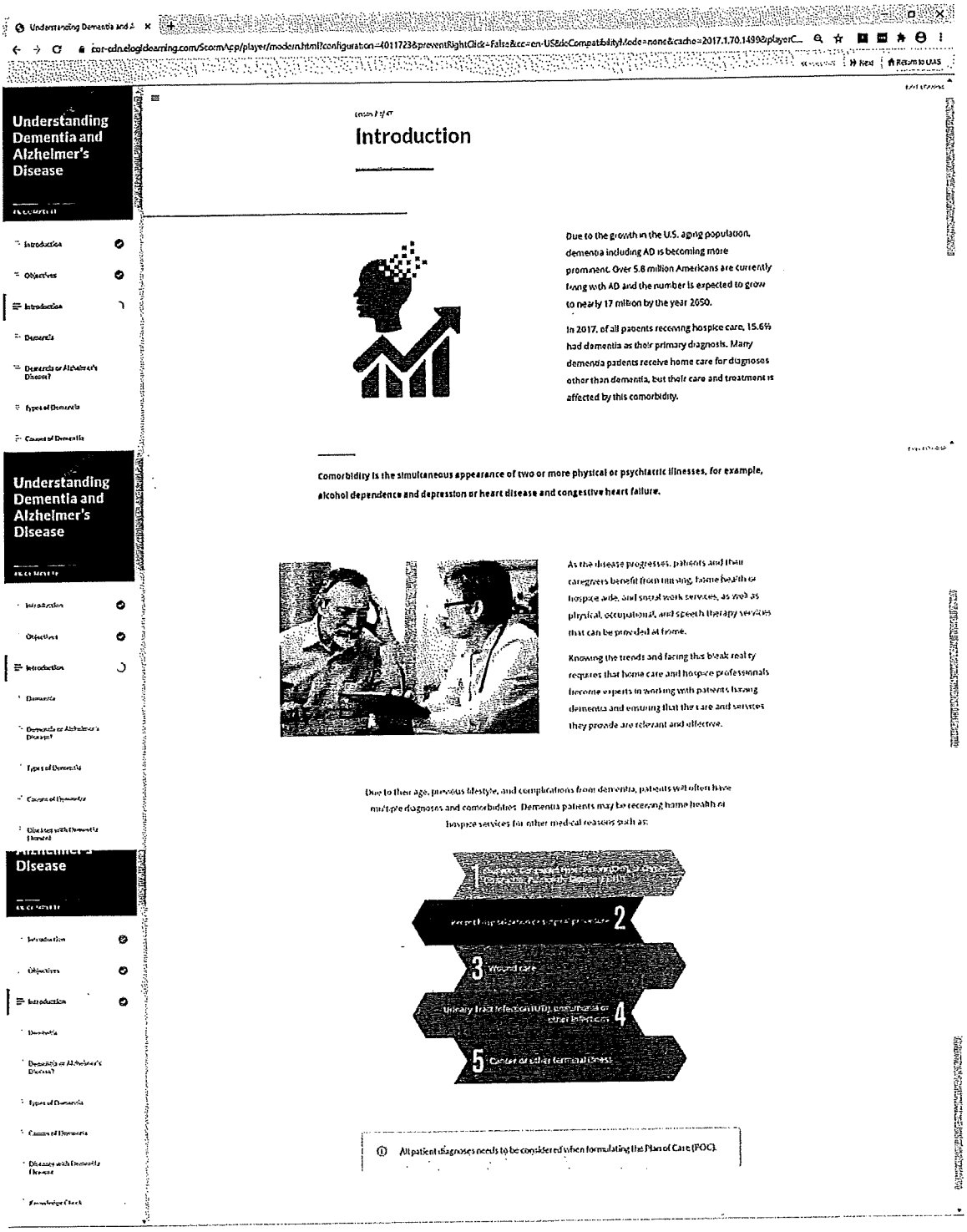
Course Content

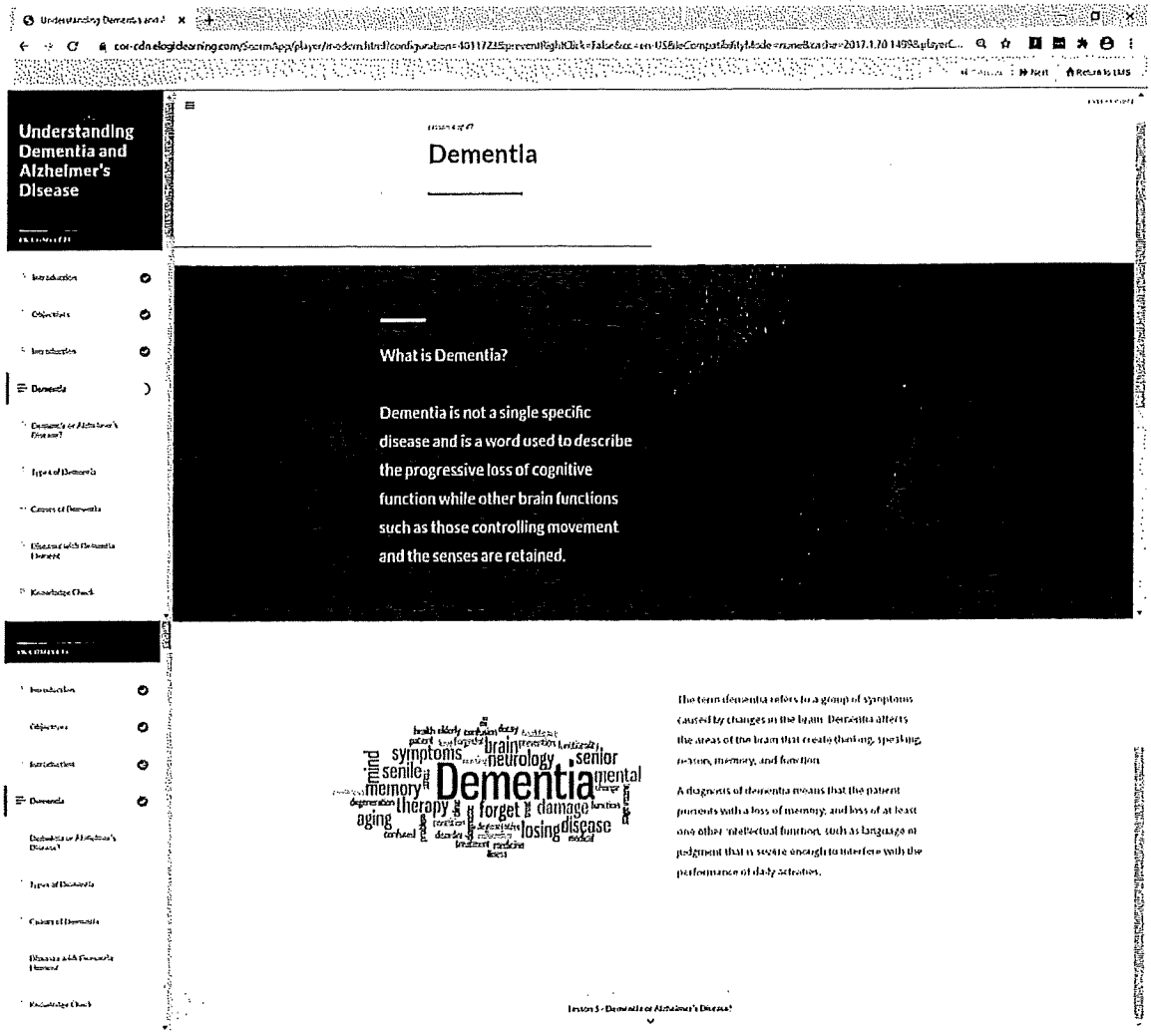
Understanding Dementia and Alzheimer's Disease Course Content

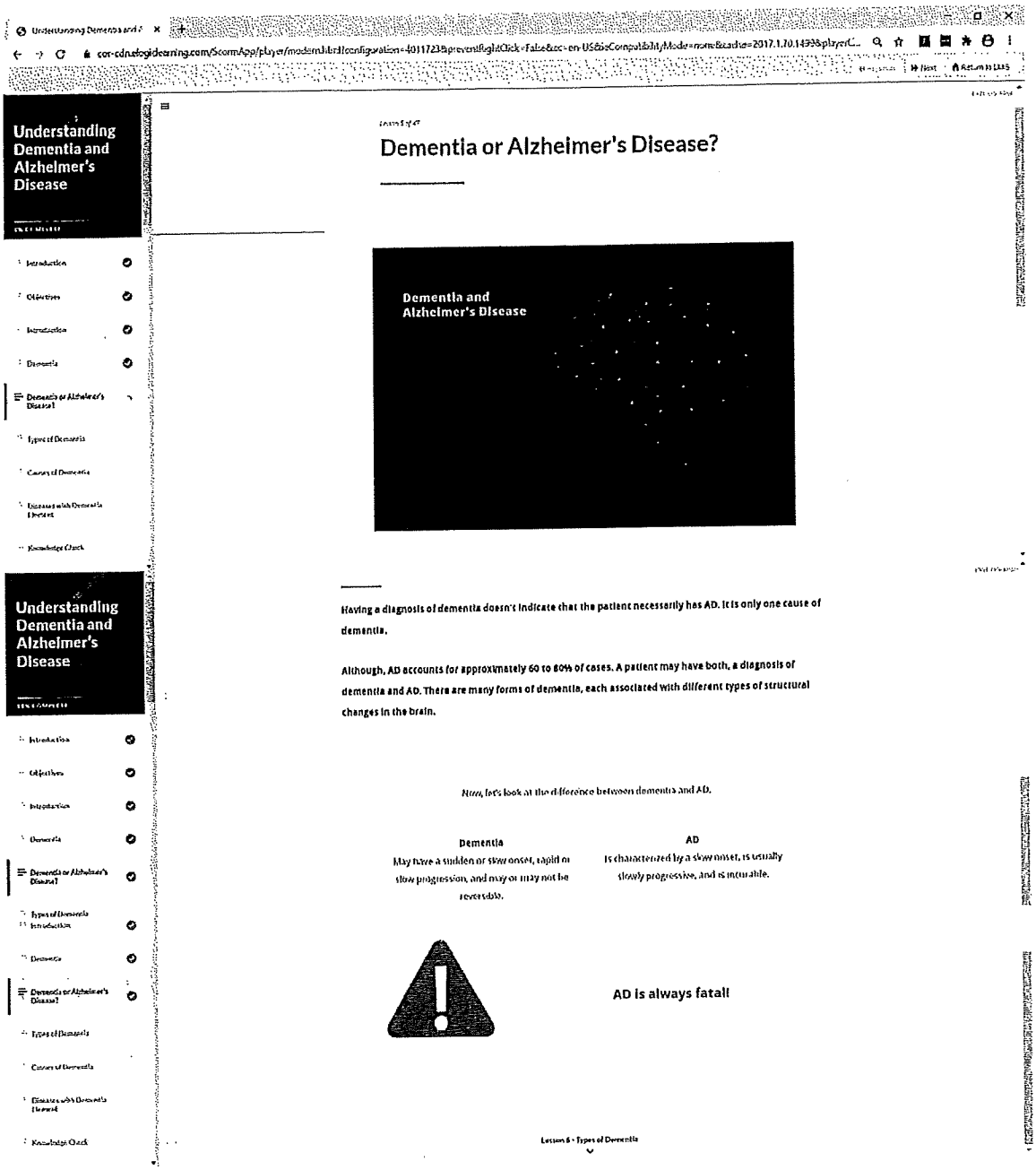





Understanding Dementia and Alzheimer's Disease
Introduction
Objectives
Introduction
Dementia
Dementia or Alzheimer's Disease?
Types of Dementia
Causes of Dementia
Diseases with Dementia Thereof
Knowledge Check
Introduction
Due to the growth in the U.S. aging population, dementia including AD is becoming more prominent. Over 5.8 million Americans are currently living with AD and the number is expected to grow to nearly 17 million by the year 2050.
In 2017, of all patients receiving hospice care, 15.6% had dementia as their primary diagnosis. Many dementia patients receive home care for diagnoses other than dementia, but their care and treatment is affected by this comorbidity.
Comorbidity is the simultaneous appearance of two or more physical or psychiatric illnesses, for example, alcohol dependence and depression or heart disease and congestive heart failure.
As the disease progresses, patients and their caregivers benefit from nursing, home health or hospice aide, and social work services, as well as physical, occupational, and speech therapy services that can be provided at home.
Knowing the trends and facing this bleak reality requires that home care and hospice professionals become experts in working with patients having dementia and ensuring that the care and services they provide are relevant and effective.
Due to their age, previous lifestyle, and complications from dementia, patients will often have multiple diagnoses and comorbidities. Dementia patients may be receiving home health or hospice services for other medical reasons such as:
1
2
3 Wound care
Urinary tract infection (UTI), pneumonia or other infections 4
5 Cancer or other terminal illness
All patient diagnoses needs to be considered when formulating the Plan of Care (POC).

Understanding Dementia and Alzheimer's Disease Course Content

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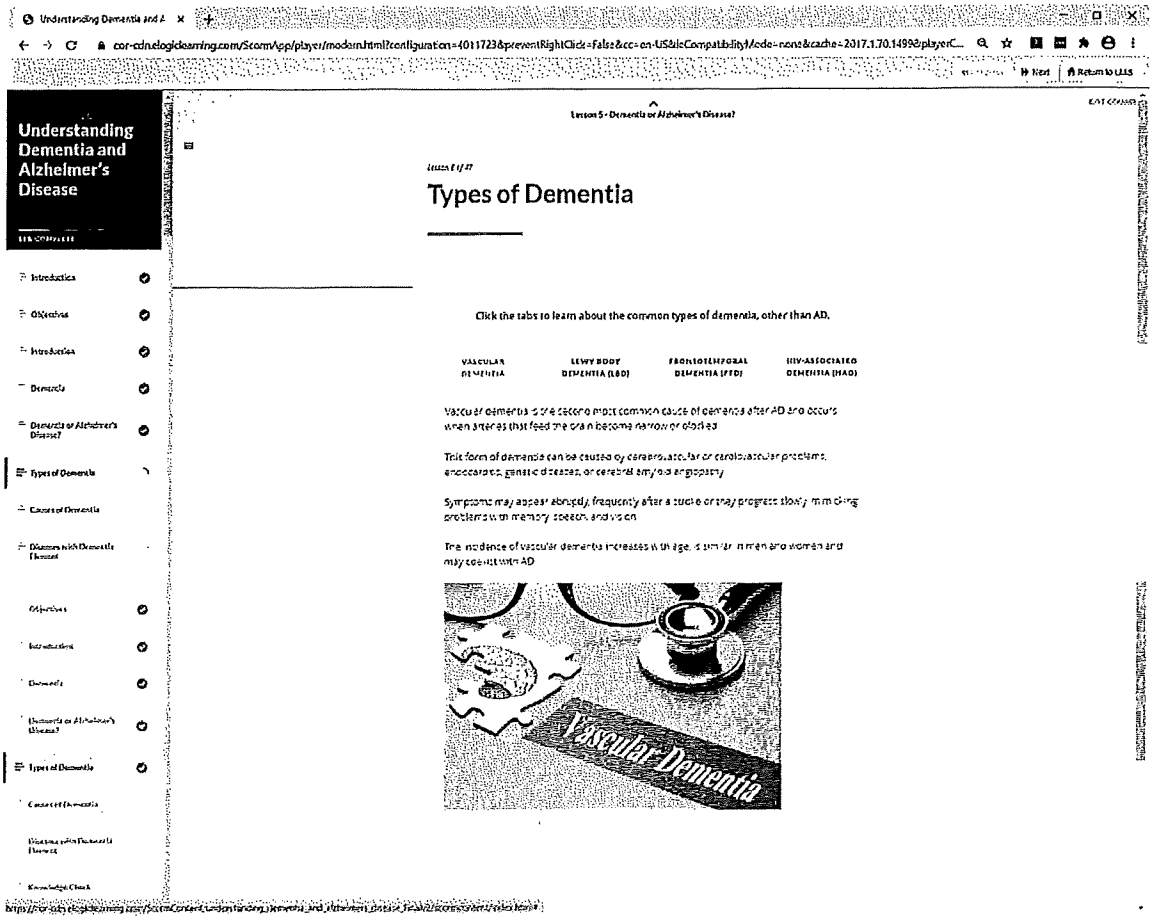
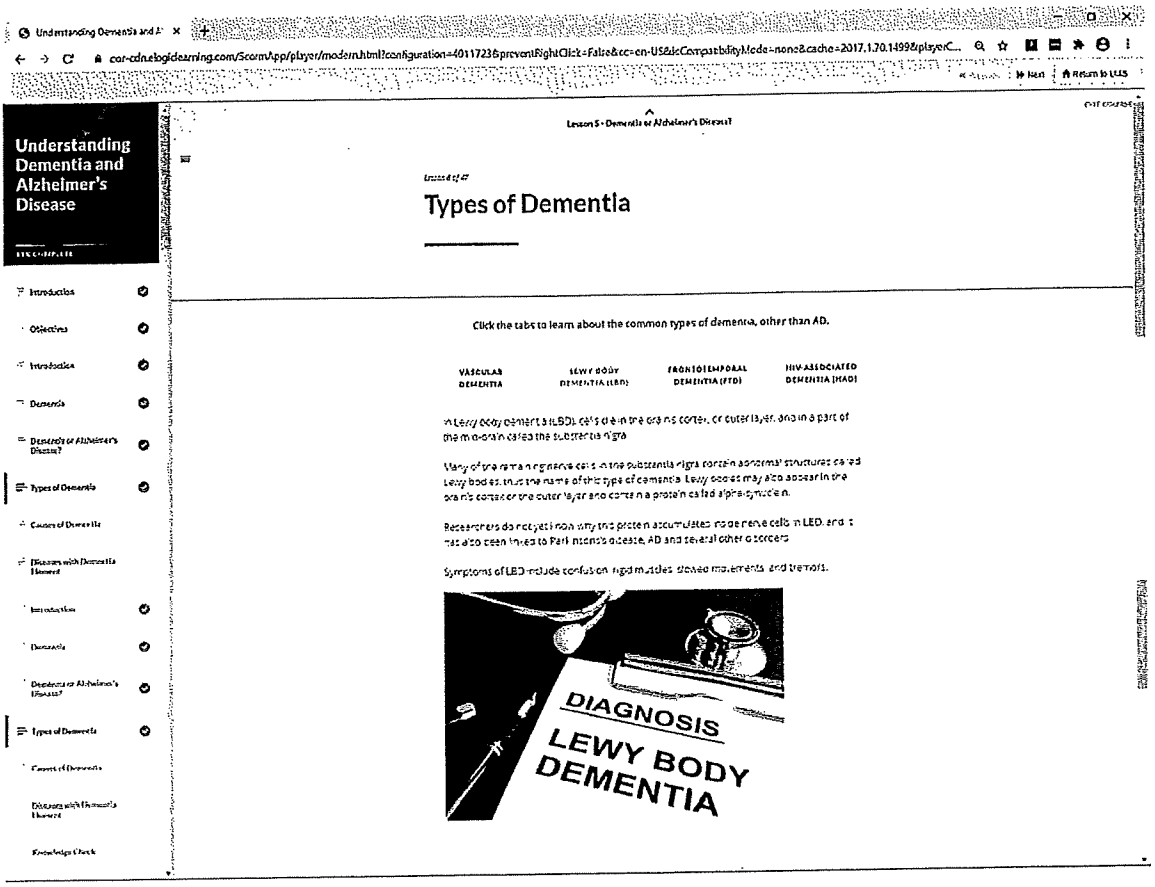
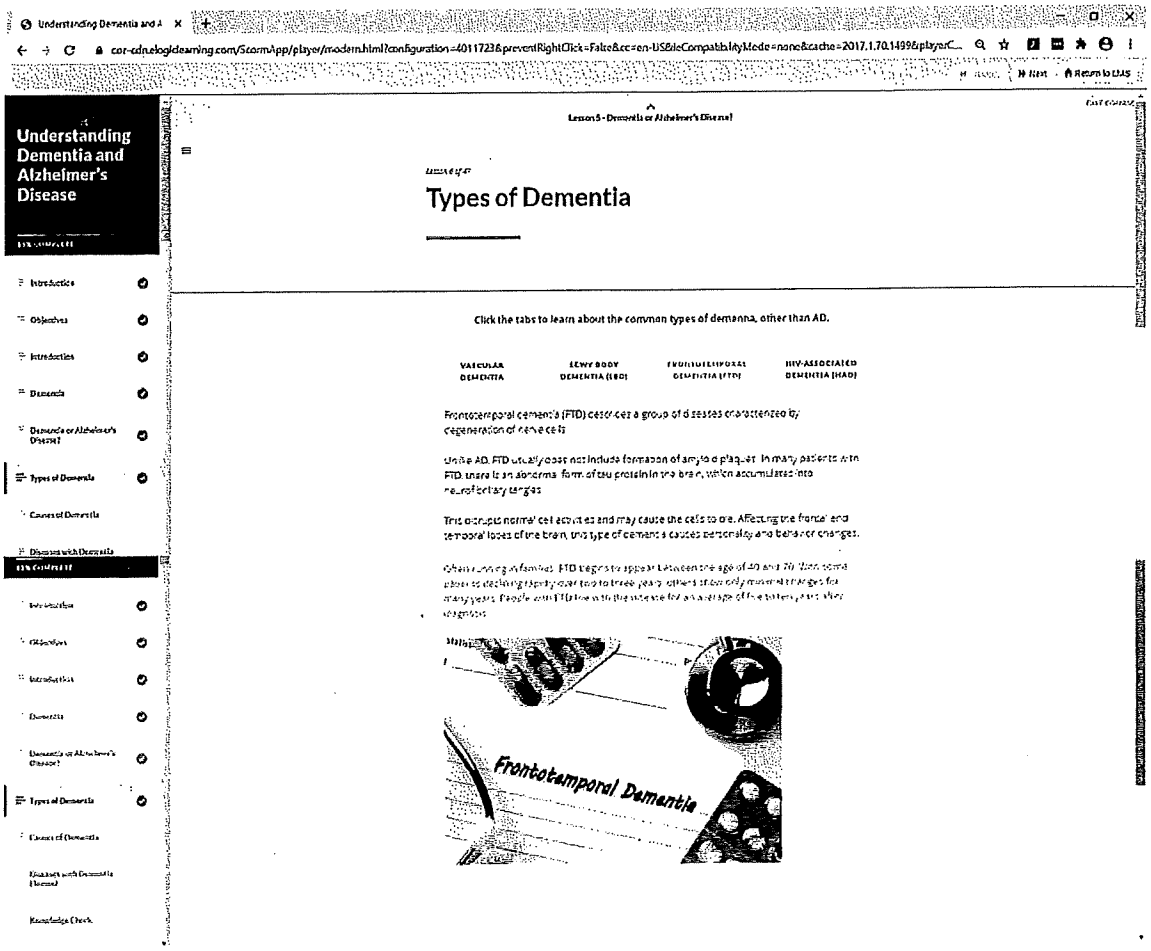
Causes of Dementia
Diseases with Dementia Present
Knowledge Check
Dementia or Alzheimer's Disease?
Dementia and Alzheimer's Disease
Having a diagnosis of dementia doesn't indicate that the patient necessarily has AD. It is only one cause of dementia.
Although, AD accounts for approximately 60 to 80% of cases. A patient may have both, a diagnosis of dementia and AD. There are many forms of dementia, each associated with different types of structural changes in the brain.
Now, let's look at the difference between dementia and AD.
Dementia
May have a sudden or slow onset, rapid or slow progression, and may or may not be reversible.
AD
Is characterized by a slow onset, is usually slowly progressive, and is incurable.
AD is always fatal!
Lesson 6 - Types of Dementia

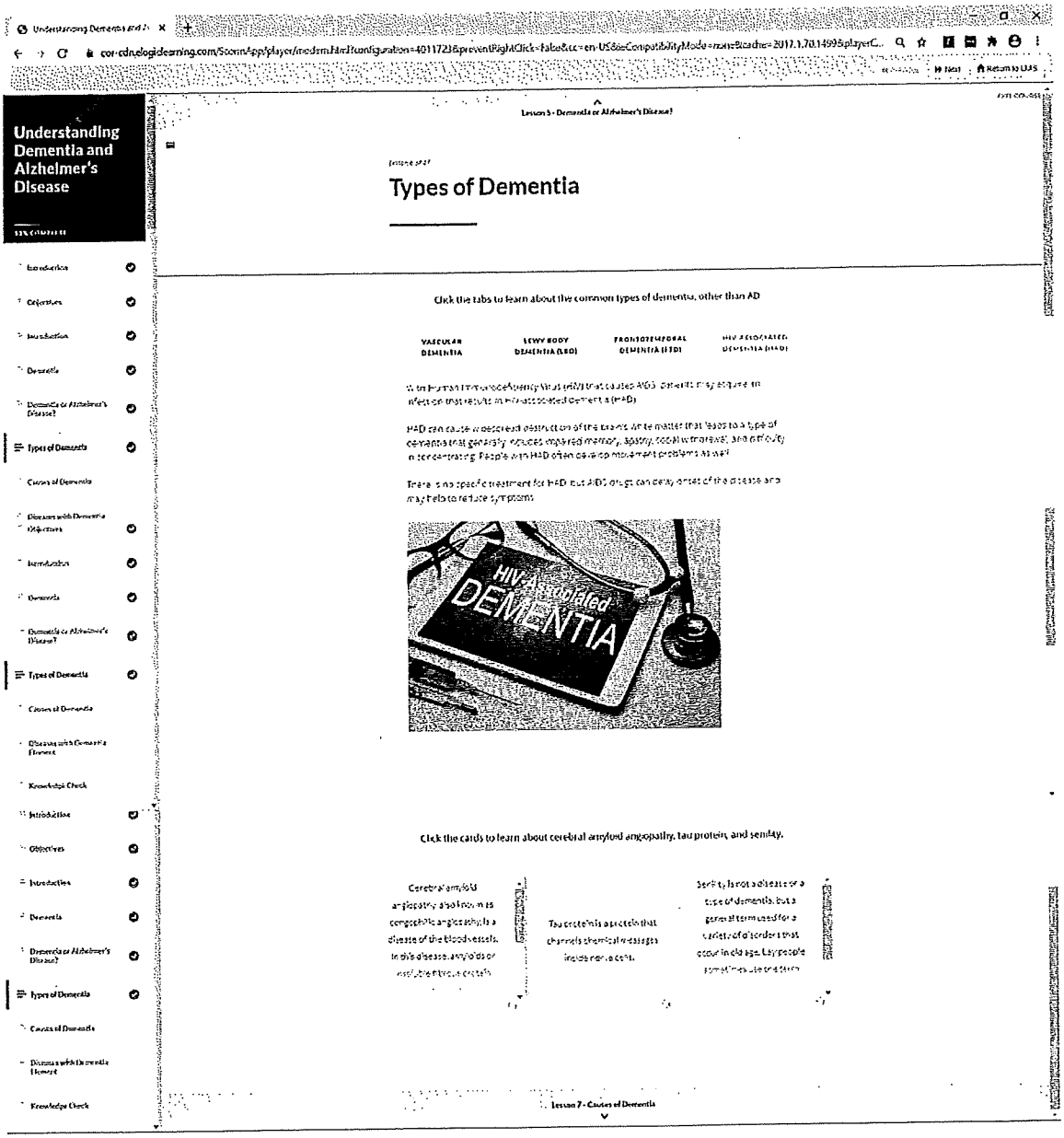

Understanding Dementia and Alzheimer's Disease
Lesson 5 - Dementia or Alzheimer's Disease?
Types of Dementia
Click the tabs to learn about the common types of dementia, other than AD.
VASCULAR DEMENTIA
LEWY BODY DEMENTIA (LBD)
FRONTOTEMPORAL DEMENTIA (FTD)
HIV-ASSOCIATED DEMENTIA (HAD)
Vascular dementia is the second most common cause of dementia after AD and occurs when arteries that feed the brain become narrow or blocked.
This form of dementia can be caused by cerebrovascular or cardiovascular problems, endocarditis, genetic disease, or cerebral amyloid angiopathy.
Symptoms may appear abruptly, frequently after a stroke or may progress slowly, with declining problems with memory, speech, and vision.
The incidence of vascular dementia increases with age, is similar in men and women and may coexist with AD.
Vascular Dementia

Understanding Dementia and Alzheimer's Disease Course Content

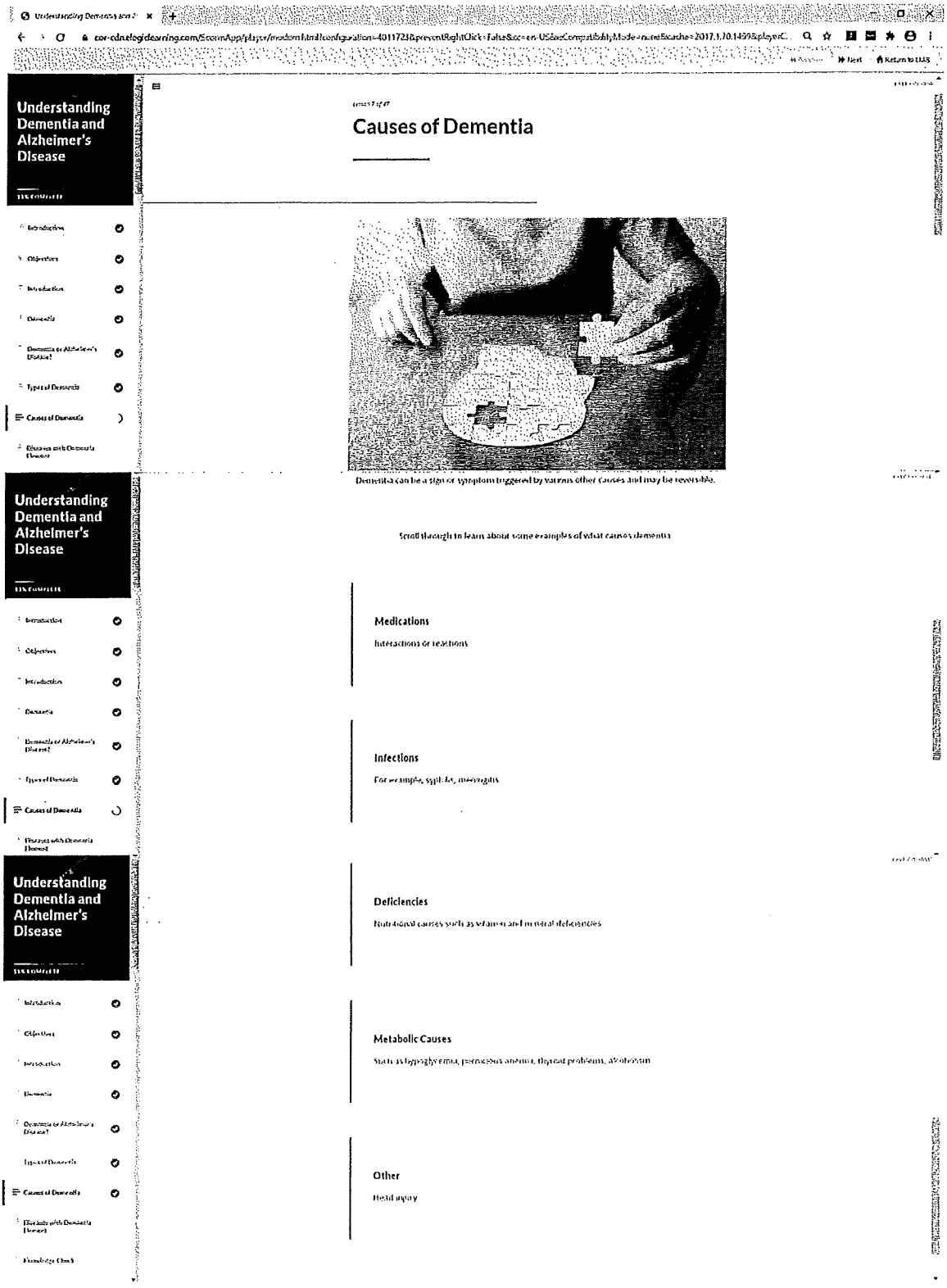


Understanding Dementia and Alzheimer's Disease Course Content

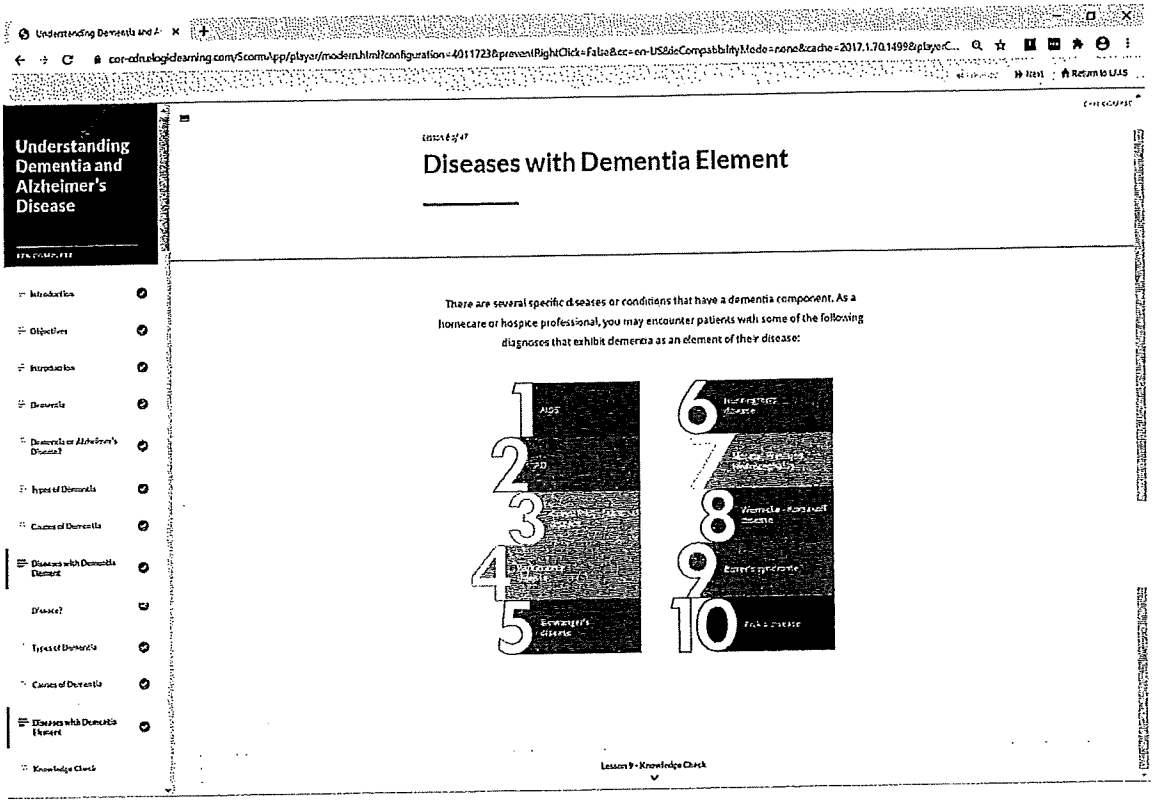



Understanding Dementia and Alzheimer's Disease
Lesson 5 - Dementia or Alzheimer's Disease?
Types of Dementia
Click the tabs to learn about the common types of dementia, other than AD
VASCULAR DEMENTIA
LEWY BODY DEMENTIA (LBD)
FRONTOTEMPORAL DEMENTIA (FTD)
HIV ASSOCIATED DEMENTIA (HAD)
HAD can cause widespread destruction of the brain's white matter that leads to a type of dementia that generally includes impaired memory, slowing, social withdrawal, and difficulty in concentrating. People with HAD often develop movement problems as well.
There is no specific treatment for HAD, but ARV drugs can delay onset of the disease and may help to reduce symptoms.
HIV-Associated DEMENTIA
Click the cards to learn about cerebral amyloid angiopathy, tau protein, and senility.
Cerebral amyloid angiopathy, also known as congophilic angiopathy, is a disease of the blood vessels. In this disease, amyloid or
Tau protein is a protein that channels chemical messages inside nerve cells.
Senility is not a disease or a type of dementia, but a general term used for a variety of disorders that occur in old age. Lay people sometimes use the term
Lesson 7 - Causes of Dementia

Understanding Dementia and Alzheimer's Disease Course Content



Understanding Dementia and Alzheimer's Disease Course Content



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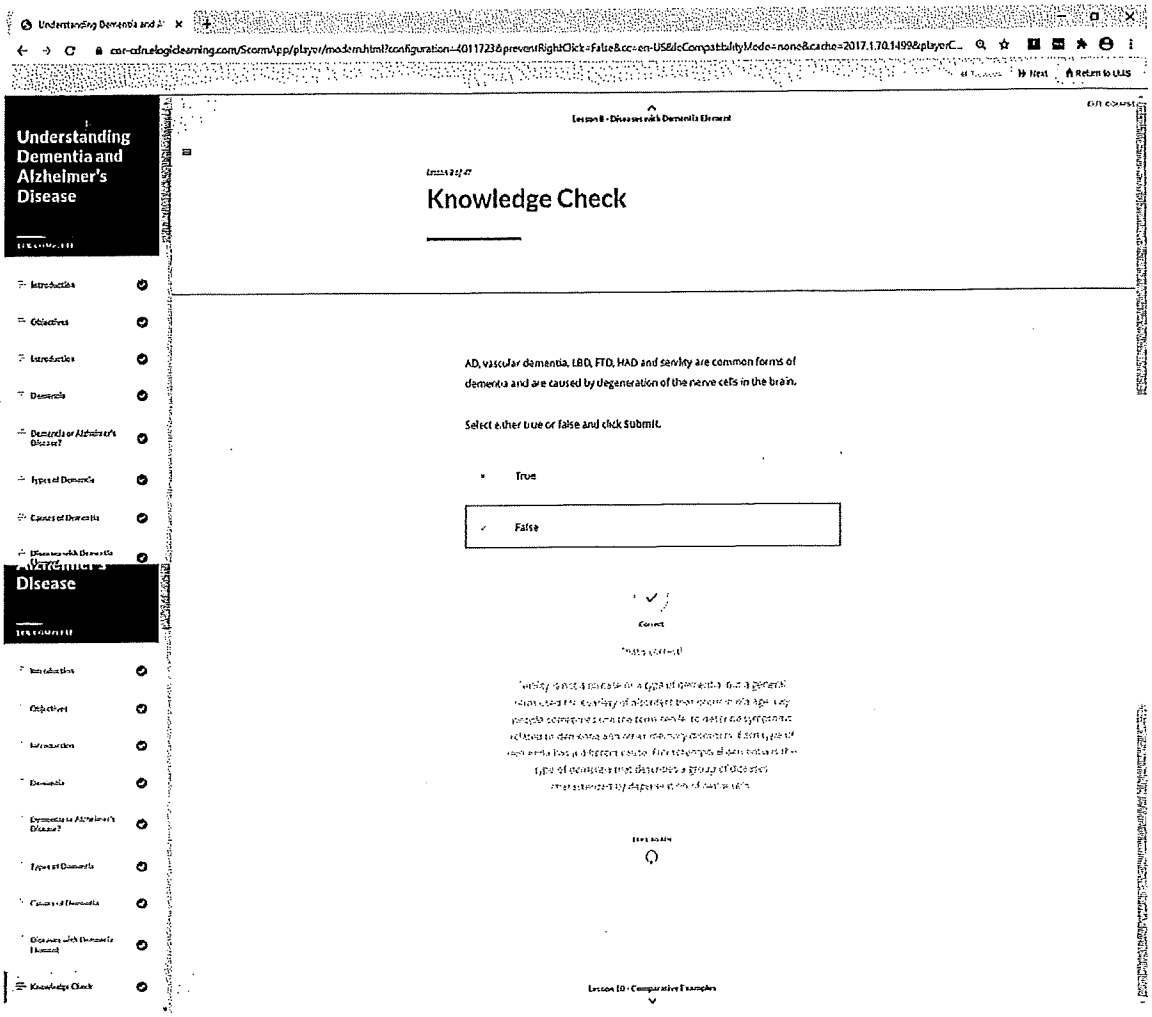

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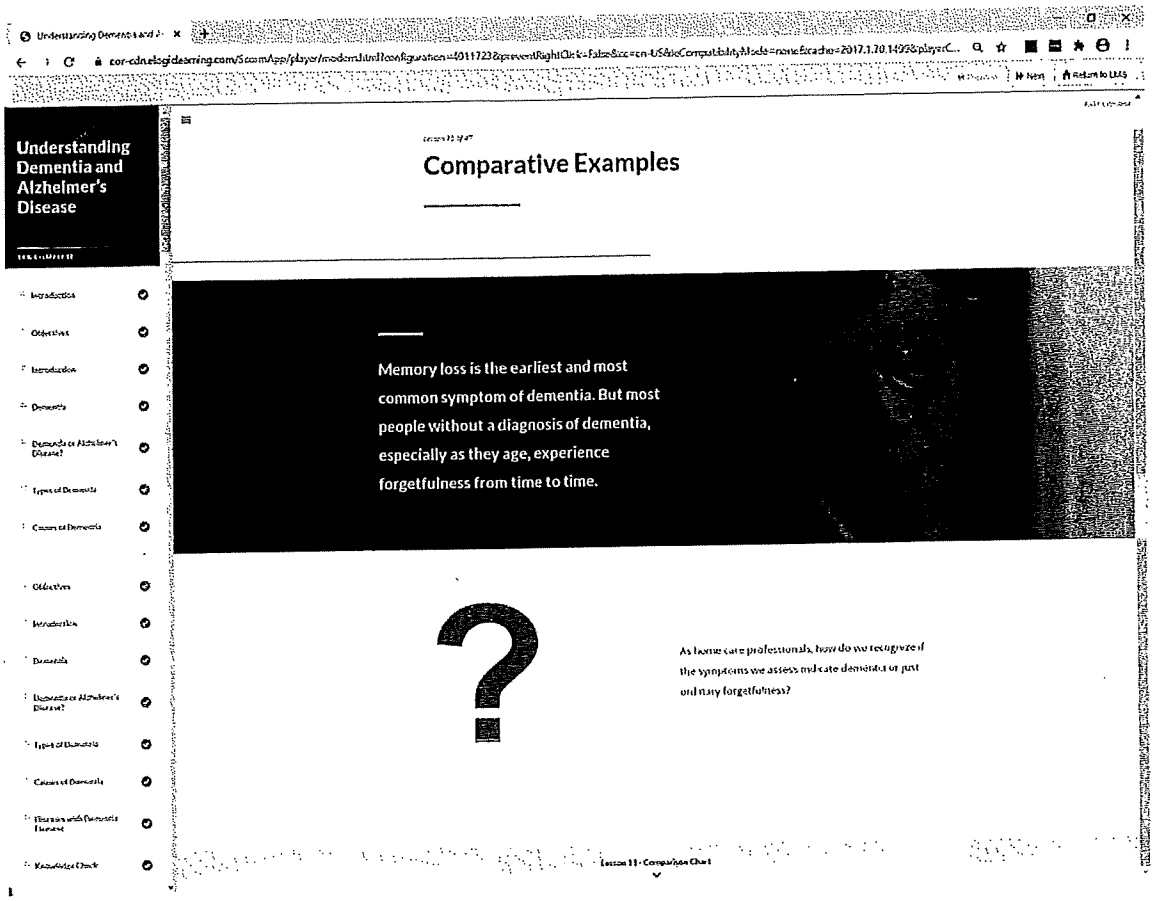

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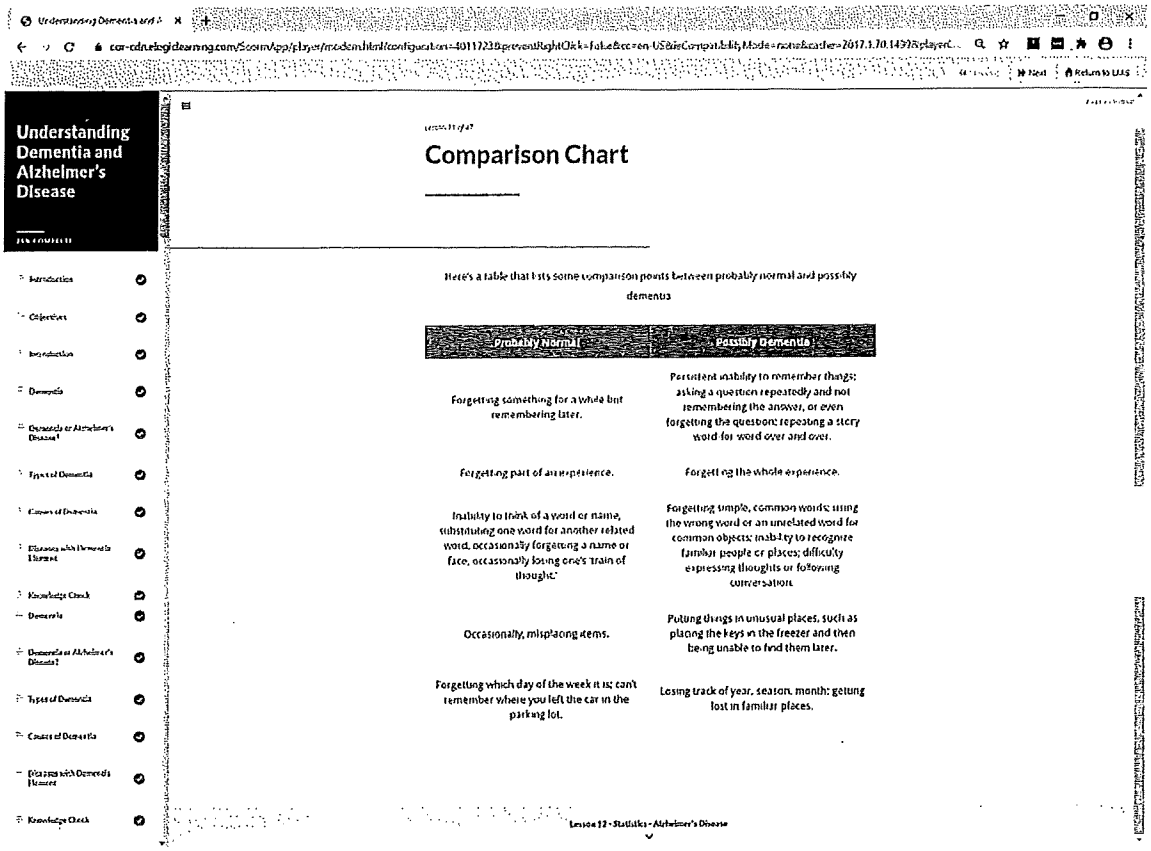

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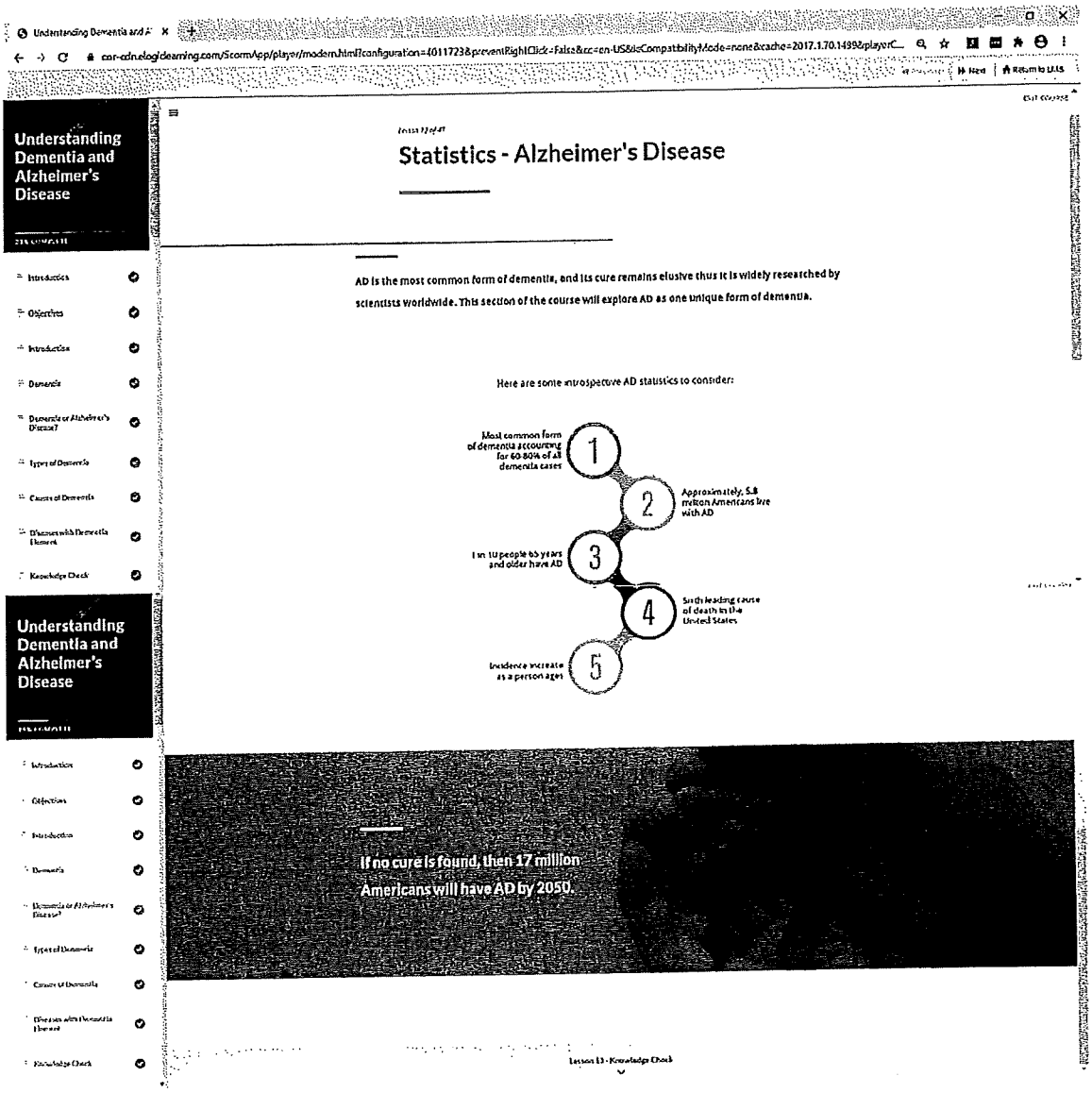

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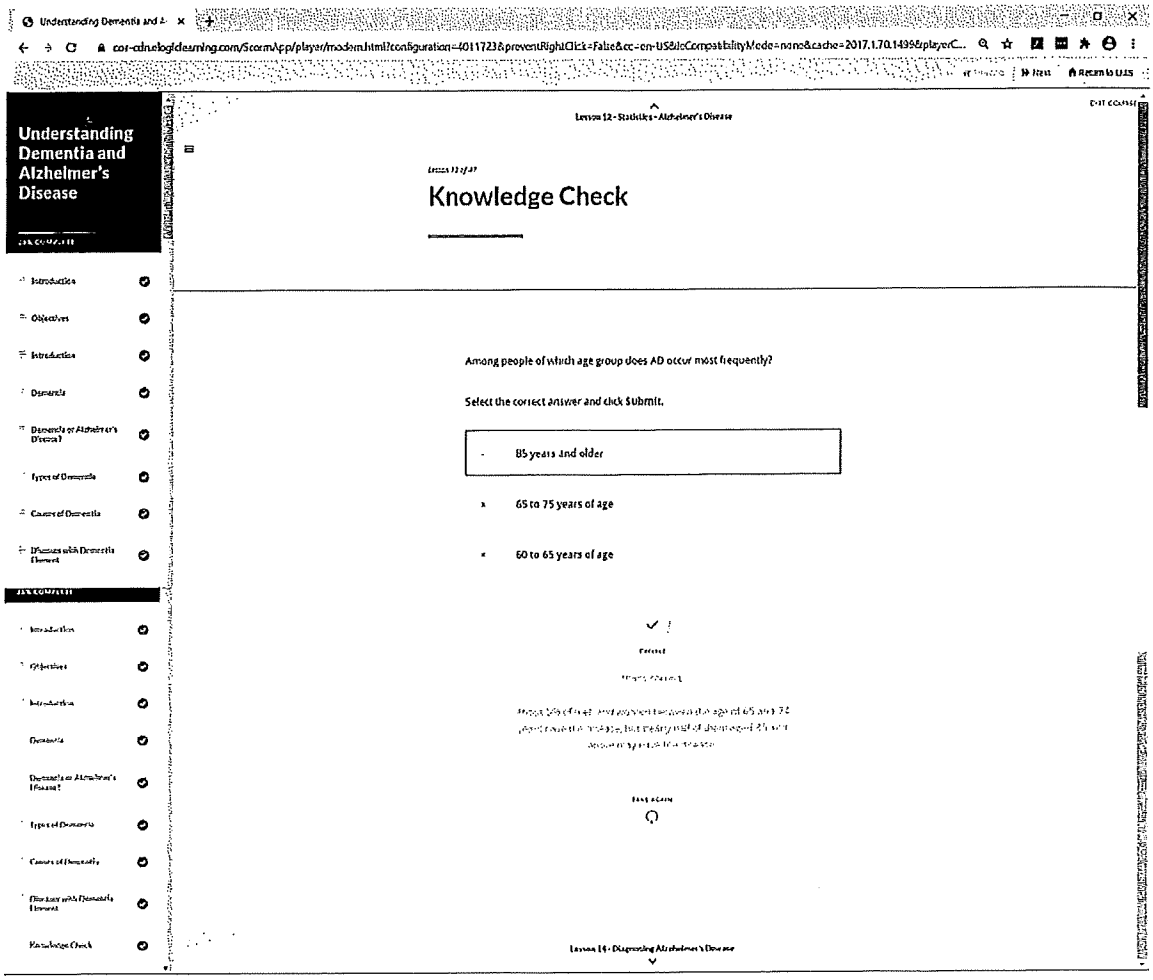


Understanding Dementia and Alzheimer's Disease
Introduction
Objectives
Introduction
Dementia
Diagnosing Alzheimer's Disease
Types of Dementia
Causes of Dementia
Diseases with Dementia Symptoms
Knowledge Check
Understanding Dementia and Alzheimer's Disease
Diagnosing Alzheimer's Disease
There is no conclusive test for AD other than a post-mortem examination of the brain. The diagnosis in a patient is made by ruling out the other types of dementia and physical or mental disorders, and by comprehensive clinical assessment; including history, physical and mental examinations, neuropsychological testing, and brain imaging.
When tested, common brain changes and abnormalities are found in patients with AD. Areas of nerve cell loss and pathway damage in the region of the brain that are vital to memory and other mental abilities are detected. There also are lower levels of some chemicals in the brain that carry complex messages back and forth between nerve cells.
Researchers are working on new diagnostic tools that may enable doctors to diagnose AD earlier in the course of the disease, when symptoms are very mild or before they even appear. One such tool is a PET scan that can detect tau, the other hallmark abnormal protein in AD.
Scientists are investigating a number of disease markers and diagnostic tests, such as genes, disease-related proteins and imaging procedures, which may accurately and reliably indicate whether you have AD and how much the disease has progressed. However, more research on these tests is necessary.

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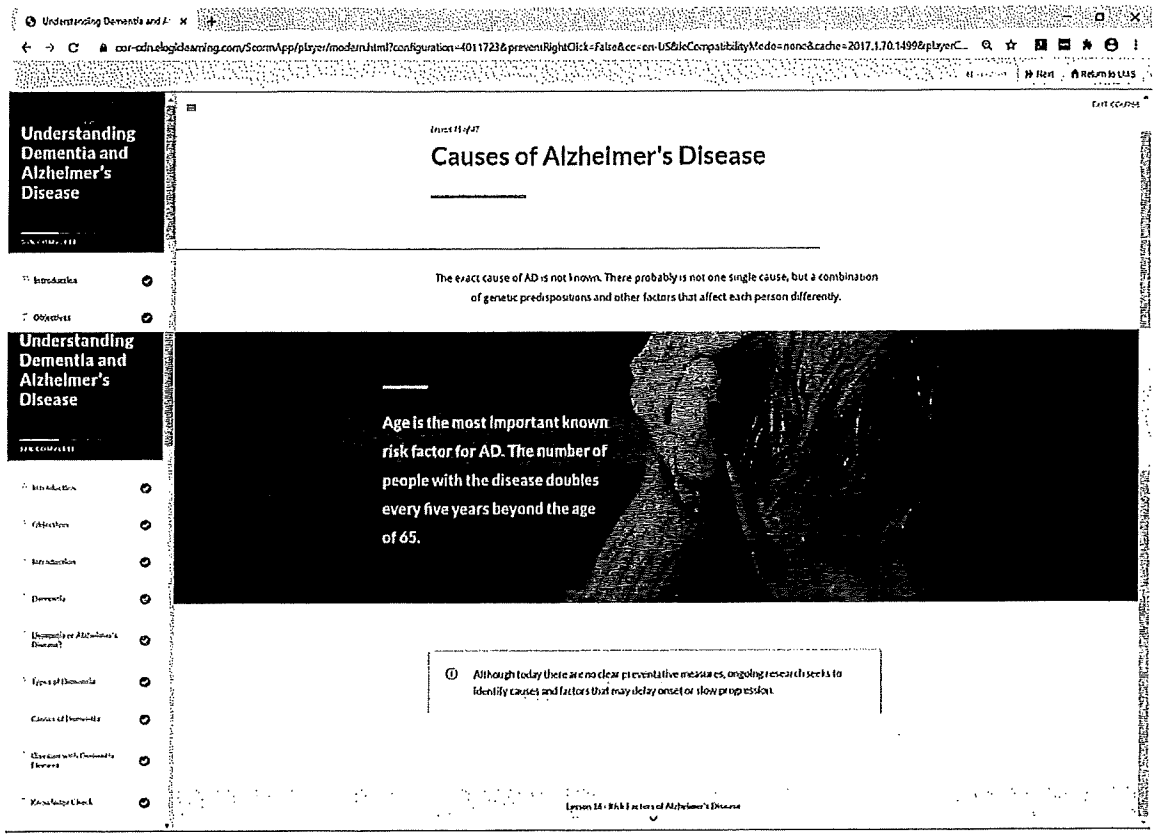

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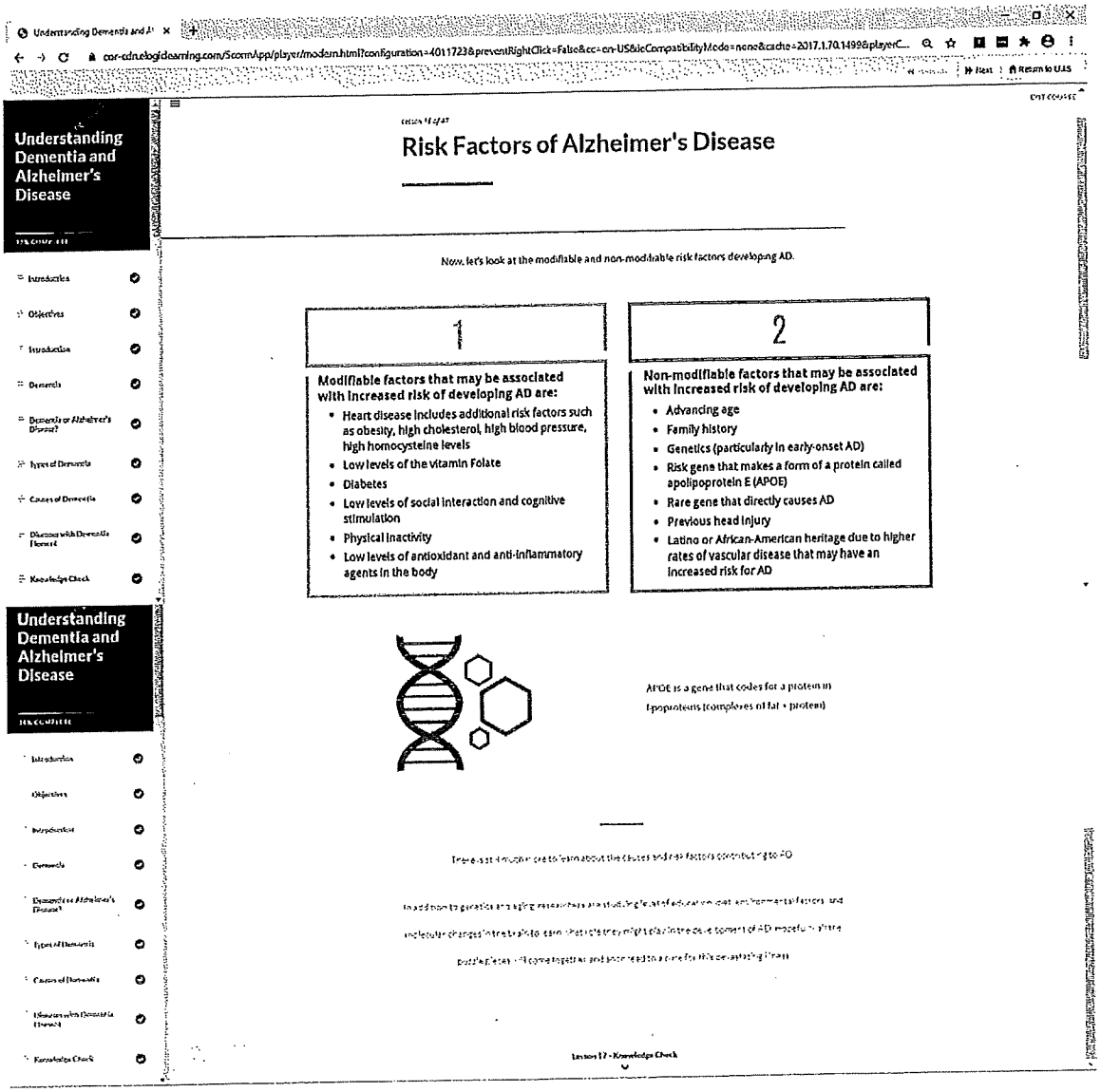

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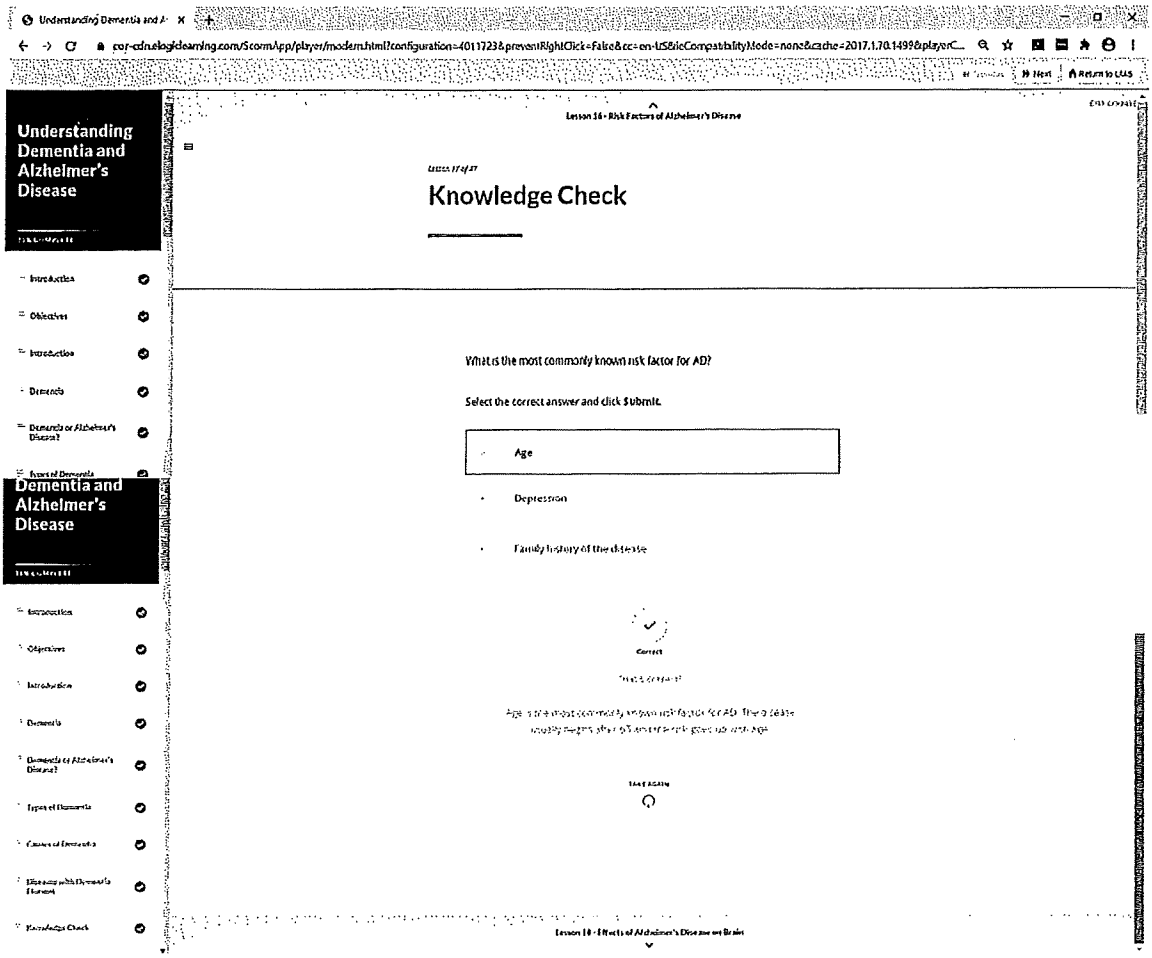

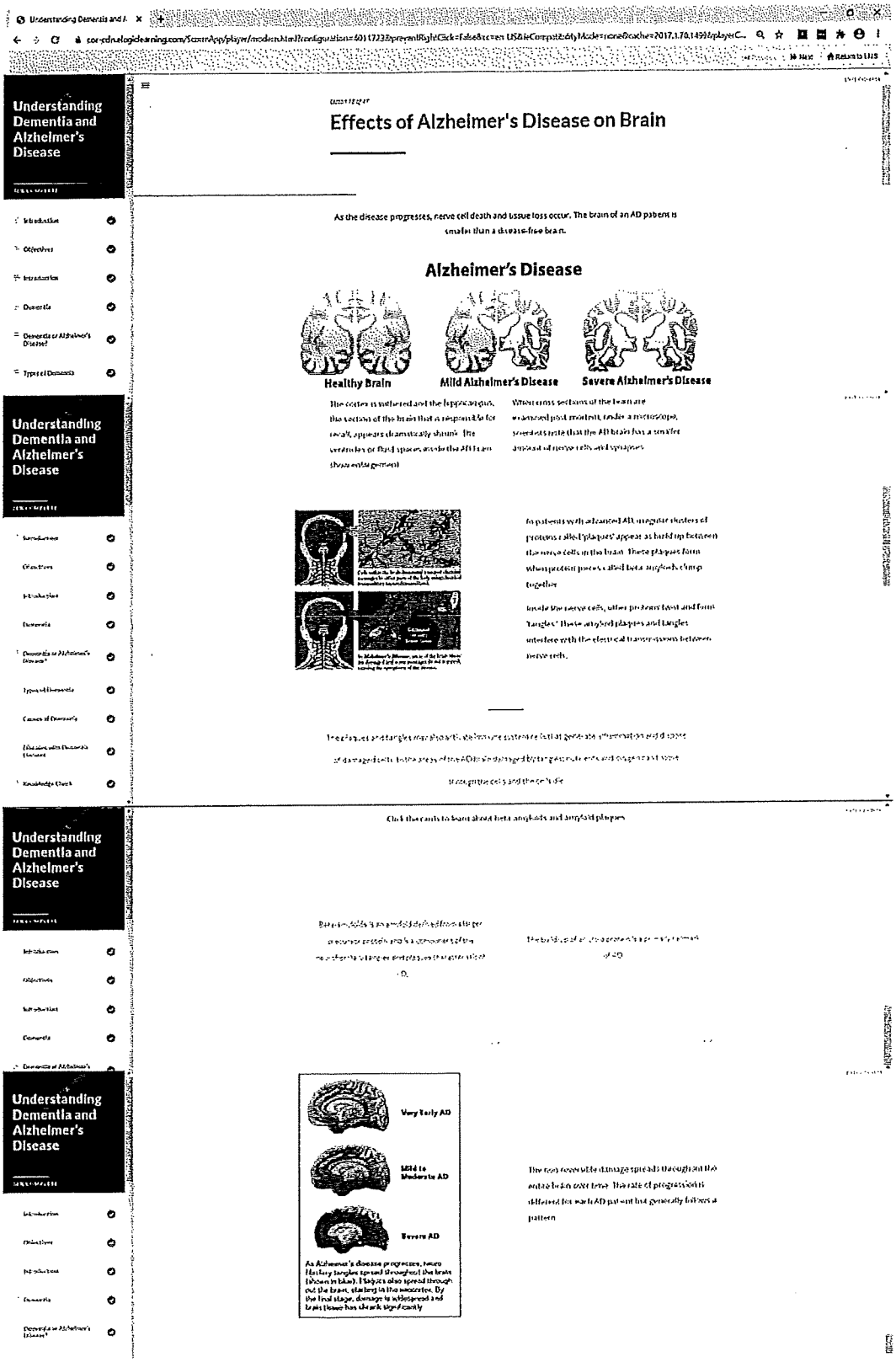
Understanding Dementia and Alzheimer's Disease
Effects of Alzheimer's Disease on Brain
As the disease progresses, nerve cell death and tissue loss occur. The brain of an AD patient is smaller than a disease-free brain.
Alzheimer's Disease
Healthy Brain
Mild Alzheimer's Disease
Severe Alzheimer's Disease
Understanding Dementia and Alzheimer's Disease
Understanding Dementia and Alzheimer's Disease
Understanding Dementia and Alzheimer's Disease
Very Early AD
Mild to Moderate AD
Severe AD

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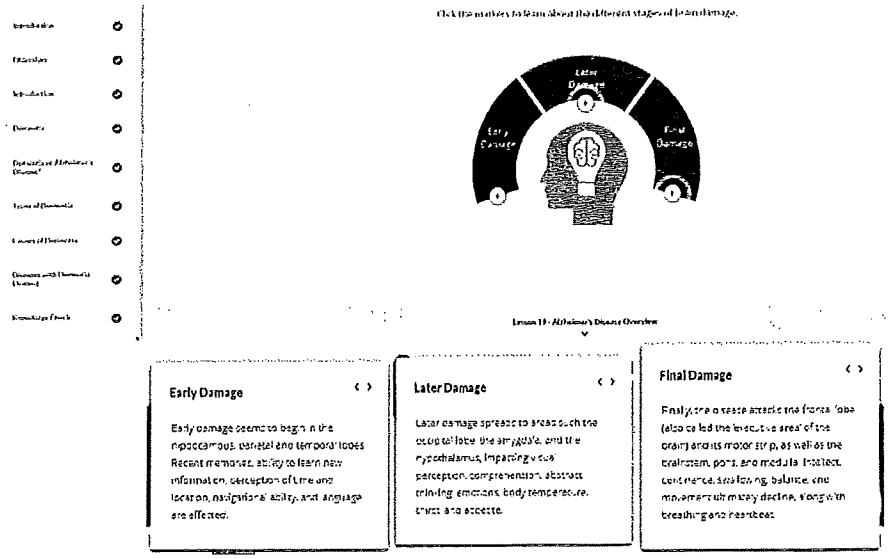

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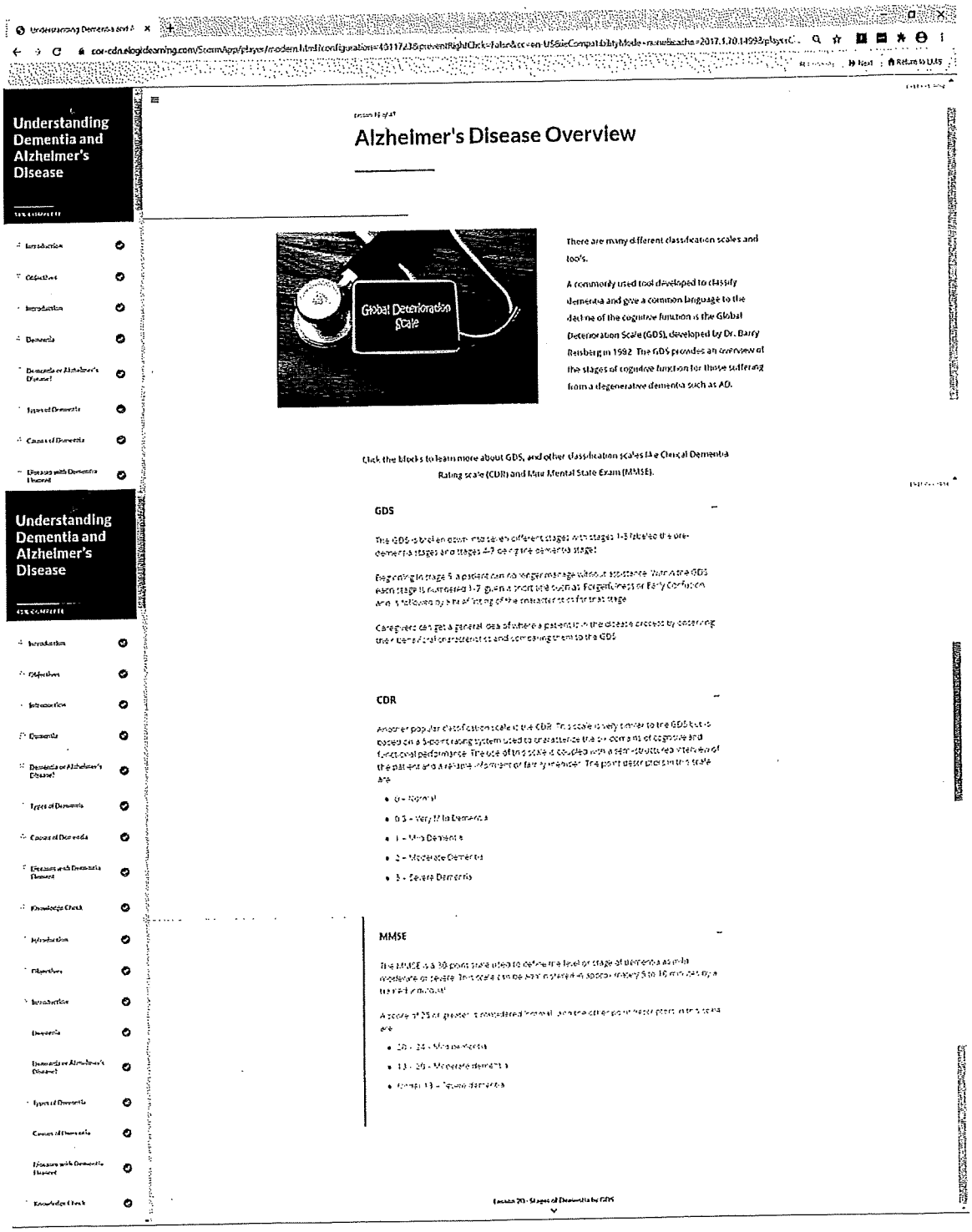

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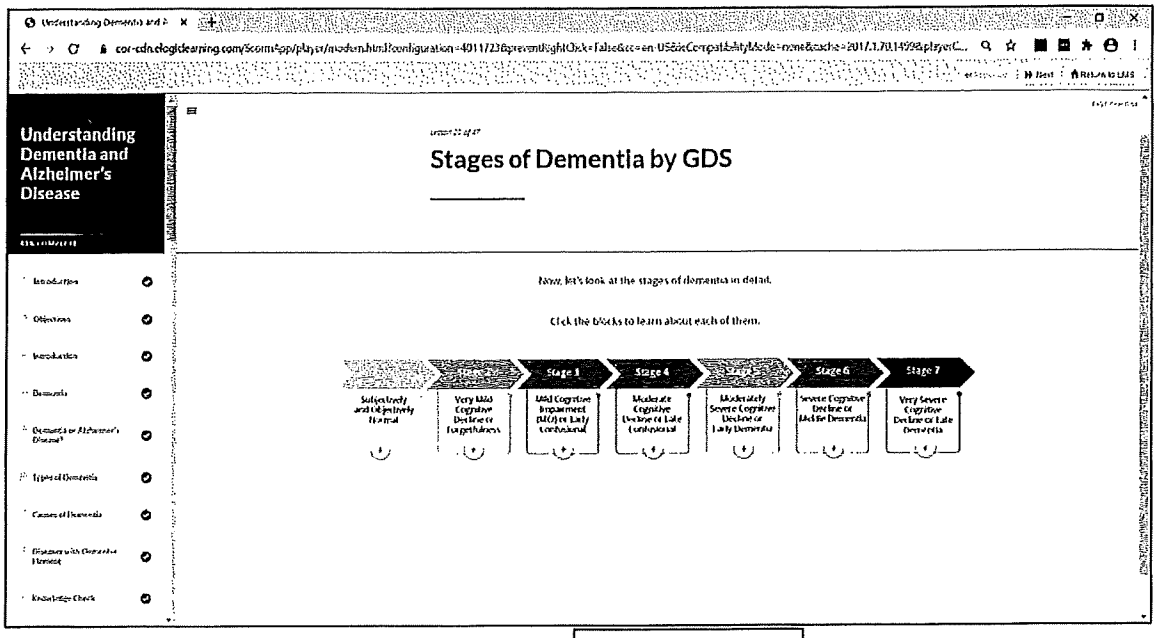

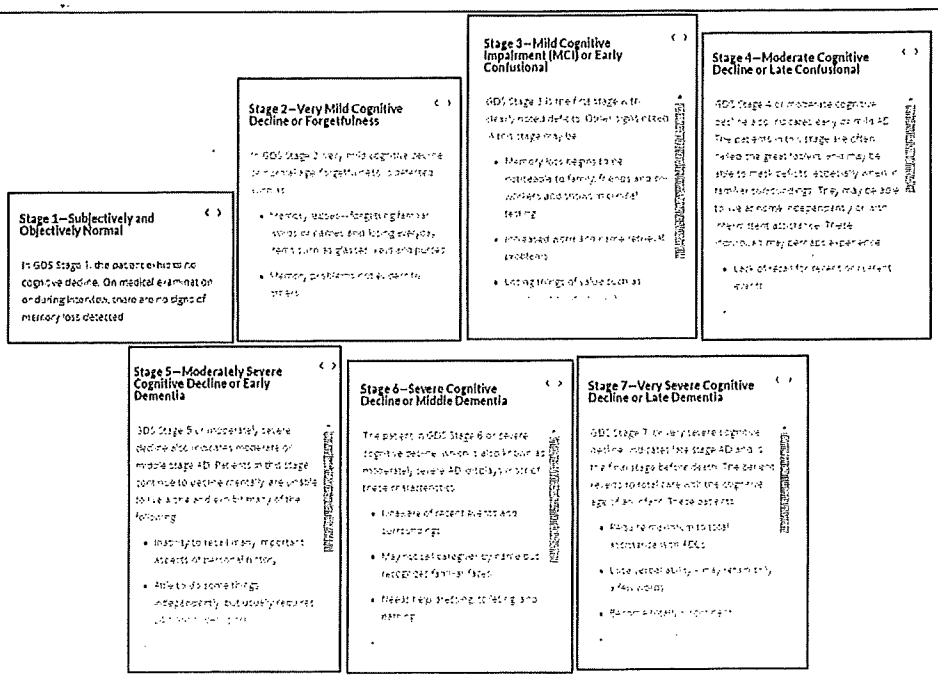

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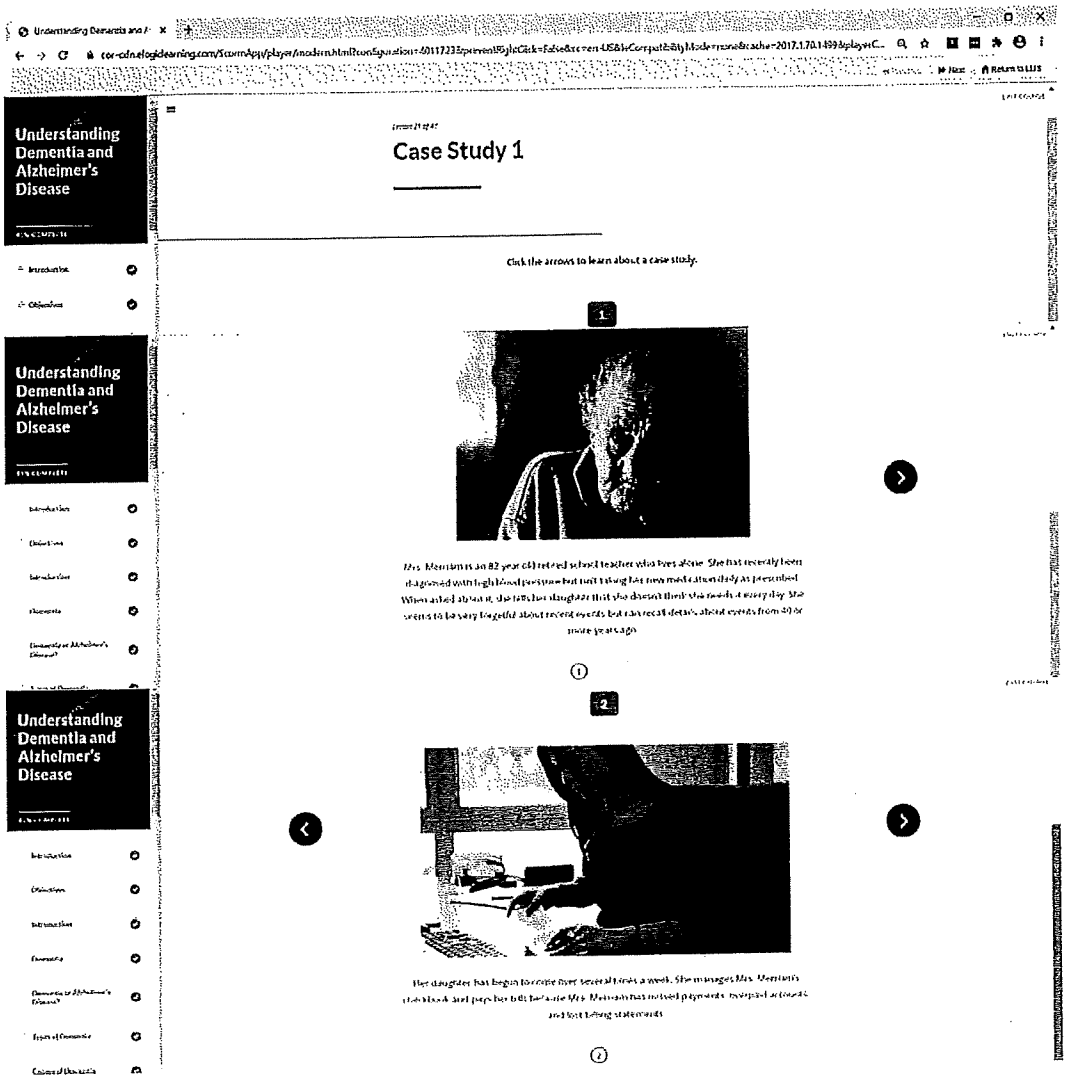

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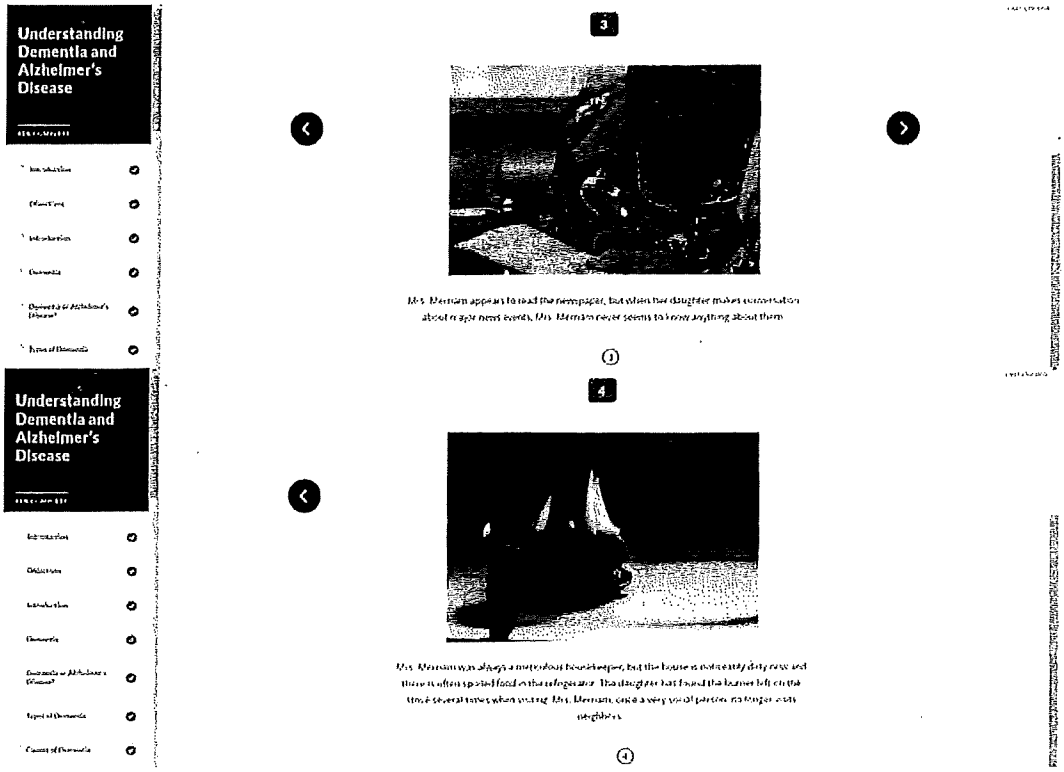

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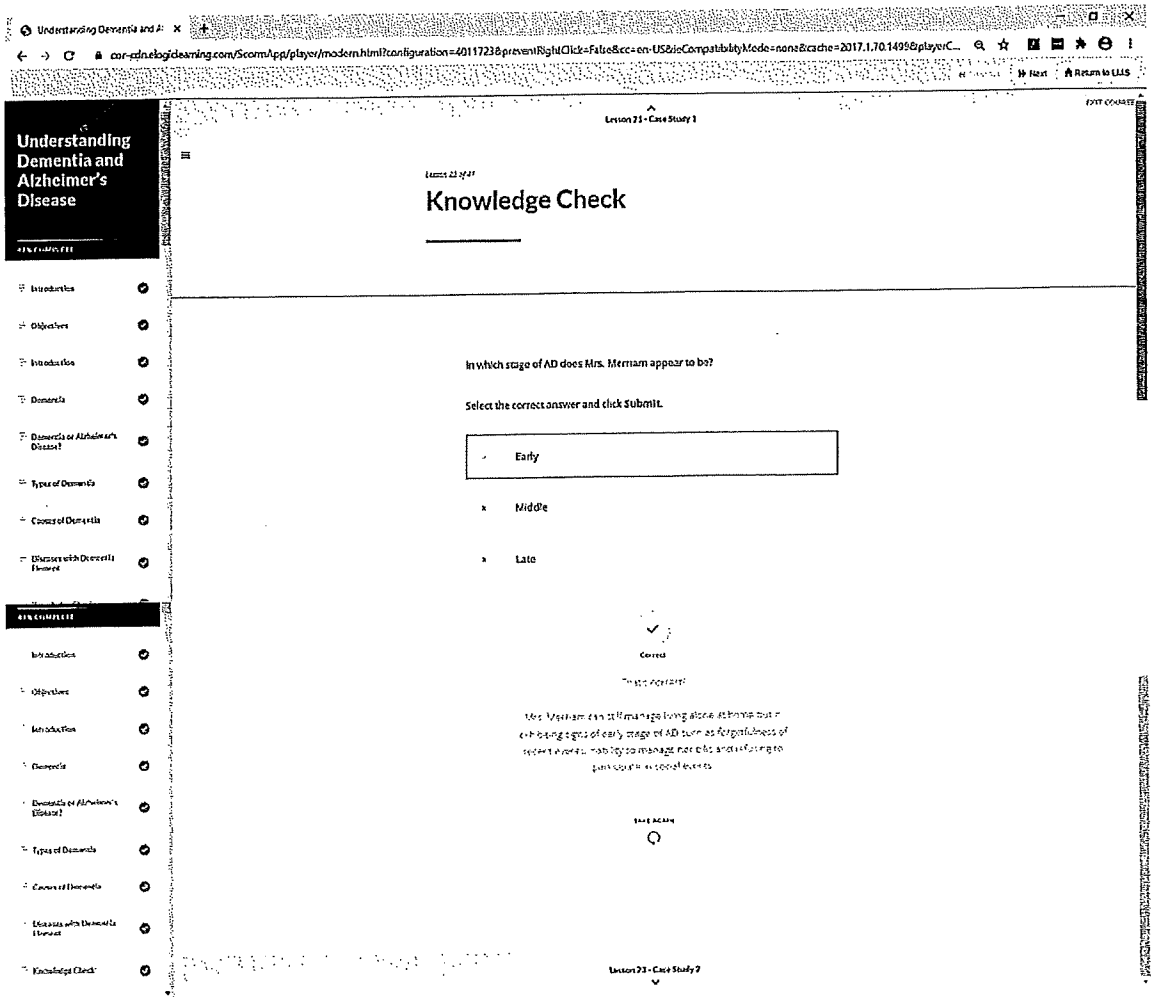

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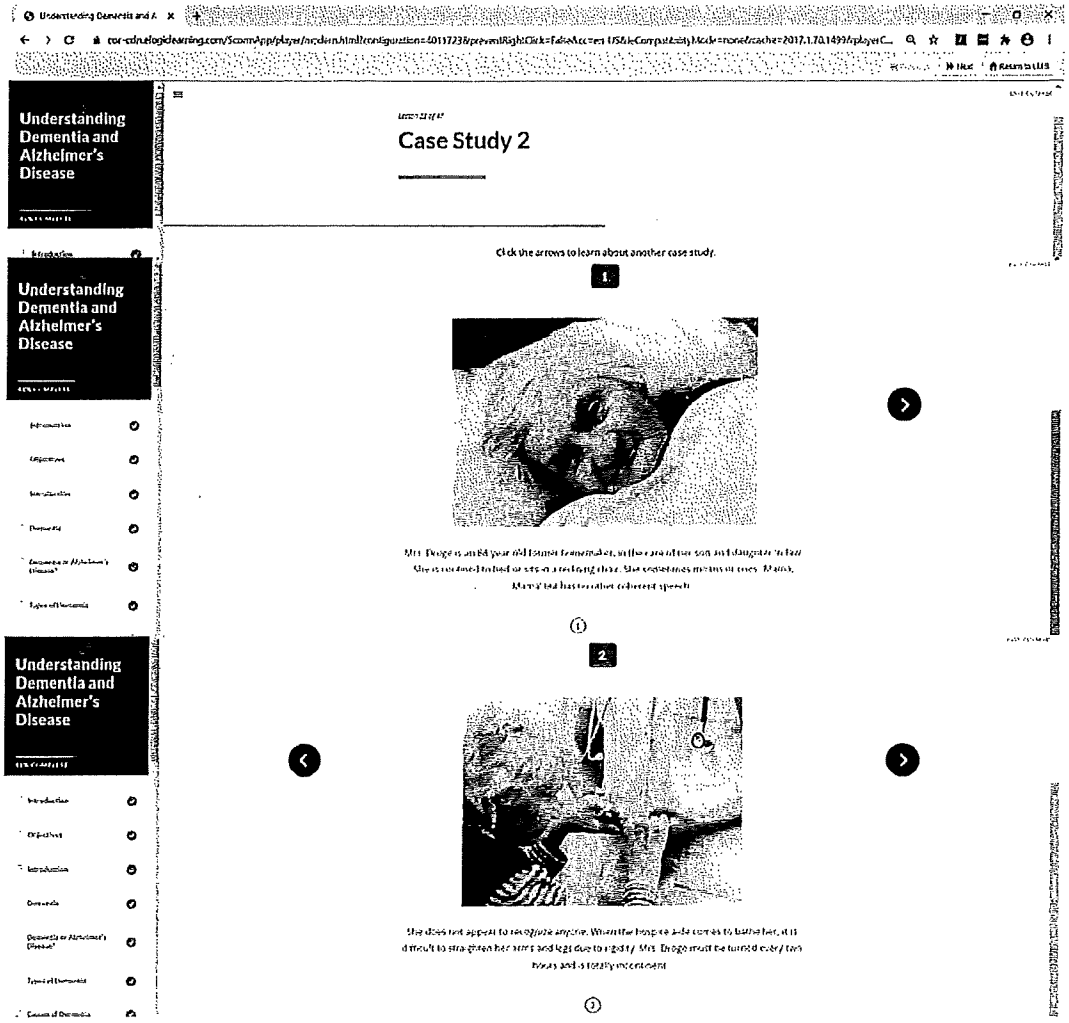

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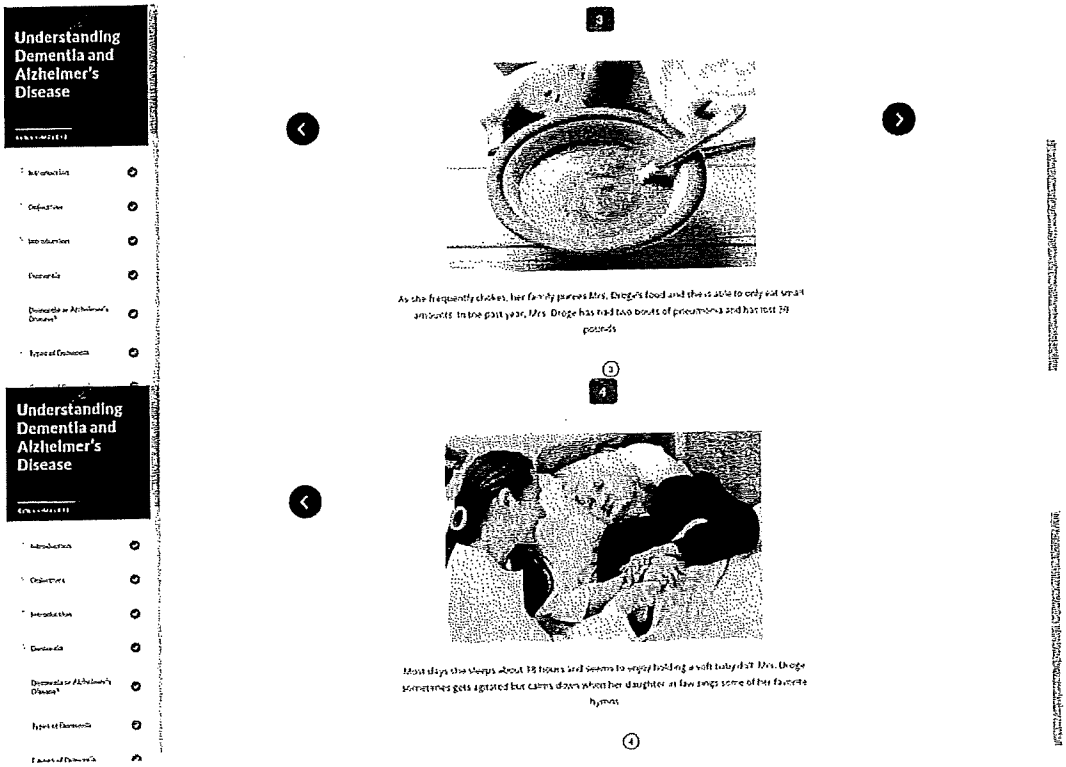

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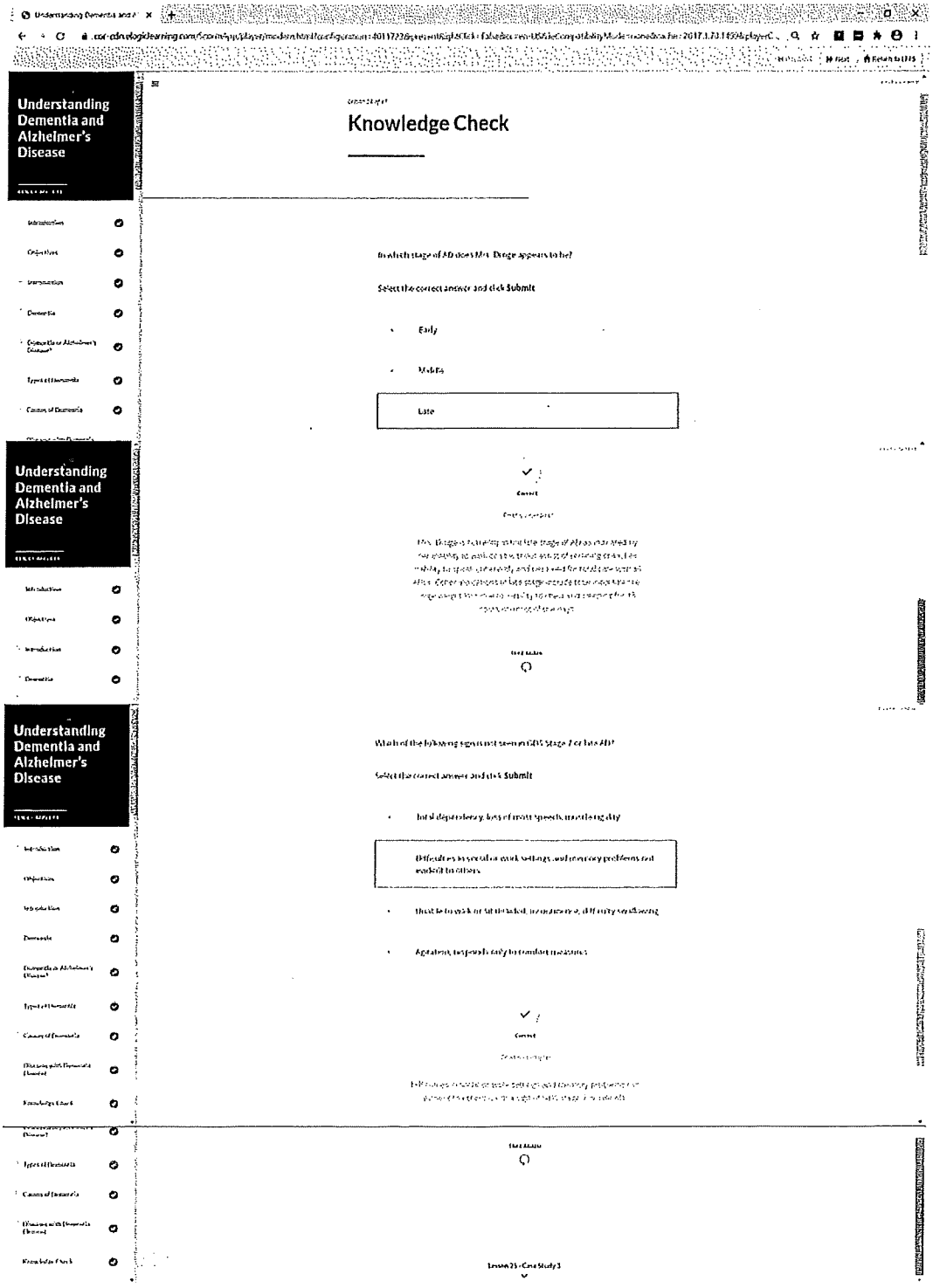

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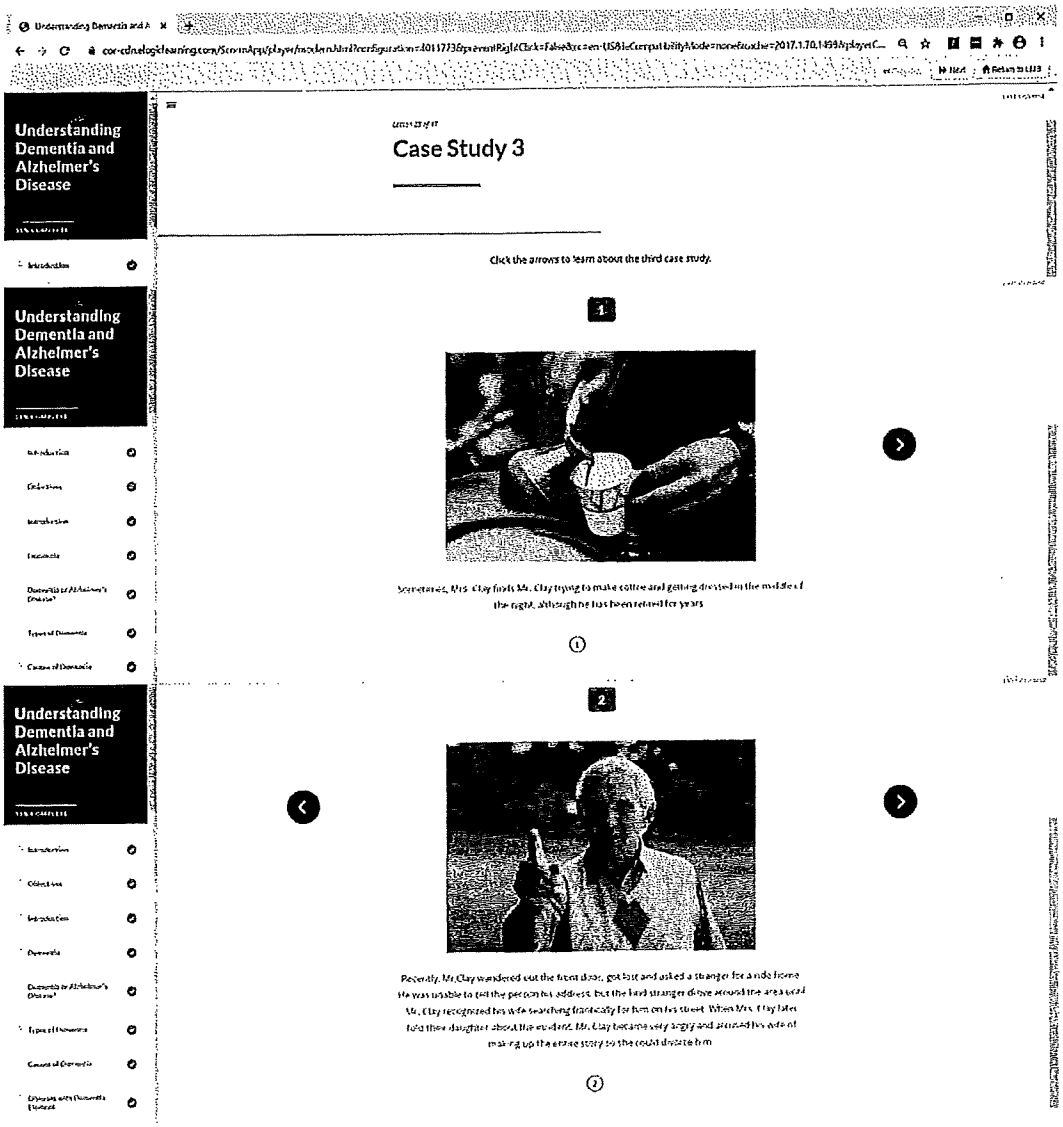

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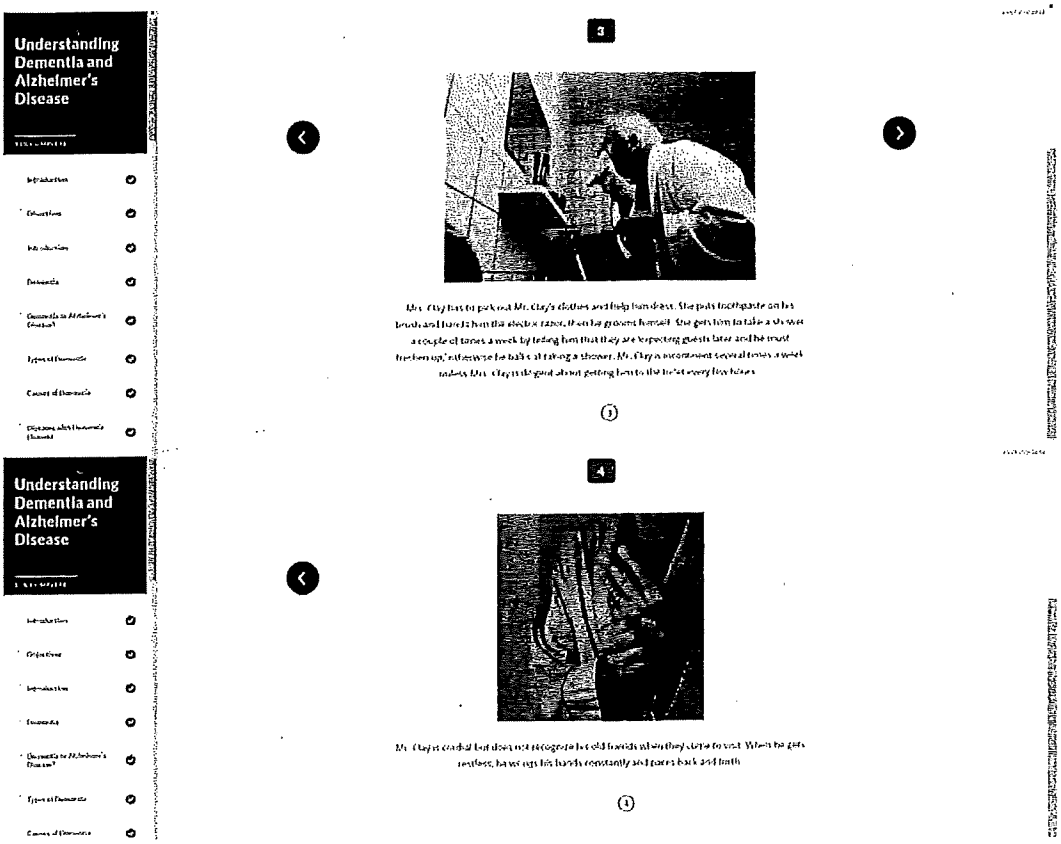

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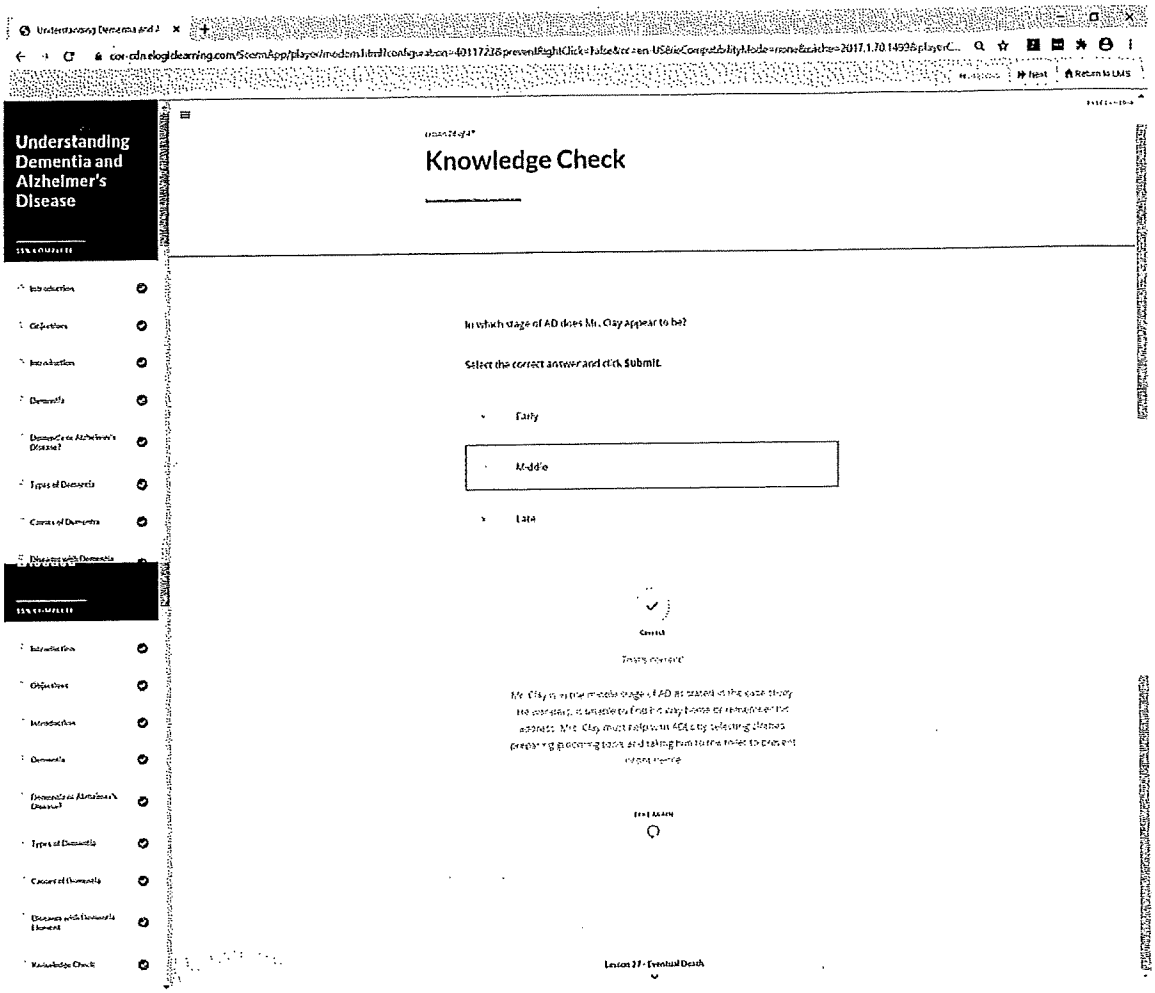

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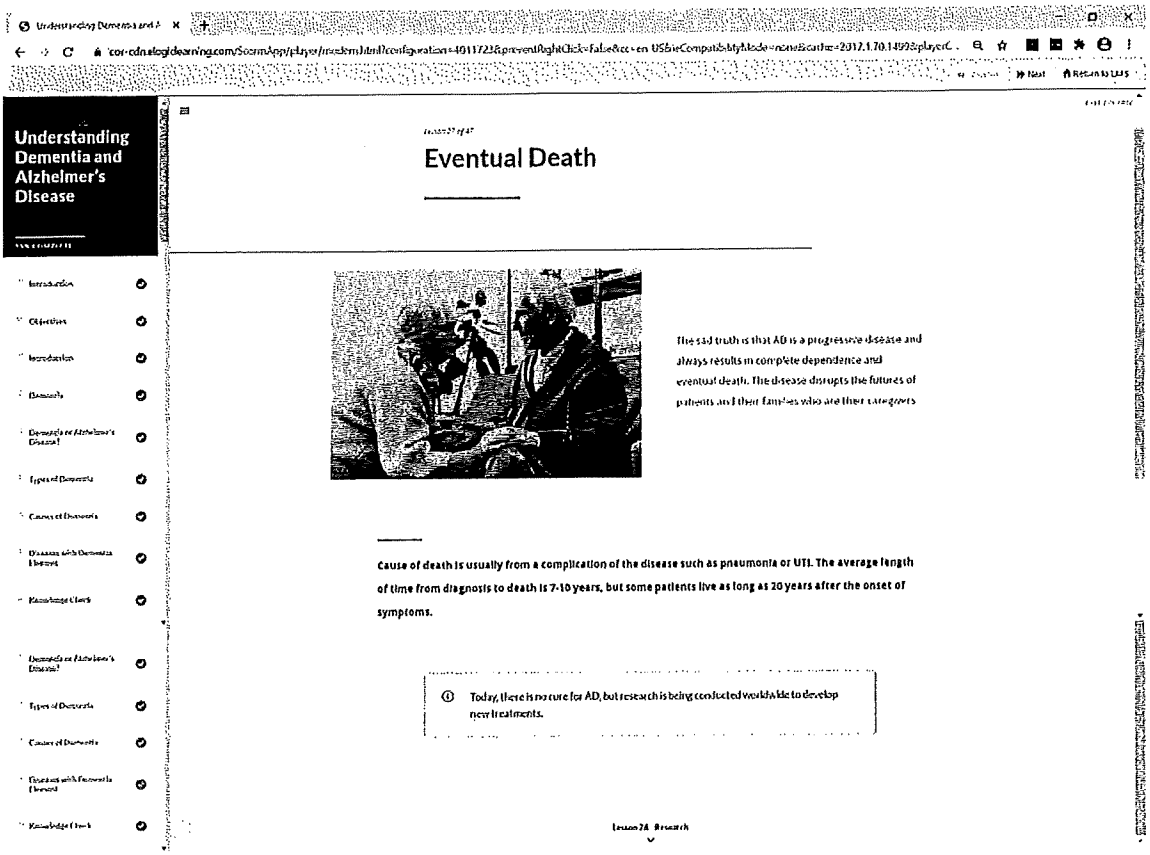

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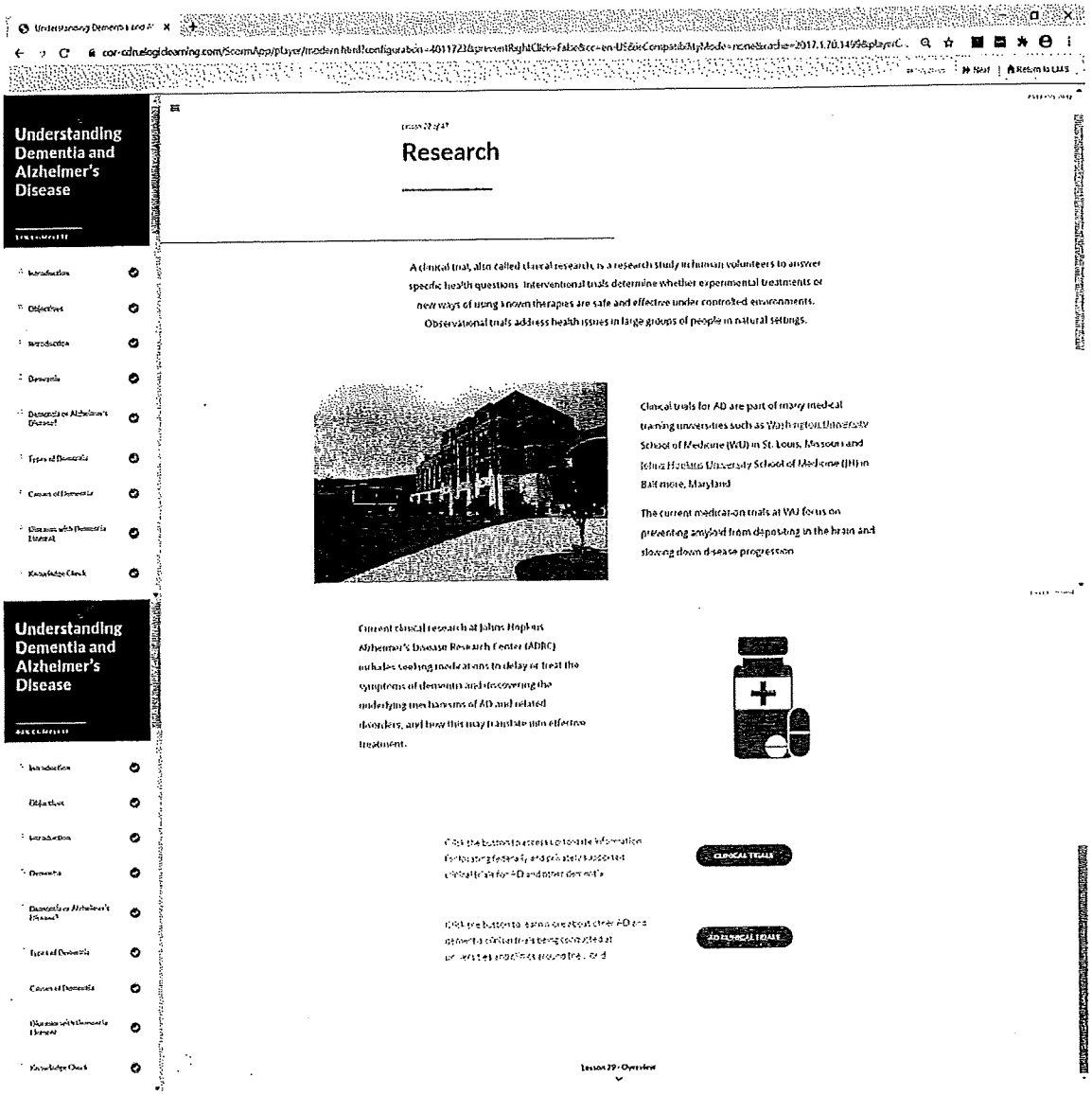

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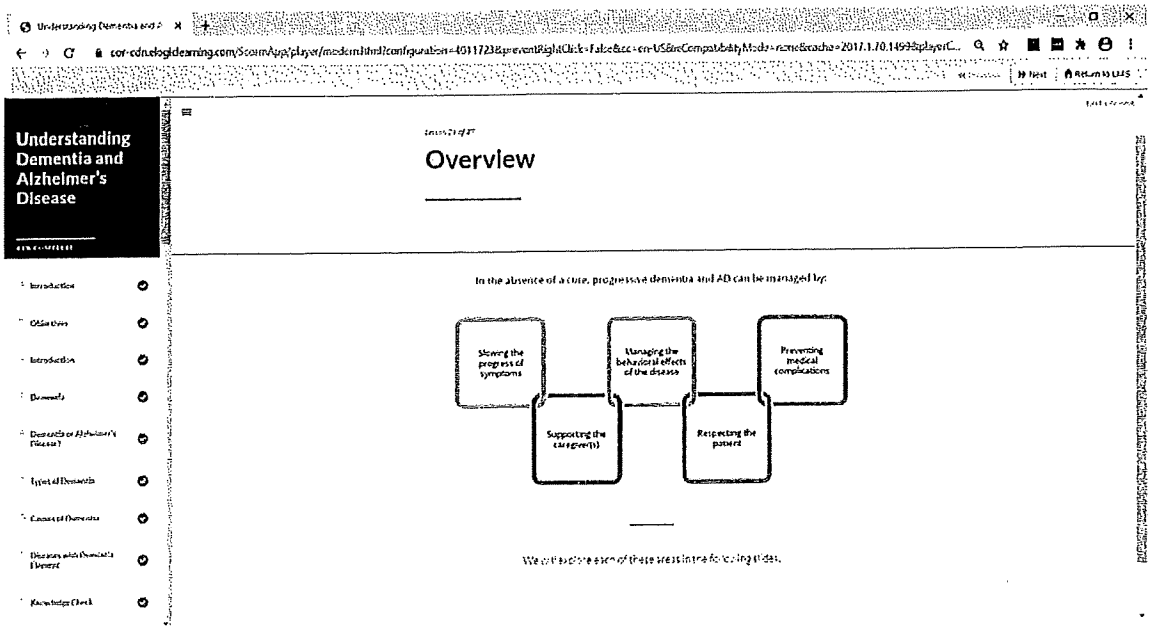

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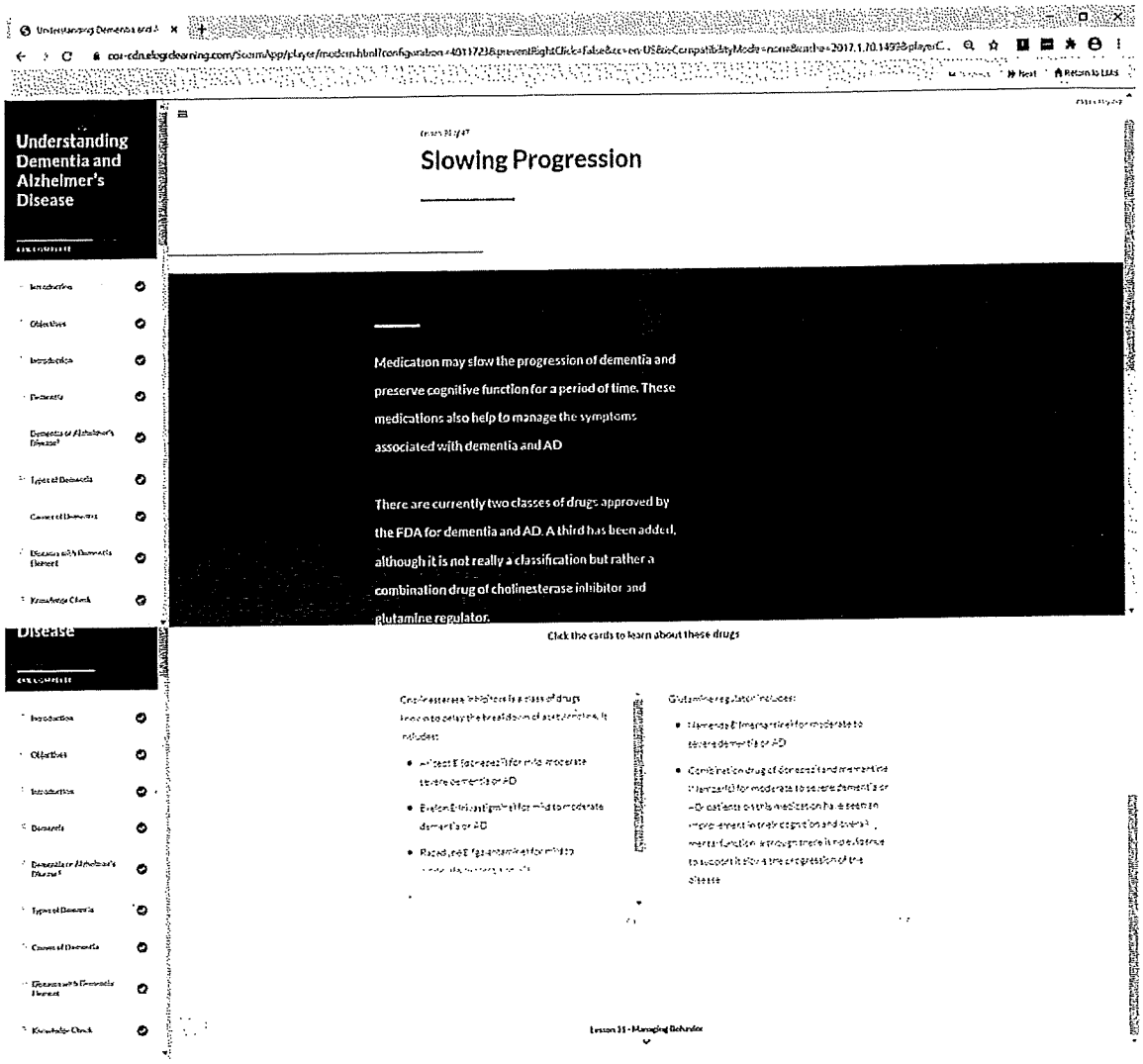

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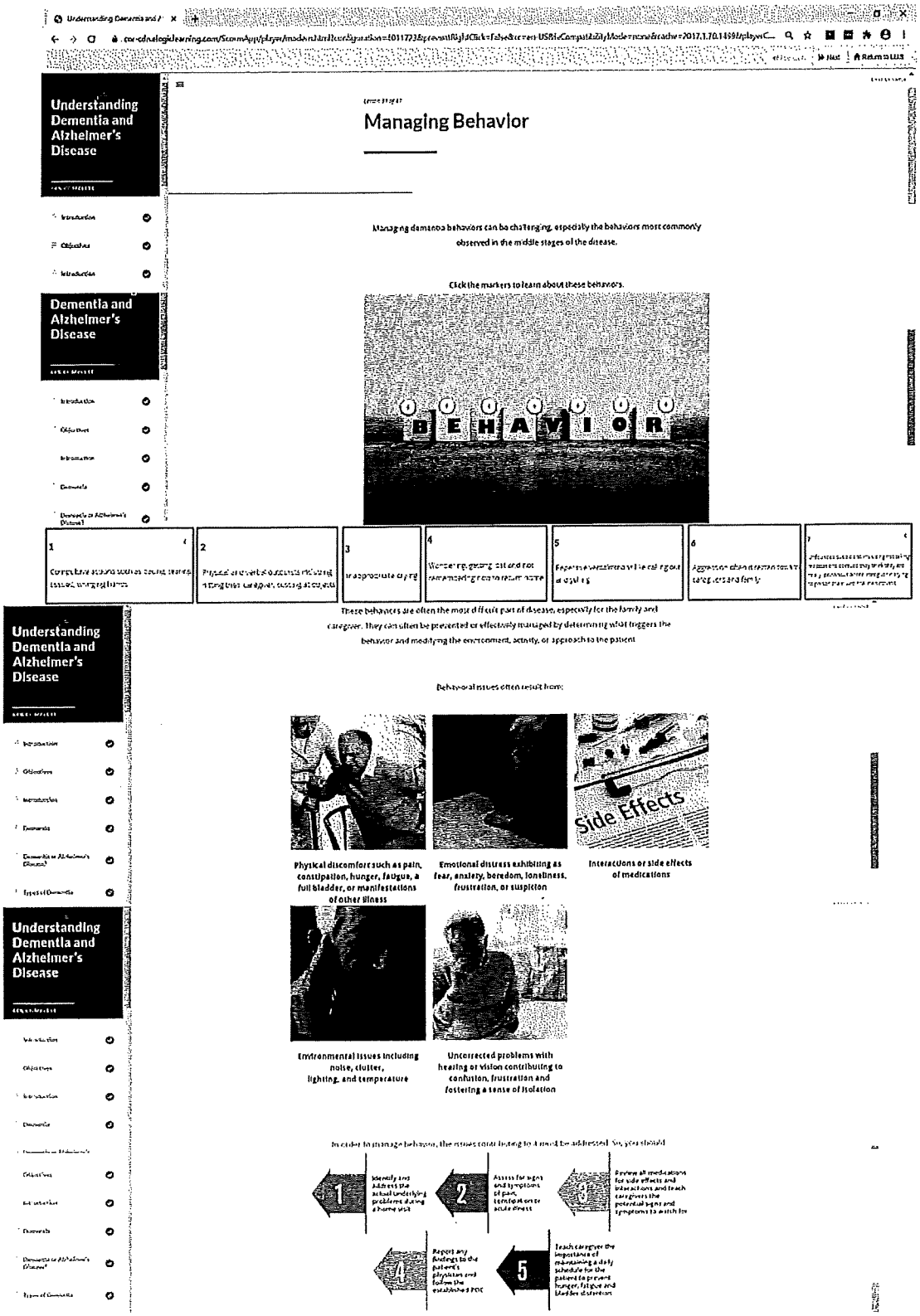

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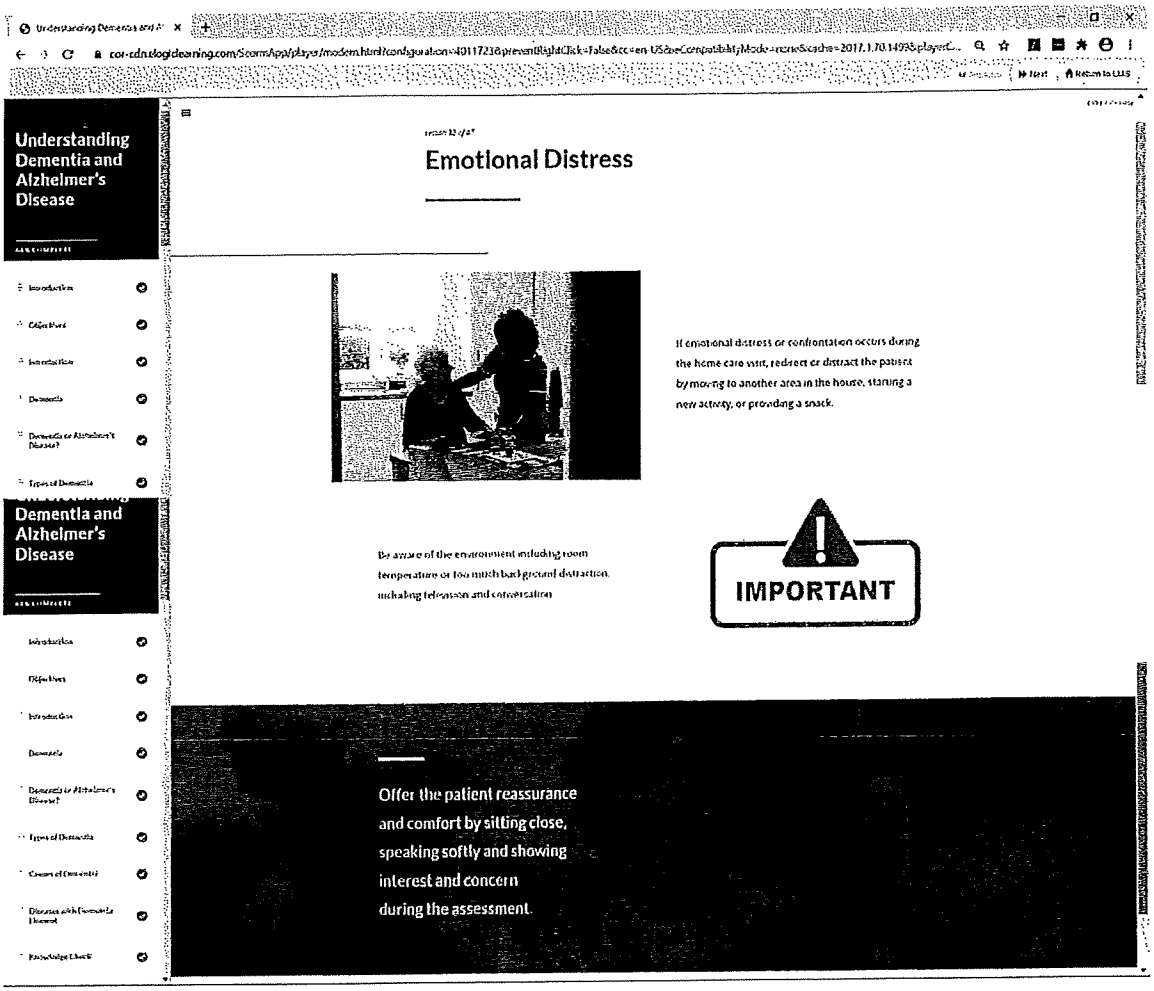

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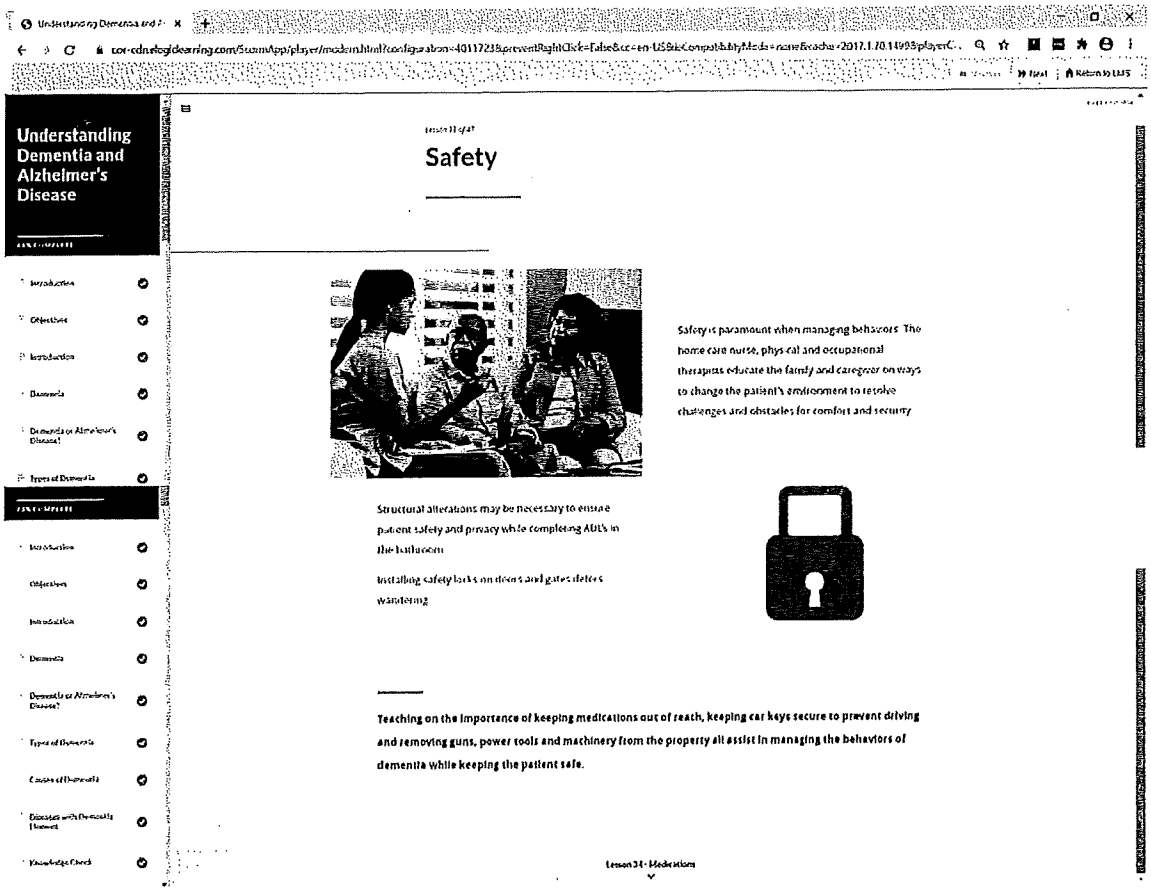

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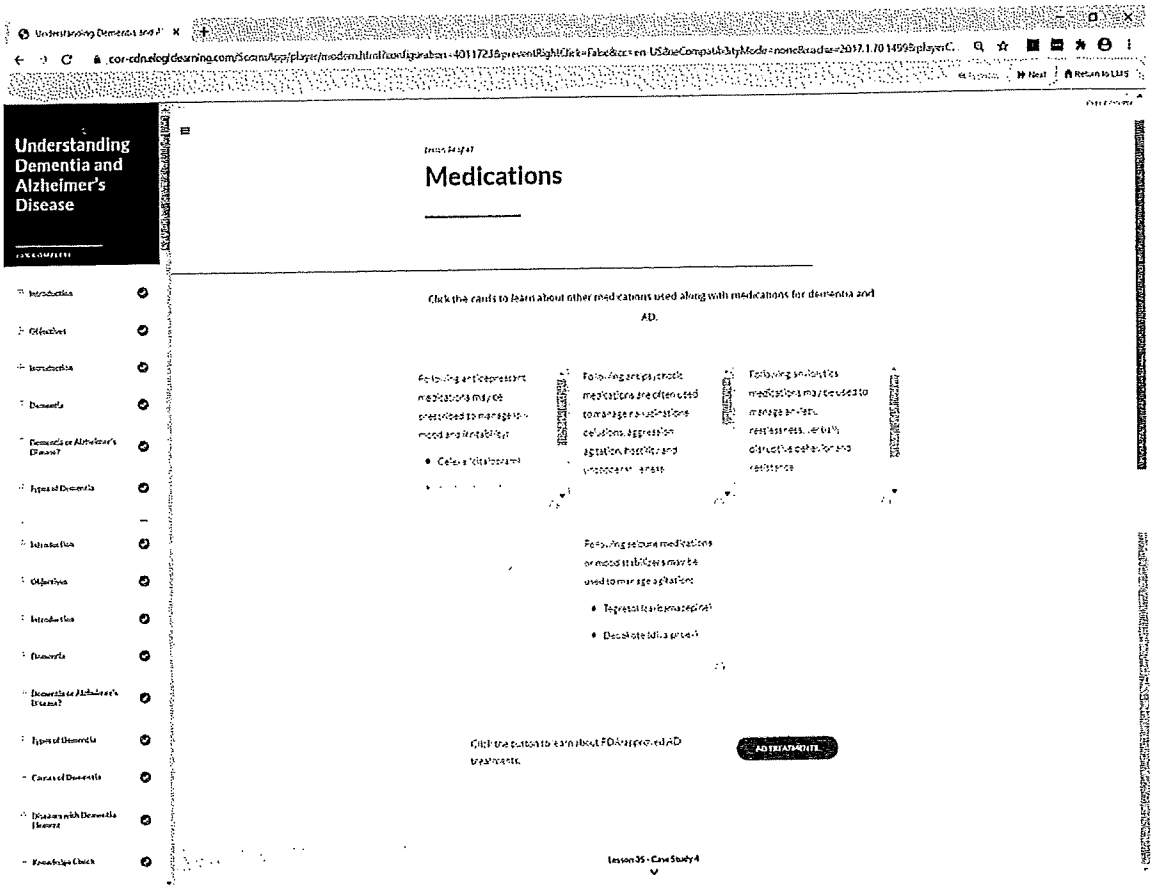
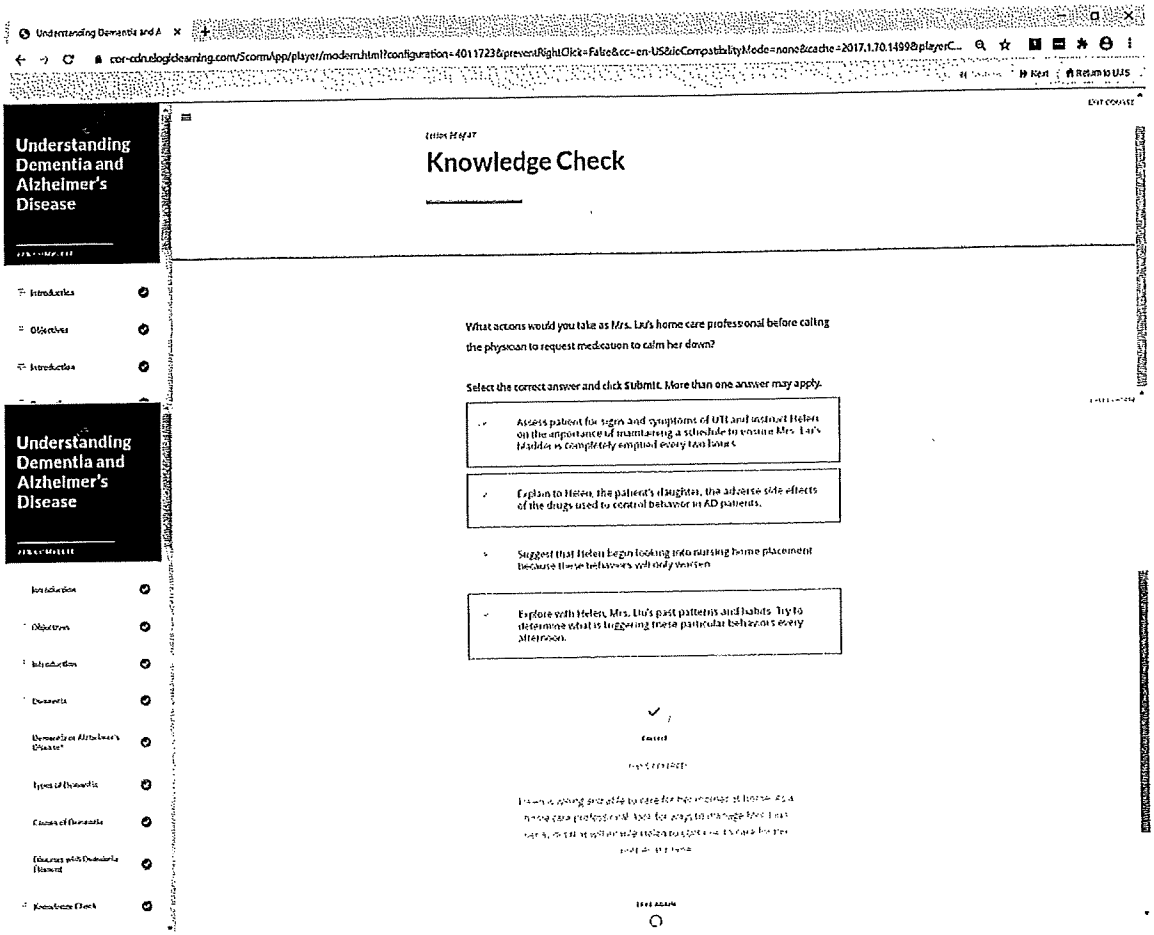



Understanding Dementia and Alzheimer's Disease
Case Study 4
Click the arrows to learn about the fourth case study.
1
Mrs. Liu, a 77-year old woman in the middle stage of AD, who is cared for by her daughter Helen. Every afternoon, Mrs. Liu becomes agitated and begins to pace repeatedly back and forth in the house, trying to open the front door and becoming increasingly anxious.
2
When Helen tries to lead her mom to a chair, she becomes very upset and strikes out, yelling, I have to go, I have to go! Reasoning with Mrs. Liu is useless
3
Helen reports the behavior to the home care nurse during the initial skilled visit following a hospitalization for a UTI and asked the nurse to call the doctor for medication to calm Mrs. Liu down

Understanding Dementia and Alzheimer's Disease Course Content



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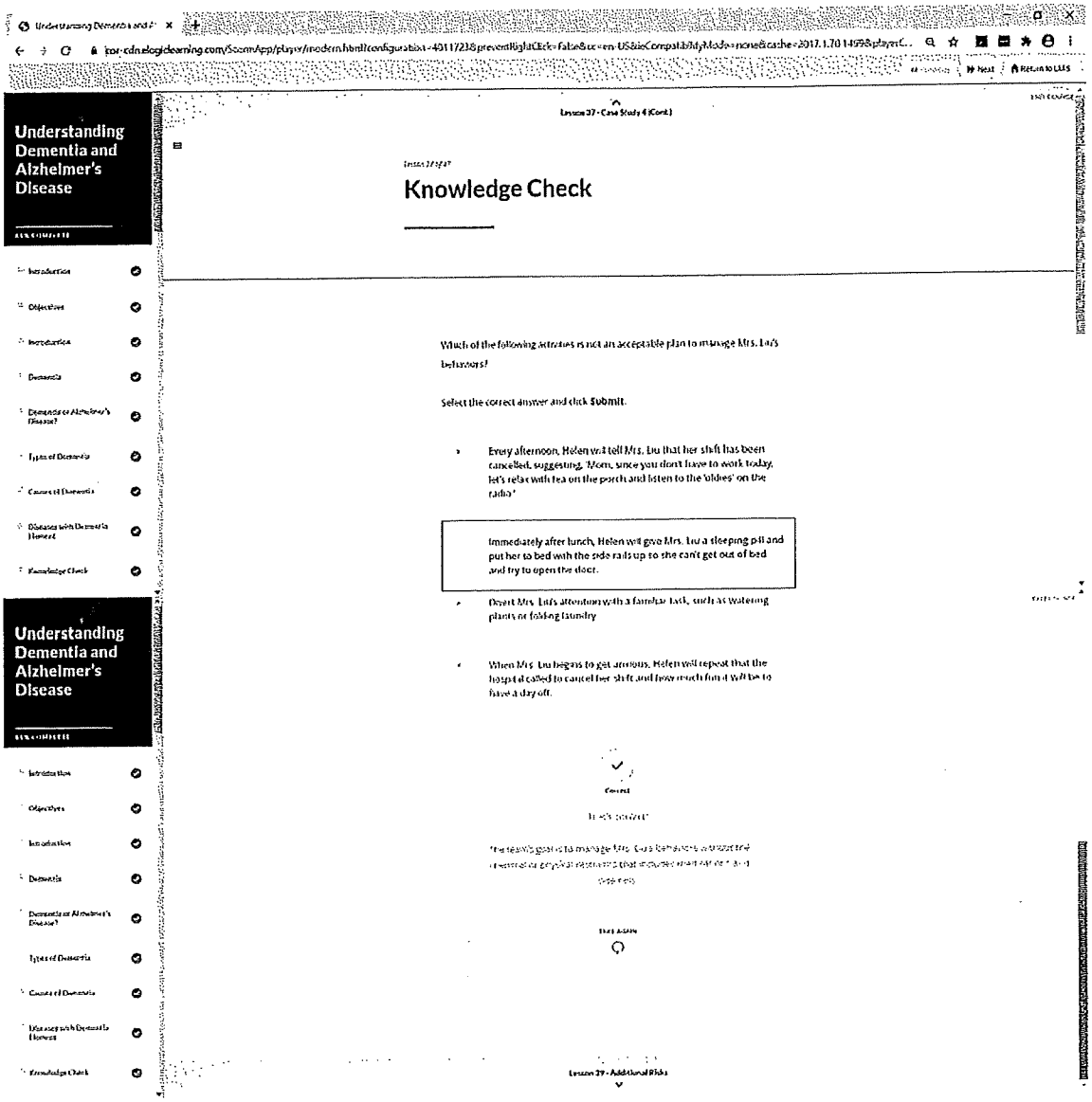
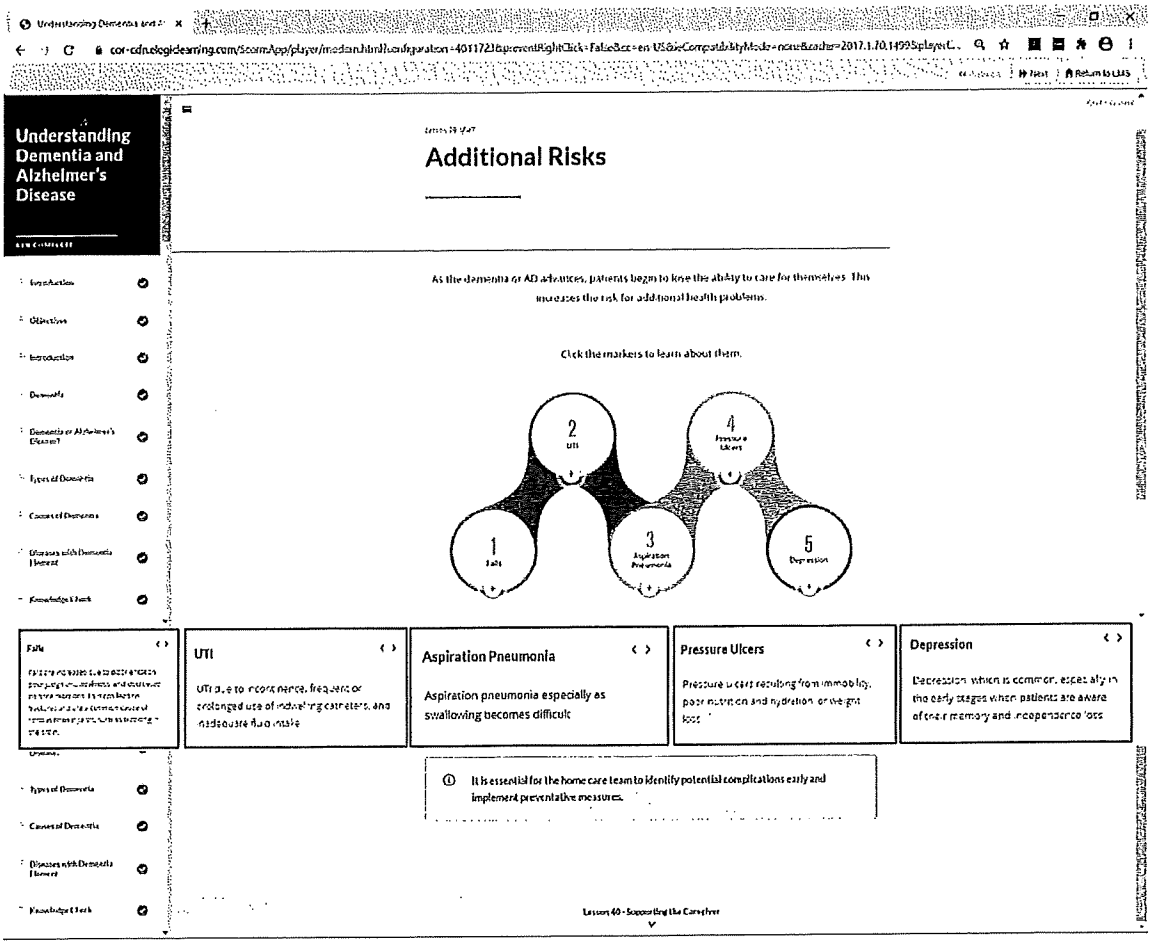

Understanding Dementia and Alzheimer's Disease
Lesson 37 - Case Study 4 (Cont.)
Knowledge Check
Which of the following activities is not an acceptable plan to manage Mrs. Lu's behaviors?
Select the correct answer and click Submit.
Every afternoon, Helen will tell Mrs. Lu that her shift has been cancelled, suggesting, 'Mom, since you don't have to work today, let's relax with tea on the porch and listen to the 'oldies' on the radio.'
Immediately after lunch, Helen will give Mrs. Lu a sleeping pill and put her to bed with the side rails up so she can't get out of bed and try to open the door.
Divert Mrs. Lu's attention with a familiar task, such as watering plants or folding laundry
When Mrs. Lu begins to get anxious, Helen will repeat that the hospital called to cancel her shift and how much fun it will be to have a day off.
Lesson 39 - Additional Risks

Understanding Dementia and Alzheimer's Disease Course Content



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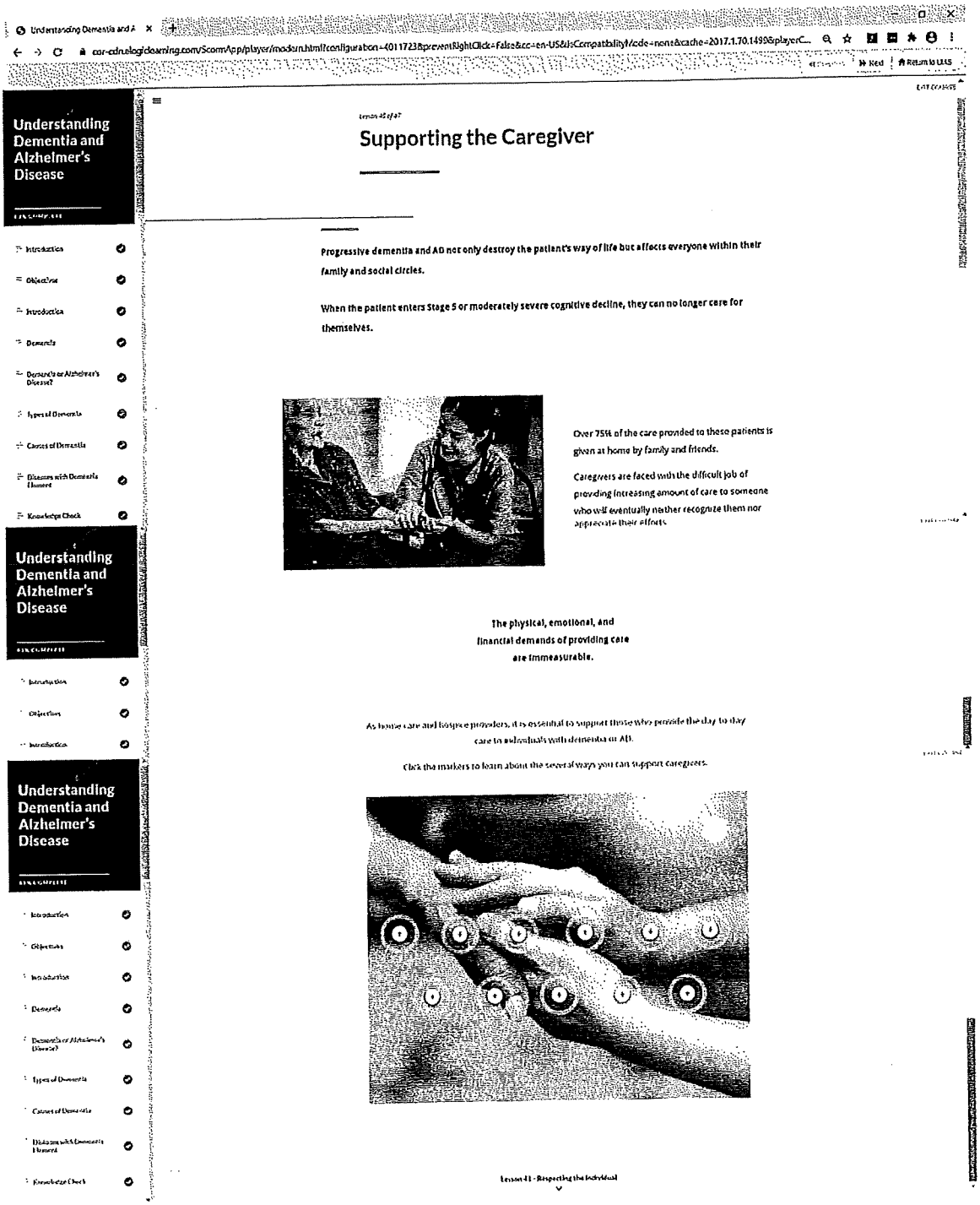

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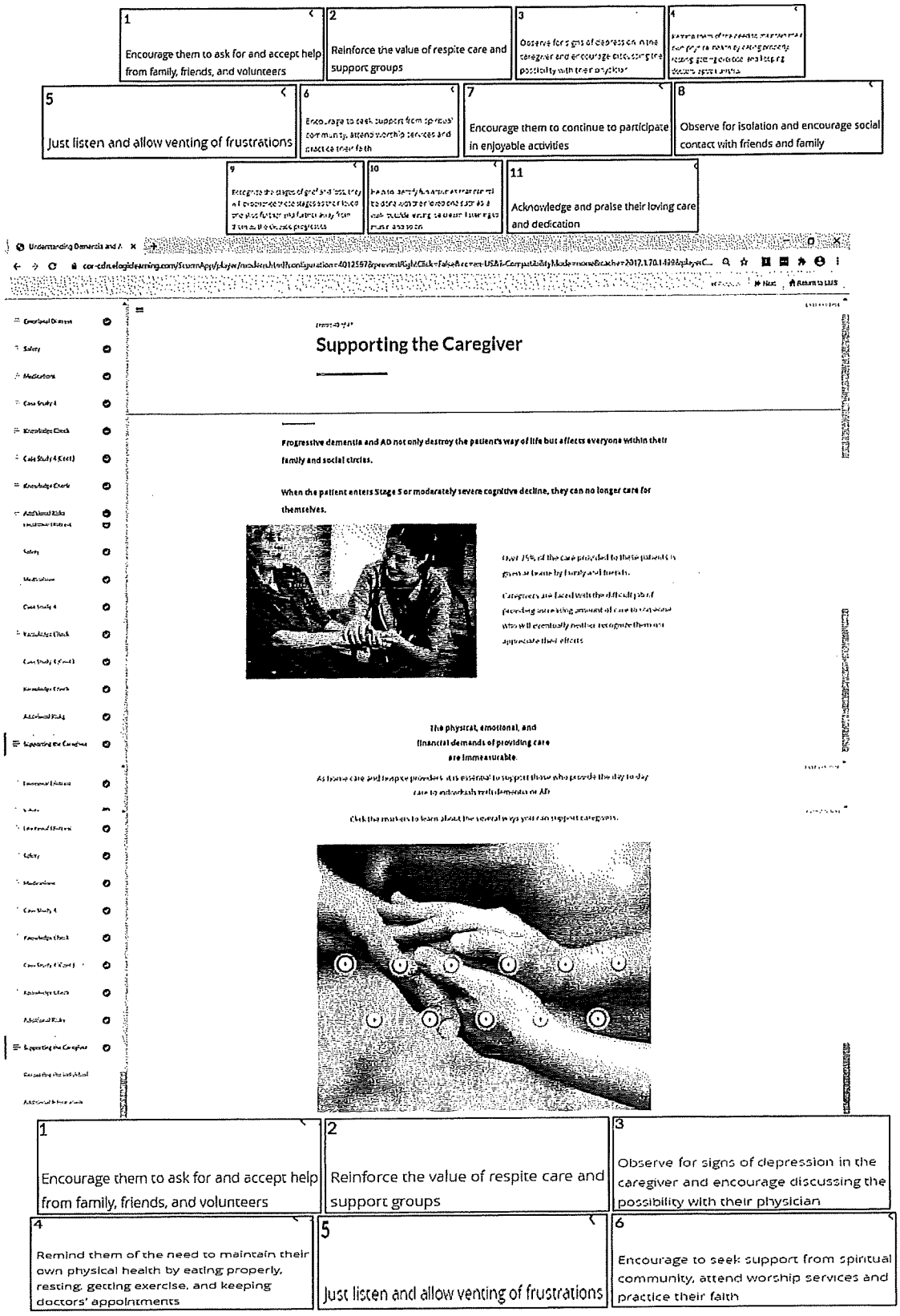
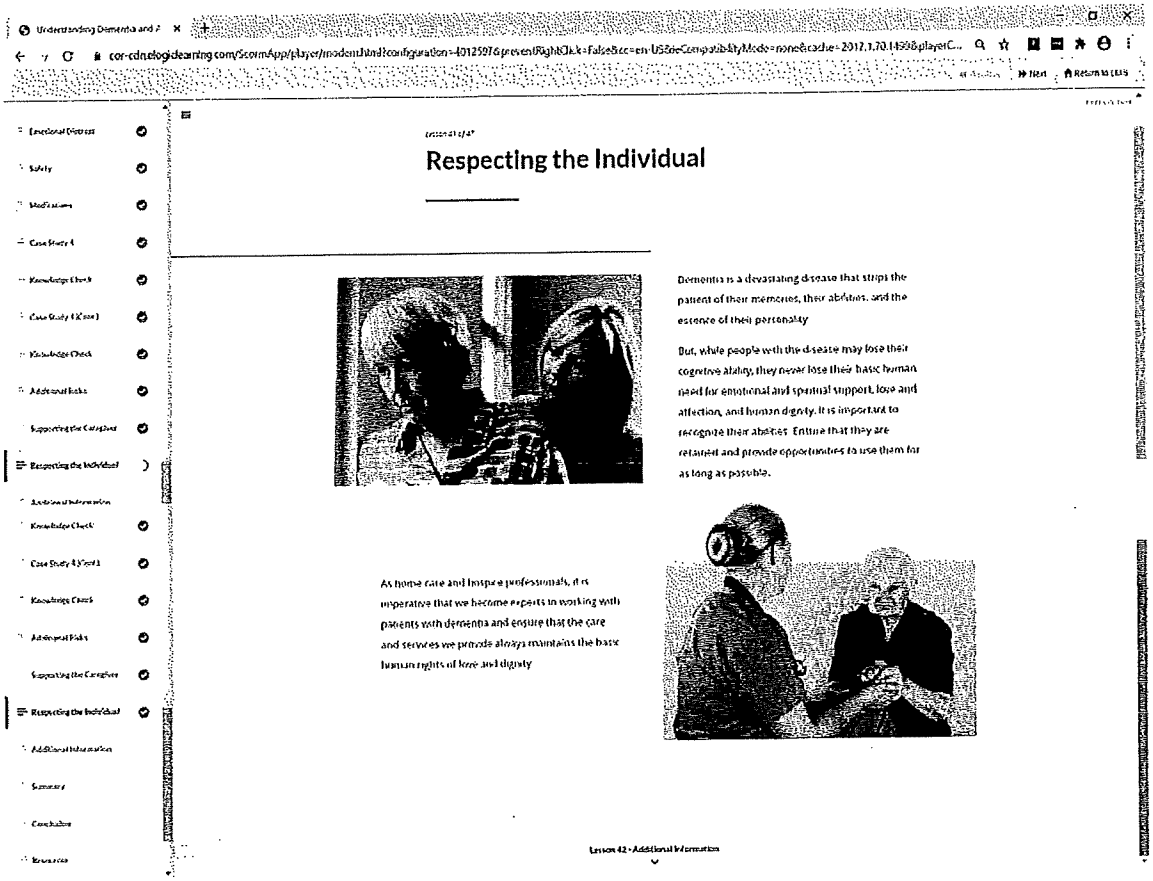


Understanding Dementia and Alzheimer's Disease Course Content

7 Encourage them to continue to participate in enjoyable activities	8 Observe for isolation and encourage social contact with friends and family	9 Recognize the stages of grief and loss; they will experience these stages as their loved one slips further and further away from them as the disease progresses
10 Help to identify fun activities that can still be done with their loved one such as, a walk outside, eating ice cream, listening to music, and so on	11 Acknowledge and praise their loving care and dedication	



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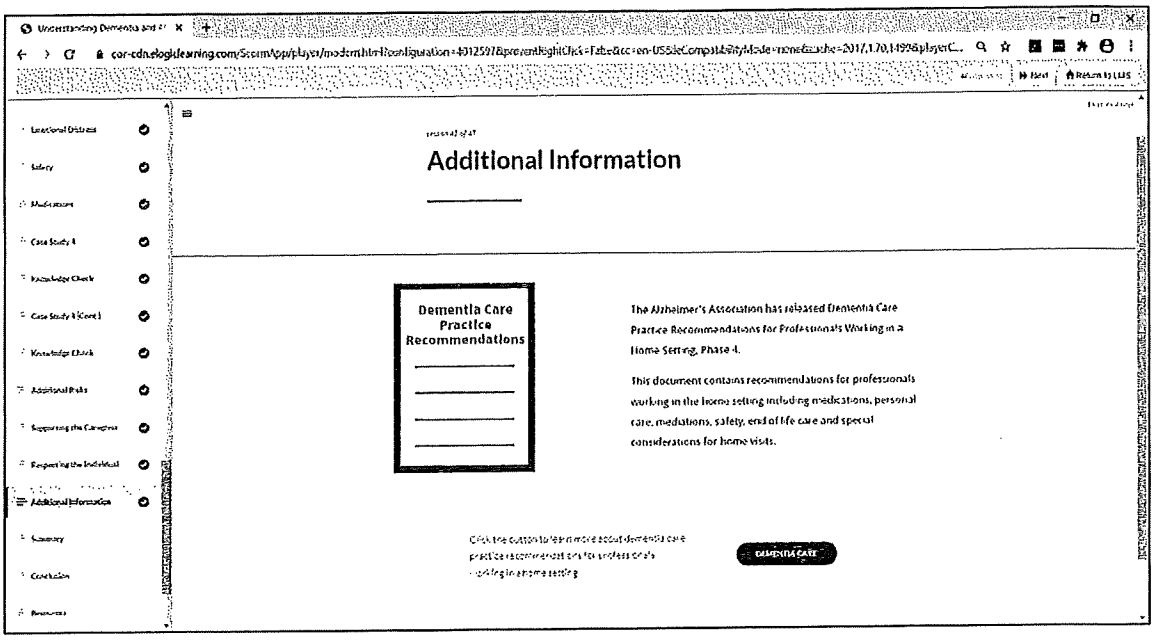

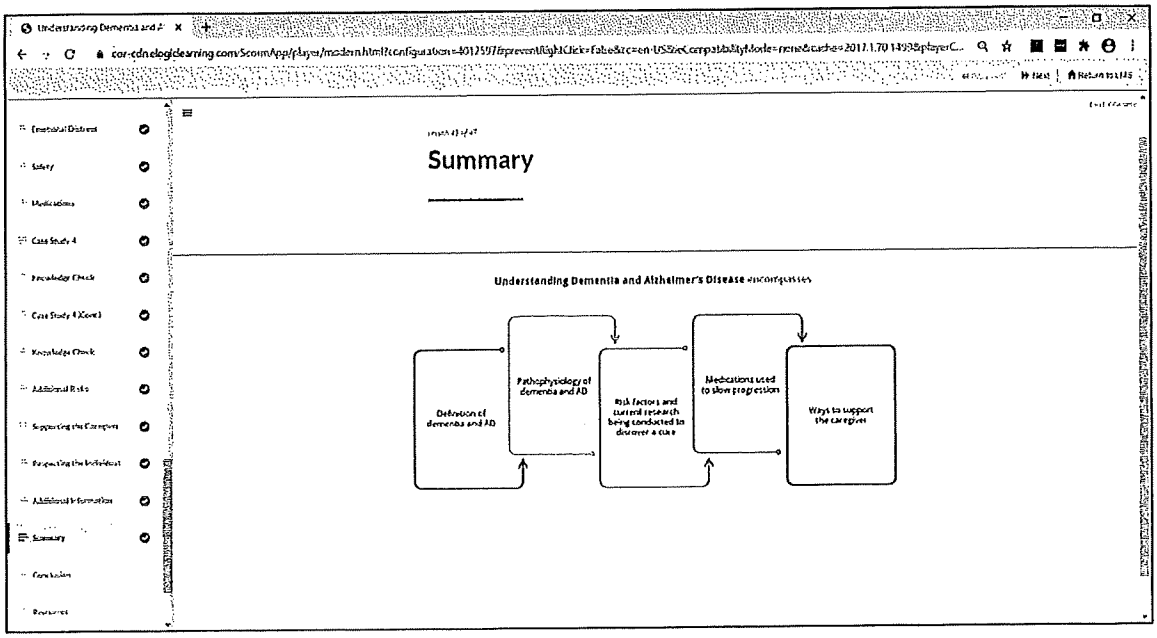

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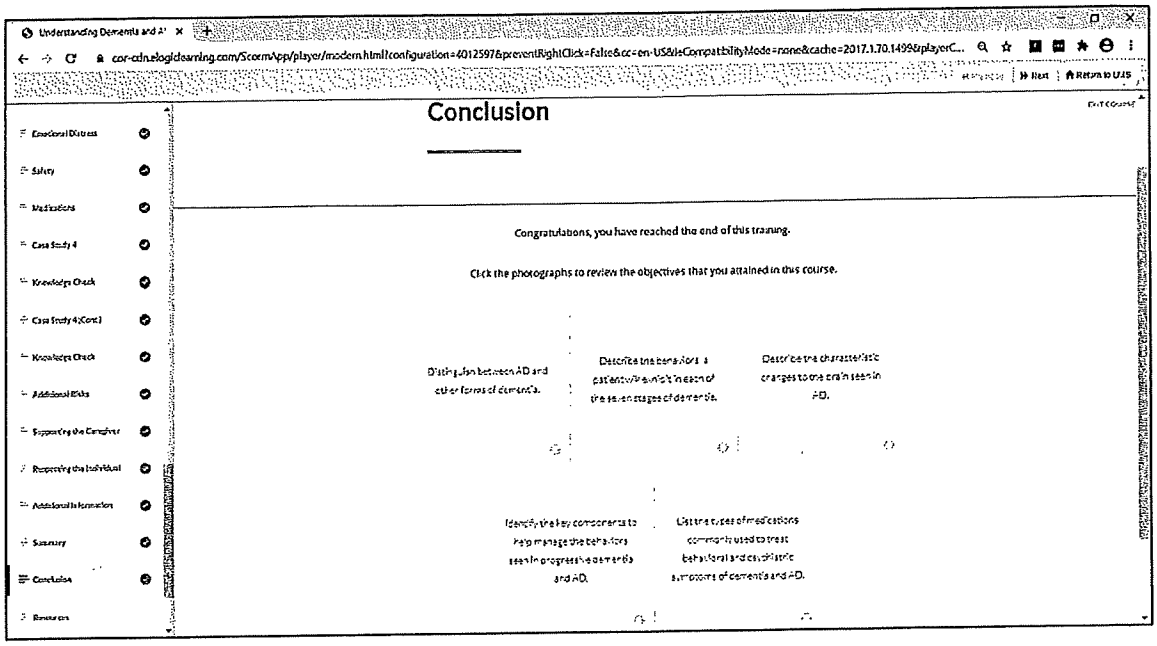

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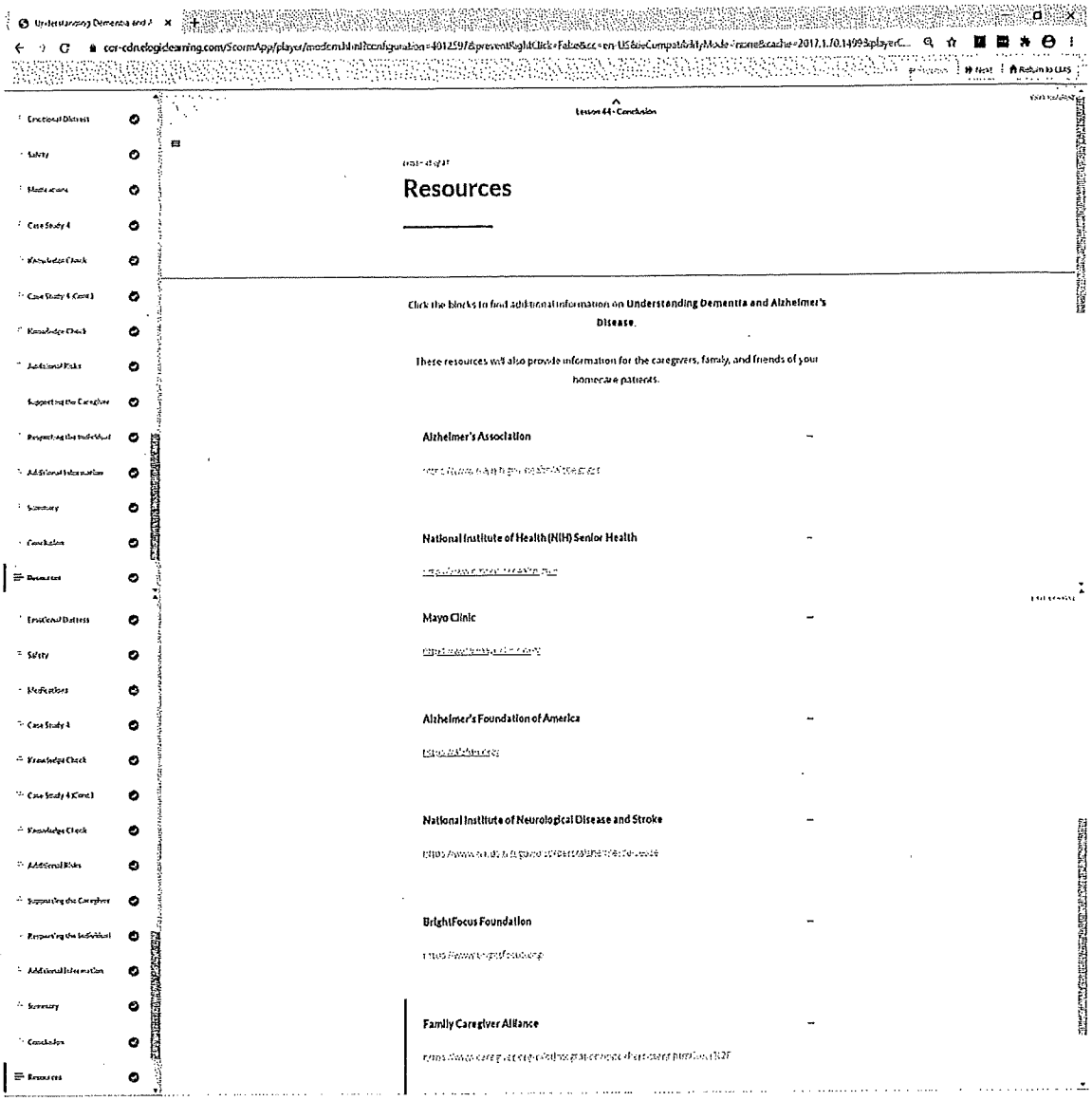

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How Home Care for AD or related Dementias Differs from Regular Home Care
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corridor

Post Test

Understanding Dementia and Alzheimer's Disease Post-Test

1. Which stage of Alzheimer's Disease refers to patients as the 'great foolers'?
   A. Early
   B. Middle
   C. Late

   Remediation: The 'great foolers' try to cover up any signs or symptoms that may indicate they are having issues such as forgetfulness.

2. A patient diagnosed with dementia has a terminal condition.
   A. True
   B. False

   Remediation: Dementia is a terminal condition and often patients with advanced dementia can experience distressing symptoms like those patients dying of other conditions suffer.

3. Which of the following are ways you can support the day-to-day caregivers of dementia or Alzheimer's Disease patients as a home care provider?
   A. Reinforce the value of respite care, spiritual support and support groups
   B. Observe for signs of depression and encourage discussing this with their physician
   C. Just **listen** and allow venting of frustrations
   D. Recognize the stages of grief as the loved one slips further away as the disease process progresses
   E. Reinforce the value of respite care, spiritual support and support groups and just **listen** and allow venting of frustrations
   F. All of the above

   Remediation: All the above are ways you can support the day-to-day caregivers

4. Which of the following does **not** normally occur as Alzheimer's Disease progresses?
   A. Nerve cell death and tissue loss occurs, and the brain of an Alzheimer's Disease patient appears much larger than a disease-free brain
   B. The cortex withers and the hippocampus, the section of the brain that is responsible for recall, appears dramatically shrunk
   C. The ventricles or fluid spaces inside the Alzheimer's Disease brain show enlargement
   D. When the cross sections of the brain are examined post-mortem, under a microscope, scientists note that the Alzheimer's Disease brain has a smaller amount of nerve cells and synapses

   Remediation: The Alzheimer's Disease patient does not have a larger brain than a disease-free brain.

5. The average length of time from the initial diagnosis of Alzheimer's Disease to death is 8-10 years, but some patients live as long as 20 years after the onset of symptoms.
   A. True
   B. False

   Remediation: The average length of time from the initial diagnosis of Alzheimer's Disease is 8-10 years although some have lived as long as 20 or more years after the onset of symptoms.

6. Safety is paramount when managing behaviors in the dementia patient. As part of the care plan, it is the responsibility of the home care nurse and physical and occupational therapists to educate the

family and caregiver on ways to change the patient's environment to resolve challenges and obstacles to promote the patient's comfort, safety and security.

A. True
B. False

Remediation: Safety is paramount when managing behaviors in the dementia patient.

7. Behavior problems such as crying, hitting and wandering are most common in which stage of Alzheimer's Disease?
   A. Early
   B. Middle
   C. Late

   Remediation: Middle stage is where behavior problems such as crying, hitting, and wandering are most common.

8. From which of the following does behavioral issues in dementia often result from?
   A. Physical discomfort such as pain, constipation, hunger, fatigue, a full bladder or manifestations of other illnesses
   B. Emotional distress exhibiting as fear, anxiety, boredom, loneliness, frustration or suspicion
   C. Interactions or side effects of medications
   D. Environmental issues including noise, clutter, lighting and temperature
   E. All of the above

   Remediation: All the above are the reasons behavioral issues can occur from.

9. Which of the following a patient presents with for diagnosis of dementia?
   A. Loss of memory
   B. Loss of at least one other intellectual function such as language or judgement severe enough to interfere with daily activities
   C. Loss of the ability to sit upright or walk unassisted
   D. Loss of memory and at least one other intellectual function such as language or judgement severe enough to interfere with daily activities
   E. All of the above

   Remediation: A diagnosis of dementia results when a patient presents with a loss of memory and a loss of least one other intellectual function such as language or judgement severe enough to interfere with daily activities.

10. Which statement is **not** true about Alzheimer's Disease?
    A. It usually begins gradually
    B. It usually progresses slowly
    C. It usually gets better
    D. Is always terminal

    Remediation: Alzheimer's Disease does not usually get better, but it gets progressively worse.

corridor

Completion Certificate

CE Completion Certificate

CHEX eLearning by Corridor

TCG Media, LLC certifies that **NAME**

has successfully completed

CE - Understanding Dementia and Alzheimer's Disease

(Estimated Time: 62.00 minutes)

on **09/18/2020** and was awarded **1.10** continuing education credits.

Sharon Seaton

Sharon Seaton, RN
TCG Media, LLC
6405 Metcalf Avenue, Suite 108
Overland Park, KS 66202
Accredited by Kansas State Board of Nursing (KSBN)
KSBN Provider Number: LT0270-0111

CHEX eLearning is an approved provider of Texas HHS Administrator and Alternate Administrator training.
The following statement pertains to RNs licensed in the state of Florida. This certificate must be retained for four years. **Do not forward this certificate to the Florida Board of Nursing.**

Record your license number here: _____

Long Term CNE Provider Checklist
(K.A.R. 60-9-107)

Name of Provider: Just Some Podcast, LLC

Name of Program Coordinator: Benjamin Cochran, DNP,

__X___ New Initial Application **_____ Renewal (Issue Date __)**

Date Received: 8/26/2020 **Date Review complete:** 11/16/2020

Date to CNE Committee: 12/8/2020

_____ Approved **_____ Not Approved:**

_____ Approved Pending: _____

Date Notified: _____

Information Required	Received	NA
Completed application for initial approval or five-year renewal for LT CNE providership shall be submitted at least 60 days before a scheduled board meeting	Received 8/26/2020	
Renewal Fee		X
• If the long term provider does not renew the providership, the provider shall notify the board in writing of the location at which the offering records will be accessible to the board for two years as defined in the providers' policy and procedures.		
The name and address of the organization on the application	Just Some Podcast, LLC	
The name and address of the department or unit within the organization responsible for approving CNE, if different from the name and address of the organization		X
The name, education and experience of the program coordinator responsible for CNE	Benjamin Cochran, DNP	
• Be a licensed professional nurse	✓	
• Have three years of clinical experience	✓	
• Have one year of experience in developing and implementing nursing education	✓	
• Have a baccalaureate degree (unless held this position for the provider at least five years immediately prior to January 1, 1977)	✓	
Policies & Procedures:		
Written policies and procedures, including at least the following areas:		
• Assessing the Need and planning for CNE activities	✓	
• Fee Assessment	✓	

• Advertisements or offering announcements. Published information shall contain the following statement: "(name of provider) is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: "	✓	
• Notice of Change of coordinator or required policies and procedures. The program coordinator shall notify the board in writing of any change of the individual responsible for the providership or required policies and procedures within 30 days	✓	
For long term providers, the policies and procedures for the Offering Approval Process shall include the following:		
• A Summary of the Planning	✓	
• The Behavioral Objectives	✓	
• The Content, which shall meet the definition of CNE in KSA 65-1117	✓	
• The Instructor's Education and Experience, documenting knowledge and expertise in the content area	✓	
• A Current Bibliography that is reflective of the offering content. The bibliography shall include books published within the past 10 years, periodicals published within the past five years, or both	✓	
• An offering Evaluation that includes each participant's assessment of the following:		
▪ The achievement of each objective	✓	
▪ The expertise of each individual presenter	✓	
An approved provider may award any of the following:		
• Contact hours as documented on an offering agenda for the actual time attending, including partial credit for one or more contact hours	Partial credit not awarded	
• Credit for fractions of hours over 30 mins to be computed towards a contact hour	✓	
• Instructor credit, which shall be twice the length of the first-time presentation of an approved offering, excluding an standardized, prepared curriculum	✓	
• Independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results	✓	
• Clinical hours		NA
Documentation of Attendance		

Each provider shall maintain documentation to verify that each participant attended the offering. The provider shall require each participant to sign a daily roster, which shall contain the following information:		
• The provider's name, address, provider number, and coordinator		NA
• The date and title of the offering, and the presenter or presenters		NA
• The participant's name and license number and the number of contact hours awarded		NA
Each provider shall maintain documentation to verify completion of each independent study offering, if applicable. To verify completion of an independent study offering, the provider shall maintain documentation that includes the following:		
• The provider's name, address, provider number, and coordinator	✓	
• The participant's name and license number, and the number of contact hours awarded	✓	
• The title of the offering	✓	
• The date on which the offering was completed	✓	
• Either the completion of a posttest or a return demonstration	✓	
Certificate of Attendance/CE Transcript		
A certificate of attendance shall be awarded to each participant after completion of an offering, or a CE transcript shall be provided according to the policies and procedures of the long-term provider	✓	
Each certificate and each CE transcript shall be complete before distribution to the participant	✓	
Each certificate and each CE transcript shall contain the following information:		
• The provider's name, address and provider number	✓	
• The title of the offering	✓	
• The date or dates of attendance or completion	✓	
• The number of contact hours awarded and, if applicable, the designation of any independent study or instructor contact hours awarded	✓	
• The signature of the individual responsible for the providership	✓	
• The name and license number of the participant	✓	
Recordkeeping & Storage		
For each offering, the approved provider shall retain the following for two years:		
• A summary of the planning	✓	
• A copy of the offering announcement or brochure	✓	

• The title and objectives	✓	
• The offering agenda or, for independent study, pilot test results	✓	
• A bibliography	✓	
• A summary of the participants' evaluations	✓	
• Each instructor's education and experiences	✓	
• Documentation to verify completion of the offering	✓	
The record storage system used shall ensure confidentiality and easy retrieval of records by authorized individuals	✓	
Program Evaluation Plan		
For long-term providers, a copy of the total program evaluation plan	✓	
Two Proposed Offerings		
The provider shall submit two proposed offerings, including the following:	**#1**	**#2**
	#1 Weight Loss/Dietary Medications	#2 DOT Medical Exams
• A summary of planning	✓	✓
• A copy of the offering announcement or brochure	✓	✓
• The title and behavioral objectives	✓	✓
• The offering agenda or, for independent study, pilot test results	✓	✓
• Each instructor's education and experience	✓	✓
• A current bibliography	✓	✓
• The offering evaluation form	✓	✓

06/2019

Application review completed by Carol Moreland, MSN, RN on 11/16/2020

Reference No.: 24760 **Date submitted:** Aug 26 11:20 2020

radio ~ Initial Application
Providername ~ Just Some Podcast, LLC
providernum ~ ~
legalbody ~ ~
address ~ PO Box 256
adress2 ~ Altamont, KS, 67330
telephone ~ 620-820-9536
email ~ admin@justsomepodcast.com
coordinator ~ Benjamin Cochran, DNP
date ~ 08-26-2020
planningce ~ • Just Some Podcast, LLC shall routinely assess the needs of nurses and advanced practice nurses using informal (social media and other outlets) and formal (evaluation of continuing education offerings and surveys) assessment methods.
• Using this information, Just Some Podcast, LLC and any committees, as appointed and agreed upon by both partners, will evaluate a rank of significance for the needs to determine the best action moving forward.
o This rank will be decided based on the prevalence of the need for the offering, the timeliness of the offering, the legality and ethicality of the offering, and the return on investment for the learner.
• The CNE Coordinator will then evaluate the needs and work within the organization to plan podcast episodes.
• Just Some Podcast, LLC does understand that despite the best planning and assessment of needs, some episodes of the podcast may or may not meet the criteria for CNE offering.
o Each episode of "Just Some Podcast for Advanced Practitioners" will be appraised after recording and editing.
If despite appropriate planning, as listed above, an episode does not meet standards for a CNE offering, the episode will be removed from the CNE portion of the website.
If the episode was initially not thought to be of CNE quality but is determined to be during the appraisal process, Just Some Podcast, LLC reserves the right to approve the episode for CNE offering with notification through appropriate channels.

feeassessment ~ • Just Some Podcast, LLC will designate a fee for offering continuing education. The fee and the refund policy will be listed on our website prior to agreement by the learner.
• The fee will be set by Just Some Podcast, LLC based on several factors to include online versus in-person offering, cost of venue, cost of

speakers, and cost of advertising.
For online offerings, the fee will be able to be paid through a monthly and/or yearly subscription fee or through individual offerings for each course.
• The fee will be collected at the time of registration for either the individual offering or for the subscription.
This will be collected via the website, www.justsomepodcast.com that complies with all appropriate security and safety measures.
• Payment for the individual offering will allow the learner access to that single course. Payment for the subscription will allow the learner access to the library of CNE offerings.
• Refunds will be determined on a case by case basis. The learner will have to contact admin@justsomepodcast.com to discuss a potential refund.

advertisement ~ • Just Some Podcast, LLC will make known its offerings of continuing education once the episode of the podcast is released.
• The CNE will be available on the website within one (1) week of release of the episode through podcasting apps and programs.
• Each episode for CNE will have a recording stating, "This episode is available for continuing education through the Kansas State Board of Nursing."
• Just Some Podcast, LLC will also advertise via social media, websites, and e-mail.
• Published information will include the following statement: "Just Some Podcast, LLC is approved as a provider for continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing Provider Number: _____"

approvalprocess ~ •Each CNE Offering submitted to the CNE Coordinator will have the following:
oSummary of Planning
oObjectives
oContent shall meet the definition of CNE as listed in 65-1117(a)
oInstructor Education and Experience
oCurrent bibliography (10 years – books, 5 years – periodicals)
oEvaluation that includes assessment of learner achievement, objectives, and presenters

contacthours ~ • Learners will be awarded contact hours upon completion of the course. These contact hours will be based on one (1)

contact hour for fifty (50) minutes of learning.
• Given the nature of the topic, episodes may exceed or be less than the 50 minutes of learning. In that event, contact hours will be given credit in fraction of hours as follows:
15 minutes = 0.25 contact hours
30 minutes = 0.50 contact hours
45 minutes = 0.75 contact hours
• Instructor credit will be awarded as follows:
2.0 contact hours for each hour of first time presentation of an approved offering, excluding standardized prepared curriculum (ACLS, BLS, TNCC).
•Independent study credit will be based on time required to complete the offering as documented by pilot test time results.
Pilot test will be done by a sampling of the representation of the target audience.
Contact hours will be determined by using the time to complete by the pilot testers.
The high and low times will be discarded.
An average of the remaining time shall be used to calculate the contact hours.
• Clinical hours will not be generated by Just Some Podcast, LLC.
• Because of the online nature of the podcast episodes and testing, partial credit will not be awarded.
In the event that Just Some Podcast, LLC begins offering in-person courses this policy will be reviewed to reflect partial credit based on time spent in the learning activity and awarded as delineated above.

verifycompletion ~ • Learners will register for the course online through the website.
• Registering for courses will require a membership level to the website. Information collected at registration will include name, license type, and license number.
• The course settings will allow for review of the podcast episode associated with that continuing education offering.
• Participants will be required to take a post-test to demonstrate effective learning of the continuing education objectives.
• Upon successful completion of the post-test and evaluation, a certificate will be presented to the learner.
• In the event that Just Some Podcast, LLC begins live offerings, a roster will be created collecting appropriate information as required to include name, license type, and license number.
In the event of live offerings, certificates will be presented to learners at the completion of the offering.

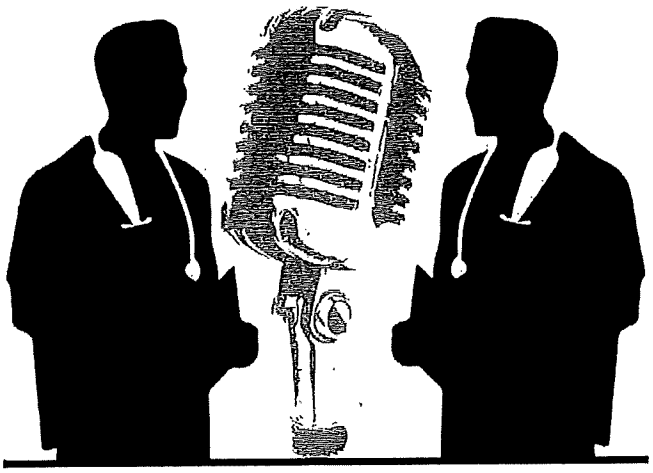
recordkeeping ~ •Records related to CNE offerings will be stored electronically, securely, and confidentially for two (2) years.
•For each offering, the follow records will be retained for the period listed above.
Summary of the planning
Copy of the announcement
Title and objectives
Agenda
Bibliography
Summary of learner evaluations
Instructor's education and experience.
Documentation showing successful completion of the offering
• The records will be stored on the website, justsomepodcast.com, behind a password protected wall to assure confidentiality. There will be a second copy of records stored with the CNE coordinator on a secured hard drive.

noticeofchange ~ •The CNE Coordinator will notify the Kansas State Board of Nursing in writing of the following changes within 30 days.
Change of CNE coordinator.
Required policies and procedures.
•Notification will be provided to the following address unless electronic communication (email) is preferred by the board.
Kansas State Board of Nursing
Landon State Office Building
Attn: Continuing Education
900 SW Jackson St, Suite 1051
Topeka, KS 66612

programevaluation ~ • An annual report of the total program evaluation will be submitted to KSBN. A chart with narratives will be used for the annual report.
• The program evaluation will be completed by the owners of Just Some Podcast, LLC or their designees.
• The annual report will assess the following aspects of the program.
Program Administration
Review Job Description
Policies
Policy #0101 – Assessing Need & Planning CNE
Review for Appropriateness
Review for identified needs used in program planning
Policy #0102 – Fee Assessment

Review to ensure needs of organization and leaners are met
Policy #0103 – Advertising of Continuing Education
Review to ensure necessary information is reflected
Policy #0104 – Offering Approval
Review to maintain compliance with KSBN
Policy #0105 – Awarding Contact Hours
Review agendas/pilot test results to verify hours awarded
Review policy in regards to partial credit
Policy #0106 – Verification of Participation & Completion
Review rosters and certificates.
Review to maintain compliance with KSBN
Policy #0107 – Record Keeping & Storage
Review and Audit records to maintain compliance with KSBN.
Policy #0108 – Change of Coordinator or Policies
Review to maintain compliance with KSBN.
Total Program Evaluation Effectiveness

Submission date ~ 08-26-2020 11:20:18
Form ID ~ 1672730



JUST SOME PODCAST

FOR ADVANCED PRACTITIONERS™

Just Some Podcast for Advanced Practitioners

KSBN Long Term Continuing Nurse Education (CNE) Provider Initial Application

Name and Address of Organization – Just Some Podcast, LLC. P.O. Box 256, Altamont, KS, 67330

Name and Address of Dept responsible for approving nursing continuing education – Just Some Podcast, LLC, P.O. Box 256, Altamont, KS, 67330

Name, education and experience of program coordinator responsible for CNE – Benjamin Cochran, DNP, ARPN, NP-c. Dr. Cochran has been a registered nurse in the state of Kansas in good standing since 2006. In 2013, he obtained his Masters of Nursing and Nurse Practitioner and in 2016 obtaining his Doctorate of Nursing Practice from Pittsburg State University. Dr. Cochran serves on the KSBN APRN Committee as well as serving on the board for KAPN and President of 4 State APN. As President of 4 State APN, Dr. Cochran has assisted with planning the annual conference certified through the American Association of Nurse Practitioners for the last several years. This planning included recruiting speakers, vetting speakers, obtaining CVs, and submitting the information to AANP for approval.

Just Some Podcast, LLC Continuing Education Policy and Procedures

Just Some Podcast, LLC

Policy:#0101 **Assessing Need & Planning CNE**

Adopted: _____ **Reviewed:**_____

Policy: Just Some Podcast, LLC will have a process of assessing the needs for and planning continuing education for nurses and advanced practice nurses.

Procedure:

- Just Some Podcast, LLC shall routinely informally (through social media and other outlets) and formally (evaluation of continuing education offerings and surveys) to assess the needs of nurses and advanced practice nurses.
- Using that information, Just Some Podcast, LLC and any committees as appointed and agreed upon by both partners will evaluate a rank of significance for the needs to determine the best action moving forward.
    - This rank will be decided based on the prevalence of the need for the offering, the timeliness of the offering, the legality and ethicality of the offering, and the return on investment for the learner.
- The CNE Coordinator will then evaluate the needs and work within the organization to plan podcast episodes.
- Just Some Podcast, LLC does understand that despite the best planning and assessment of needs, some episodes of the podcast may or may not meet the criteria for CNE offering.
    - Each episode of "Just Some Podcast for Advanced Practitioners" will be appraised after recording and editing.
        - If despite appropriate planning as listed above, an episode does not meet standards for a CNE offering, the episode will be removed from the CNE portion of the website.
        - If the episode was initially not thought to be of CNE quality but is determined during the appraisal process, Just Some Podcast, LLC reserves the right to approve the episode for CNE offering with notification through appropriate channels.

Just Some Podcast, LLC

Policy:#0102 **Fee Assessment**

Adopted: _____ **Reviewed:**_____

Policy: Just Some Podcast, LLC will have a process to assess fee for continuing education to include policy for refunds and insufficient checks.

Procedure:

- Just Some Podcast, LLC will designate a fee for offering continuing education. The fee and the refund policy will be listed on our website prior to agreement by the learner.
- The fee will be set by Just Some Podcast, LLC based on several factors to include online versus in-person offering, cost of venue, cost of speakers, cost of advertising.
    - For online offerings, the fee will be able to be paid through a monthly and/or yearly subscription fee or through individual offerings for each course.
- The fee will be collected at the time of the registration for either the individual offering or for the subscription.
    - This will be collected via the website, www.justsomepodcast.com that complies with all appropriate security and safety measures.
- Payment for the individual offering will allow the learner access to that single course. Payment for the subscription will allow the learner access to the library of CNE offerings.
- Refunds will be determined on a case by case basis. Learner will have to contact admin@justsomepodcast.com to discuss a potential refund.

Just Some Podcast, LLC

Policy:#0103 **Advertising of Continuing Education**

Adopted: _____ **Reviewed:**_____

Policy: Just Some Podcast, LLC will advertise Continuing Education.

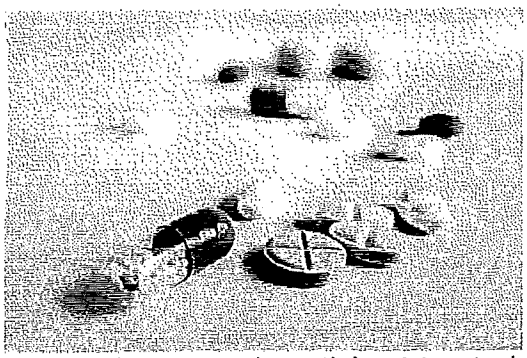
Procedures:

- Just Some Podcast, LLC will make known its offerings of continuing education once the episode of the podcast is released.
- The CNE will be available on the website within one (1) week of release of the episode throughout podcasting apps and programs.
- Each episode for CNE will have a recording stating "This episode is available for continuing education through the Kansas State Board of Nursing."
- Just Some Podcast, LLC will also advertise via social media, websites, and e-mail.
- Published information will include the following statement: "Just Some Podcast, LLC is approved as a provider for continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing Provider Number: _____"

Sample Announcement

CEU Offerings

Just Some Podcast, LLC is offering the following continuing education courses.



Dietary Medications – 1 hour podcast. Learn about the most common diet medications that are used. This includes the medication, common usages, side effects, and other considerations for using medications.

Just Some Podcast, LLC is approved as a provider for continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing Provider Number: _____*

Just Some Podcast, LLC

Policy:#0104 **Offering Approval**

Adopted: _____ **Reviewed:**_____

Policy: Just Some Podcast, LLC will have a standardized approach to approval of CNE Offerings.

Procedure:

- Each CNE Offering submitted to the CNE Coordinator will have the following:
  - Summary of Planning
  - Objectives
  - Content shall meet the definition of CNE as listed in 65-1117(a).
  - Instructor Education and Experience
  - Current bibliography (10 years – books, 5 years – periodicals)
  - Evaluation that includes assessment of learner achievement, objectives, and presenters

Just Some Podcast, LLC

Policy:#0105 **Awarding CNE Hours**

Adopted: _____ **Reviewed:**_____

Policy: Just Some Podcast, LLC will have a standard process for awarding contact hours for CNEs.

Procedure:

- Learners will be awarded contact hours upon completion of the course. These contact hours will be based on one (1) contact hour for fifty (50) minutes of learning.
- Given the nature of the topic, episodes may exceed or be less than the 50 minutes of learning. In that event, contact hours will be given credit in fraction of hours as follows:
  - 15 minutes = 0.25 contact hours
  - 30 minutes = 0.50 contact hours
  - 45 minutes = 0.75 contact hours
- Instructor credit will be awarded as follows:
  - 2.0 contact hours for each hour of first time presentation of an approved offering, excluding standardized prepared curriculum (ACLS, BLS, TNCC).
- Independent study credit will be based on time required to complete the offering as documented by pilot test time results.
  - Pilot test will be done be a sampling of the representation of the target audience.
  - Contact hours will be determined by using the time to complete by the pilot testers.
    - The high and low times will be discarded.
    - An average of the remaining time shall be used to calculate the contact hours.
- Clinical hours will not be generated by Just Some Podcast, LLC.
- Because of the online nature of the podcast episodes and testing, partial credit will not be awarded.
  - In the event that Just Some Podcast, LLC begins offering in-person courses this policy will be reviewed to reflect partial credit based on time spent in the learning activity and awarded as delineated above.

Just Some Podcast, LLC

Policy:#0106 **Verification of Participation & Completion**

Adopted: _____ **Reviewed:**_____

Policy: Just Some Podcast, LLC will have a policy to ensure appropriate verification of participation and completion of continuing education activities.

Procedure:

- Learners will register for the course online on our website.
- Registering for courses will require a membership level to the website. Information collected at registration will include name, license type, and license number.
- The course settings will allow for review of the podcast episode associated with that continuing education offering.
- Participants will be required to take a post-test to demonstrate effectively learning of the continuing education.
- Upon successful completion of the post-test and evaluation, a certificate will be presented to the learner.
- In the event that Just Some Podcast, LLC begins live offerings, a roster will be created collecting appropriate information as required to include name, license type, and license number.
    - In the event of live offerings, certificates will be presented to learners at the completion of the offering.

Analysis > Test CEU Course

Lessons in this Course | Learners taking this Course

1 item

Search Learners

Learner	Date Started	Date Completed	Status	Percent Complete	Certificate
Testing Testing	2020-06-24 18:37:47	2020-06-24 18:37:47	Completed	100%	View Certificate
Learner	Date Started	Date Completed	Status	Percent Complete	Certificate

Export all rows (CSV)

1 item

Sample Roster from the online course.

This information can be pulled in a spreadsheet and updated routinely as seen below.

	A	B	C	D	E	F	G	H	I	J
1										
2										
3	Just Some Podcast, LLC CNE Independent Study									
4	Course: Weight Loss Medications									
5	Address: P.O. Box 256, Altamont, KS, 67330									
6	Provider Number:		Coordinator: Benjamin Cochran, DNP							
7										
8	Learner	License Type	License Number	Date Started	Date Completed	Status	Percent Complete	Post-Test Score	CNE Awarded	
9	Sample Sample	NP	XXXXX	6/24/2020 18:37	6/24/2020 18:37	Completed	100	100%	1.0	
10										
11										
12										



JUST SOME PODCAST

INDEPENDENT STUDY

Certification of CNE Completion

This certifies that Sample Sample {{license_number}} has completed the following course via Independent Study

Successful Completion of this course awards 1.0 CNE.

Course Title

JUST SOME PODCAST, LLC IS APPROVED AS A PROVIDER FOR CONTINUING NURSING EDUCATION BY THE KANSAS STATE BOARD OF NURSING. THIS COURSE OFFERING IS APPROVED FOR CONTACT HOURS APPLICABLE FOR APRN, RN, OR LPN RELICENSURE. KANSAS STATE BOARD OF NURSING PROVIDER NUMBER: _____

BC NP-C

CNE COORDINATOR: BENJAMIN COCHRAN, DNP

November 16, 2020

CNE COMPLETION DATE

JUST SOME PODCAST, LLC
P.O. BOX 256
ALTAMONT, KS, 67330

Just Some Podcast CNE Application

Just Some Podcast, LLC

Policy:#0107 **Record Keeping & Storage**

Adopted: _____ **Reviewed:**_____

Policy: Just Some Podcast, LLC will retain records for each offering and store those files securely.

Procedure:

- Records related to CNE offerings will be stored electronically, securely, and confidentially for two (2) years.
- For each offering, the follow records will be retained for the period listed above.
  - Summary of the planning
  - Copy of the announcement
  - Title and objectives
  - Agenda
  - Bibliography
  - Summary of learner evaluations
  - Instructor's education and experience.
  - Documentation showing successful completion of the offering
- The records will be stored on the website, justsomepodcast.com, behind a password protected wall to assure confidentiality. There will be a second copy of records stored with the CNE coordinator.

Just Some Podcast, LLC

Policy:#0108 **Change of Coordinator or Policies**

Adopted: _____ **Reviewed:**_____

Policy: Just Some Podcast, LLC will notify the board for change of coordinators or required policies.

Procedure:

- The CNE Coordinator will notify the Kansas State Board of Nursing in writing of the following changes within 30 days.
  - Change of CNE coordinator.
  - Required policies and procedures.
- Notification will be provided to the following address unless electronic communication (email) is preferred by the board.
  - Kansas State Board of Nursing
    Landon State Office Building
    Attn: Continuing Education
    900 SW Jackson St, Suite 1051
    Topeka, KS 66612

Just Some Podcast, LLC

Policy:#0109 **Total Program Evaluation**

Adopted: _____ **Reviewed:**_____

Policy: Just Some Podcast, LLC will have a systematic process by which we will analyze outcomes of the overall CNE program in order to make subsequent decisions.

Procedure:

- An annual report of the total program evaluation will be submitted to KSBN. A chart with narratives will be used for the annual report.
- The program evaluation will be completed by the owners of Just Some Podcast, LLC or their designees.
- The annual report will assess the following aspect of the program.
  - Program Administration
    - Review Job Description
  - Policies
    - Policy #0101 – Assessing Need & Planning CNE
      - Review for Appropriateness
      - Review for identified needs used in program planning
    - Policy #0102 – Fee Assessment
      - Review to ensure meets needs of organization and leaners
    - Policy #0103 – Advertising of Continuing Education
      - Review to ensure necessary information is reflected
    - Policy #0104 – Offering Approval
      - Review to maintain compliance with KSBN
    - Policy #0105 – Awarding Contact Hours
      - Review agendas/pilot test results to verify hours awarded
      - Review policy in regards to partial credit
    - Policy #0106 – Verification of Participation & Completion
      - Review rosters and certificates.
      - Review to maintain compliance with KSBN
    - Policy #0107 – Record Keeping & Storage
      - Review and Audit records to maintain compliance with KSBN.
    - Policy #0108 – Change of Coordinator or Policies
      - Review to maintain compliance with KSBN.
  - Total Program Evaluation Effectiveness
- See sample form on next page

Area	Frequency	Criteria	Findings	Actions/Recommendations
Administration	Yearly	Review job description		
Policy #0101 - Assessing Need & Planning CNE	Yearly	Review survey for appropriateness; were survey findings and identified needs from evaluation summaries used in program planning		
Policy #0102 - Fee Assessment	Yearly	Policy meets organization and customer needs		
Policy #0103 - Advertising of Continuing Education	Yearly	Review to be certain they reflect necessary information		
Policy #0104 - Offering Approval	Yearly	Review policies and compare to KSBN requirements		
Policy #0105 - Awarding Contact Hours	Yearly	Review agendas/pilot test results to verify contact hours awarded; review documentation of partial credit		
Policy #0106 - Verficiation of Participation & Completion	Yearly	Review rosters and certificates; compare to KSBN requirements		
Policy #0107 - Record Keeping Storage	Yearly	Audit contents of files for compliance with KSBN requirements		
Policy #0108 - Change of Coordinator or Polices	Yearly	Review procedures for changes reported to KSBN		
Policy #0109 - Total Program Evaluation	Yearly	Review to maintain compliance with KSBN		
Total Program Evaluation effectiveness	Yearly	Review total program evaluation and compare contents to KSBN requirements		

Offering #1

Title: Weight Loss/Dietary Medications

Presenters: Ben & Tom from Just Some Podcast, LLC
Podcast Time: 1 hour and 3 minutes. 50 minutes of learning in regards to weight loss/dietary medications.
CNE Offering: 1.0 CNE

Planning Summary:

Weight loss and diet control is approximately a72 billion dollar market in the United States alone with a significant portion of the adult population being overweight, obese, or morbidly obese. Nurse practitioners and nurses, therefore, should have a thorough understanding of weight loss medications. This understanding should include the indications for use, side effects, and contraindications of the medications. Just Some Podcast, LLC has heard from listeners the importance of covering this topic. Based on the growing need for this education, a podcast episode will be dedicated to weight loss/diet medications.

Title: Weight Loss/Dietary Medications

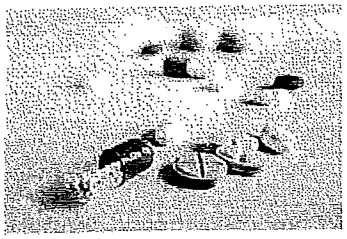
Presenters: Ben & Tom from Just Some Podcast, LLC
Podcast Time: 1 hour and 3 minutes. 50 minutes of learning in regards to weight loss/dietary medications.
CNE Offering: 1.0 CNE

Pilot Study:

A pilot study was conducted of the first offering for independent study credit for podcast episodes. A representative sample of RNs and APRNs volunteered to be part of the pilot study. A total of 12 were selected and given instructions on documentation of time for completion. The high and the low times were eliminated; the remainder were averaged to obtain a result of **1 hour and 5 minutes**. Based on this, 1 hour of CNE will be offered. Podcasts and post-tests that are similar length will also be counted for 1.0 CNE. If podcasts or podcasts are shorter or longer (± 15 minutes) will have a pilot study done to ascertain CNE credit to be given.

Title: Weight Loss/Dietary Medications

Presenters: Ben & Tom from Just Some Podcast, LLC
Podcast Time: 1 hour and 3 minutes. 50 minutes of learning in regards to weight loss/dietary medications.
CNE Offering: 1.0 CNE



Weight Loss/Dietary medications is an important topic, as Americans spend 72 billion on the weight loss market annually. Given this information, the likelihood of encountering a patient with or prescribing these medications is high. This episode we focus on these medications including the indications for use, side effects, cost, and contraindications.

Season 2, Episode 8 – Weight Loss Medications

Released on January 11, 2020

Just Some Podcast, LLC is approved as a provider for continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing Provider Number: _____

Copy of the announcement.

*Note – Upon approval of program, Episodes for CNE will have a soundbyte at the beginning stating that it is an episode approved for CNE by KSBN and provider number

Title: Weight Loss/Dietary Medications

Presenters: Ben & Tom from Just Some Podcast, LLC
Podcast Time: 1 hour and 3 minutes. 50 minutes of learning in regards to weight loss/dietary medications.
CNE Offering: 1.0 CNE

Objectives: At the completion of this course, the leaner will be able to:

- Differentiate between the most common prescription weight loss medications.
- Understand the indication for the most common prescription weight loss medications.
- Discuss some of the common side effects for the most common prescription weight loss medications.
- Explain the contraindications for the most common prescription weight loss medications.

Title: Weight Loss/Dietary Medications

Presenters: Ben & Tom from Just Some Podcast, LLC
Podcast Time: 1 hour and 3 minutes. 50 minutes of learning in regards to weight loss/dietary medications.
CNE Offering: 1.0 CNE

Agenda:

1. Introduction
   1.1. Banter between hosts
2. Story You May Have Missed
   2.1. Why New Year's Resolutions Fail (in particular aspects to dieting and weight loss)
3. Discussion of Medications
   3.1. Phentermine
      3.1.1. Mechanism of Action
      3.1.2. Efficacy & Indications for Use
      3.1.3. Side Effects
      3.1.4. Contraindications for Use
   3.2. Belviq (lorcaserin)
      3.2.1. Mechanism of Action
      3.2.2. Efficacy & Indications for Use
      3.2.3. Side Effects
      3.2.4. Contraindications for Use
   3.3. Qsymia (phentermine-topiramate)
      3.3.1. Mechanism of Action
      3.3.2. Efficacy & Indications for Use
      3.3.3. Side Effects
      3.3.4. Contraindications for Use
   3.4. Saxenda (loraglutide)
      3.4.1. Mechanism of Action
      3.4.2. Efficacy & Indications for Use
      3.4.3. Side Effects
      3.4.4. Contraindications for Use
   3.5. Contrave (naltrexone-bupropion)
      3.5.1.Mechanism of Action
      3.5.2. Efficacy & Indications for Use
      3.5.3. Side Effects
      3.5.4. Contraindications for Use
   3.6. OTC Dietary Supplements

Title: Weight Loss/Dietary Medications

Presenters: Ben & Tom from Just Some Podcast, LLC
Podcast Time: 1 hour and 3 minutes. 50 minutes of learning in regards to weight loss/dietary medications.
CNE Offering: 1.0 CNE

Instructors Education & Experience:

Dr. Ben Cochran, DNP, APRN is a board certified nurse practitioner with 6 years of advanced practice experience. He provides primary care in a rural health clinic, while also providing care at a local county jail. Dr. Cochran also has experience as a nurse practitioner in a level IV trauma center and as a registered nurse in a level III trauma center. Beyond his work history, he has been a preceptor for numerous APRN students in the clinic setting. Dr. Cochran is also a deputy coroner for the county he resides in and serves as a city councilman. He also serves on various volunteer boards and organizations including the local and state APRN organizations.

Curriculum Vitae attached at the bottom of the document.

Tom Schorr, MSN, APRN, FNP-BC is a nurse practitioner who works as a primary care provider in a rural setting with 2 years of experience serving patients. Prior to getting his master's degree he was an ER and ICU nurse at level II and III trauma and functioned as the trauma and stroke program manager at the level III trauma center. Tom has presented on both trauma education and workplace violence as a keynote speaker and has published an article in the *Journal of Trauma Nursing*.

Curriculum Vitae attached at the bottom of the document.

Title: Weight Loss/Dietary Medications
Presenters: Ben & Tom from Just Some Podcast, LLC
Podcast Time: 1 hour and 3 minutes. 50 minutes of learning in regards to weight loss/dietary medications.
CNE Offering: 1.0 CNE

Bibliography:

Eisai, Inc. (2020). *Belviq full prescribing information.*

Lewis, K., Fischer, H., Ard, J., Barton, L., Bessesen, D., Daley, M., et al. (2019). Safety and effectiveness of longer-term phentermine use: clinical outcomes from an electronic health record cohort. *Obesity - A Research Journal.*

Loveman, E., Frampton, G., Shepherd, J., Picot, J., Cooper, K., Bryant, J., et al. (2011). The clinical effectiveness and cost-effectiveness of long-term weight management schemes for adults: a systematic review. *NIHR Journals.*

Nalpropion Pharmaceuticals, LLC. (2020). *Contrave full prescribing information.*

Novo Nordisk, Inc. (2020). *Saxenda full prescribing information.*

Shibuya, K., Khawla, F., Xinge, J., Milinoivh, A., Bauman, J., Kattan, M., et al. (2019). The benefit of short-term weight loss with anti-obesity medications in real world clinical practice. *Endrocine Practice*, 1022-1028.

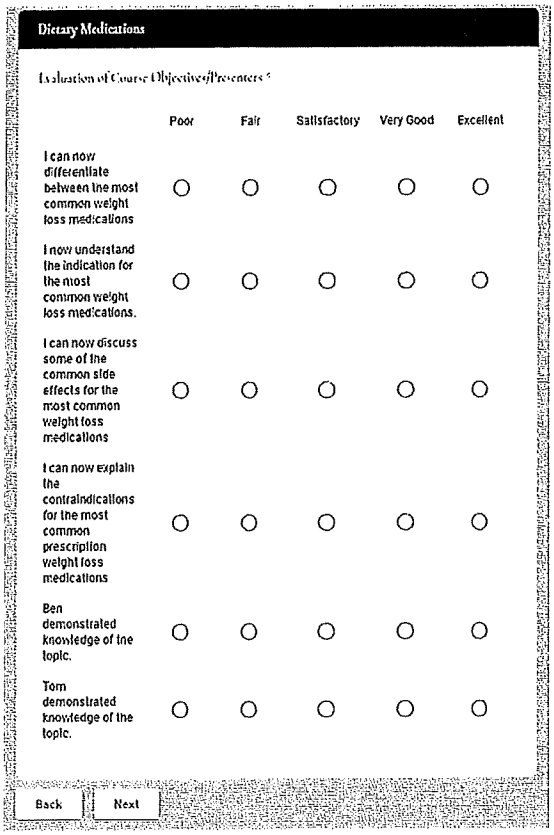
Vivus, Inc. (2020). *Qsymia full prescribing information.*

Wharton, S., Liu, A., Pakseresht, A., Nortoft, E., Haase, C., Mancini, J., et al. (2020). Real-world clinical effectiveness of liraglutide 3.0mg for weight management in canada. *Obesity - A Research Journal.*

Title: Weight Loss/Dietary Medications

Presenters: Ben & Tom from Just Some Podcast, LLC
Podcast Time: 1 hour and 3 minutes. 50 minutes of learning in regards to weight loss/dietary medications.
CNE Offering: 1.0 CNE

Course Evaluation:



Dietary Medications

Evaluation of Course Objective/Presenters *

	Poor	Fair	Satisfactory	Very Good	Excellent
I can now differentiate between the most common weight loss medications	O	O	O	O	O
I now understand the indication for the most common weight loss medications.	O	O	O	O	O
I can now discuss some of the common side effects for the most common weight loss medications	O	O	O	O	O
I can now explain the contraindications for the most common prescription weight loss medications	O	O	O	O	O
Ben demonstrated knowledge of the topic.	O	O	O	O	O
Tom demonstrated knowledge of the topic.	O	O	O	O	O

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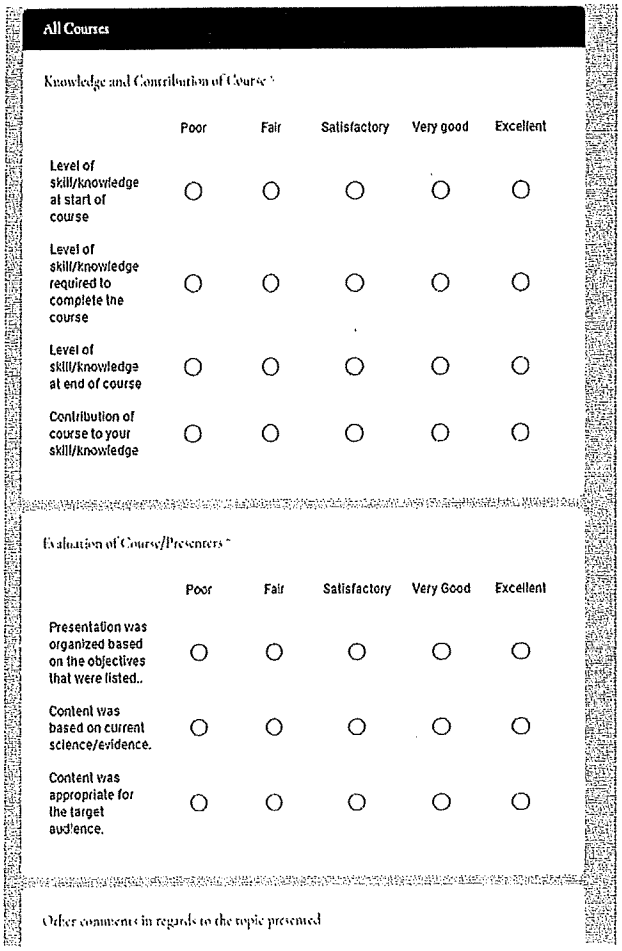


All Courses

Knowledge and Contribution of Course *

	Poor	Fair	Satisfactory	Very good	Excellent
Level of skill/knowledge at start of course	O	O	O	O	O
Level of skill/knowledge required to complete the course	O	O	O	O	O
Level of skill/knowledge at end of course	O	O	O	O	O
Contribution of course to your skill/knowledge	O	O	O	O	O

Evaluation of Course/Presenters *

	Poor	Fair	Satisfactory	Very Good	Excellent
Presentation was organized based on the objectives that were listed..	O	O	O	O	O
Content was based on current science/evidence.	O	O	O	O	O
Content was appropriate for the target audience.	O	O	O	O	O

Other comments in regards to the topic presented

Offering #2

Title: DOT Medical Exams

Presenters: Ben & Tom from Just Some Podcast, LLC
Podcast Time: 59 minutes. 50 minutes of learning in regards to DOT Medical Exams.
CNE Offering: 1.0 CNE

Planning Summary:

There are 6 million commercial drivers in the United States. Nurse Practitioners are one of the professionals that can become certified to perform DOT Medical Exams. There are numerous practitioners that are considering becoming certified to perform DOT exams. Therefore, Just Some Podcast. LLC determined that an episode that would serve as an introduction to DOT exams would be beneficial to those considering it. Along the way, perils could be discussed for those that are certified as well. This education could be beneficial to clinic nurses as well as providers.

Title: DOT Medical Exams

Presenters: Ben & Tom from Just Some Podcast, LLC
Podcast Time: 59 minutes. 50 minutes of learning in regards to DOT Medical Exams.
CNE Offering: 1.0 CNE



Learn some basics about the DOT Medical Exam for those considering becoming a certified DOT Medical Examiner. We discuss some Do's and Dont's as well as cover the forms used and provide some perils for those that are already certified.

Season 2, Episode 9 – DOT Medical Exams

Released on January 19, 2020

Just Some Podcast, LLC is approved as a provider for continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing Provider Number: _____

Copy of the announcement.

*Note – Upon approval of program, Episodes for CNE will have a soundbyte at the beginning stating that it is an episode approved for CNE by KSBN and provider number

Title: DOT Medical Exams

Presenters: Ben & Tom from Just Some Podcast, LLC
Podcast Time: 59 minutes. 50 minutes of learning in regards to DOT Medical Exams.
CNE Offering: 1.0 CNE

Objectives: At the completion of this course, the leaner will be able to:

- Explain some of the automatic failures for the driver on the DOT Medical Exam
- Understand the forms used for the DOT Medical Exam
- Comprehend what is needed for certification as a DOT Medical Examiner

Title: DOT Medical Exams

Presenters: Ben & Tom from Just Some Podcast, LLC
Podcast Time: 59 minutes. 50 minutes of learning in regards to DOT Medical Exams.
CNE Offering: 1.0 CNE

Agenda:

1. Introduction
   1.1. Banter between hosts
2. Story You May Have Missed
   2.1. New Information on Belviq (loracaserin)
3. DOT Medical Exam Certification
   3.1. Discussion of the training
   3.2. Discussion of the testing and certification
4. DOT Medical Examiner Forms
   4.1. Explanation of the aspects of the forms used
   4.2. Reporting exams to the national registry
5. DOT Medical Examiner Exam
   5.1. Conditions that are automatic failures for the driver
   5.2. Aspects of the exam that are established
      5.2.1. Eye Exams
      5.2.2. Hearing Exam

Title: DOT Medical Exams

Presenters: Ben & Tom from Just Some Podcast, LLC
Podcast Time: 59 minutes. 50 minutes of learning in regards to DOT Medical Exams.
CNE Offering: 1.0 CNE

Instructors Education & Experience:

Dr. Ben Cochran, DNP, APRN is a board certified nurse practitioner with 6 years of advanced practice experience. He provides primary care in a rural health clinic, while also providing care at a local county jail. Dr. Cochran also has experience as a nurse practitioner in a level IV trauma center and as a registered nurse in a level III trauma center. Beyond his work history, he has been a preceptor for numerous APRN students in the clinic setting. Dr. Cochran is also a deputy coroner for the county he resides in and serves as a city councilman. He also serves on various volunteer boards and organizations including the local and state APRN organizations.

Curriculum Vitae attached at the bottom of the document.

Tom Schorr, MSN, APRN, FNP-BC is a nurse practitioner who works as a primary care provider in a rural setting with 2 years of experience serving patients. Prior to getting his master's degree he was an ER and ICU nurse at level II and III trauma and functioned as the trauma and stroke program manager at the level III trauma center. Tom has presented on both trauma education and workplace violence as a keynote speaker and has published an article in the *Journal of Trauma Nursing*.

Curriculum Vitae attached at the bottom of the document.

Title: DOT Medical Exams

Presenters: Ben & Tom from Just Some Podcast, LLC
Podcast Time: 59 minutes. 50 minutes of learning in regards to DOT Medical Exams.
CNE Offering: 1.0 CNE

Bibliography:

Federal Medical Carrier Safety Adminstration. (2020). Medical Examination Report Form. Retrieved from https://www.fmcsa.dot.gov/sites/fmcsa.dot.gov/files/docs/regulations/medical/63061/medicalexaminationmcsa587511302021.pdf

Federal Motor Carrier Safety Adminstration. (2014). Medical Examiner Handbook.

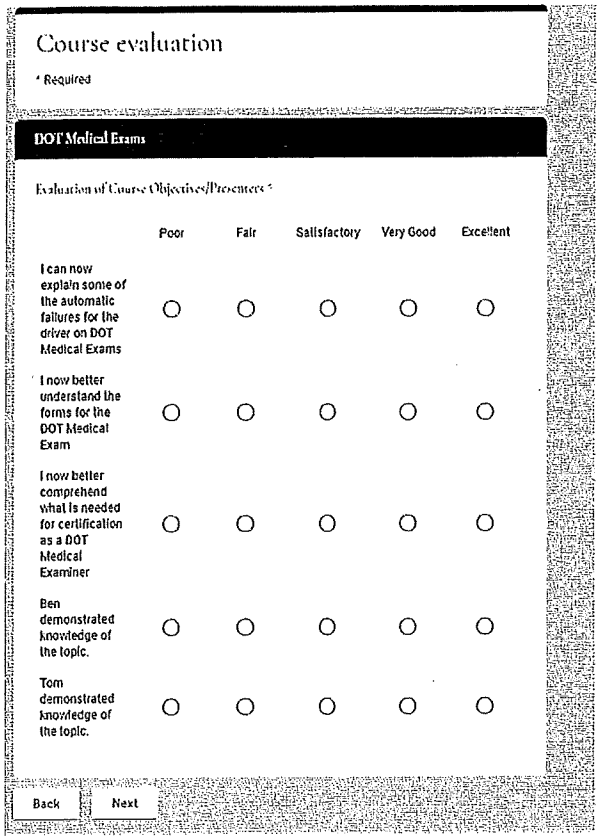
Federal Motor Carrier Safety Adminstration. (2020). Complete Guide to Medical Examiner Certification.

Federal Motor Carrier Safety Adminstration. (2020). National registry of certified medical examiners. Retrieved from https://www.fmcsa.dot.gov/regulations/national-registry/national-registry-certified-medical-examiners

Title: DOT Medical Exams

Presenters: Ben & Tom from Just Some Podcast, LLC
Podcast Time: 59 minutes. 50 minutes of learning in regards to DOT Medical Exams.
CNE Offering: 1.0 CNE

Course Evaluation:



Course evaluation

* Required

DOT Medical Exams

Evaluation of Course Objectives/Presenters *

	Poor	Fair	Satisfactory	Very Good	Excellent
I can now explain some of the automatic failures for the driver on DOT Medical Exams	○	○	○	○	○
I now better understand the forms for the DOT Medical Exam	○	○	○	○	○
I now better comprehend what is needed for certification as a DOT Medical Examiner	○	○	○	○	○
Ben demonstrated knowledge of the topic.	○	○	○	○	○
Tom demonstrated knowledge of the topic.	○	○	○	○	○

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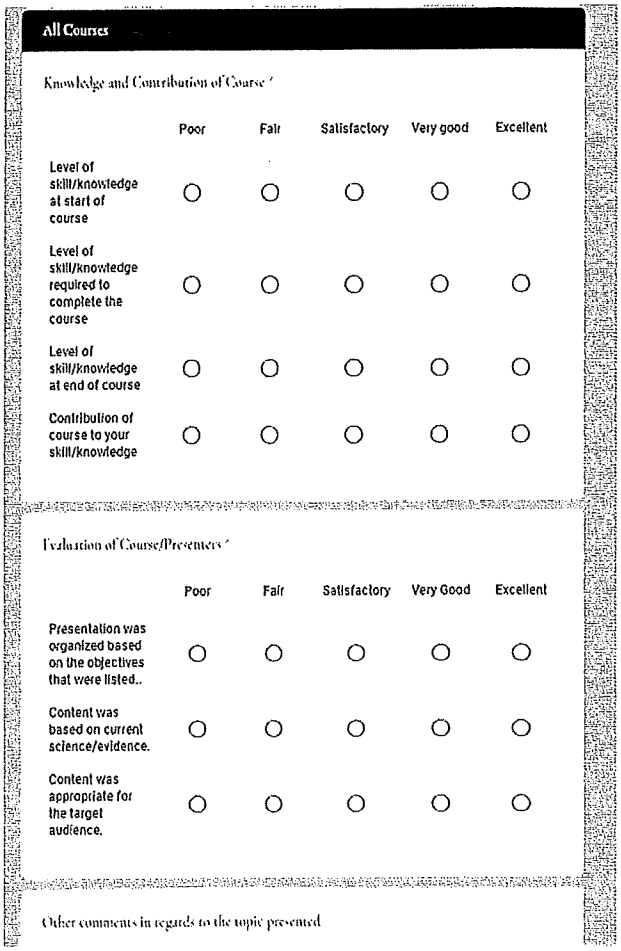

All Courses

Knowledge and Contribution of Course *

	Poor	Fair	Satisfactory	Very good	Excellent
Level of skill/knowledge at start of course	○	○	○	○	○
Level of skill/knowledge required to complete the course	○	○	○	○	○
Level of skill/knowledge at end of course	○	○	○	○	○
Contribution of course to your skill/knowledge	○	○	○	○	○

Evaluation of Course/Presenters *

	Poor	Fair	Satisfactory	Very Good	Excellent
Presentation was organized based on the objectives that were listed..	○	○	○	○	○
Content was based on current science/evidence.	○	○	○	○	○
Content was appropriate for the target audience.	○	○	○	○	○

Other comments in regards to the topic presented

DR. BENJAMIN COCHRAN, DNP, APRN, NP-C
PO Box 256, Altamont, KS, 67330 | 620-820-9536 | cochranarnp@yahoo.com

EDUCATION

Pittsburg State University, Pittsburg, KS
Doctor of Nursing Practice **2016**
Graduated with a 4.0 GPA
Sigma Theta Tau member
Focus: Asthma and Allergies; Mobile Application

Pittsburg State University, Pittsburg, KS
M.S. in Nursing/Family Nurse Practitioner **2013**
Vice President of class; Vice President of the Graduate Student Nurse Organization
Sigma Theta Tau member
Nursing Education track

Wichita State University, Wichita, KS
B.S. in Nursing **2009**
Graduated Cum Laude
Sigma Theta Tau member

Labette Community College, Parsons, KS
A.A.S. in Nursing/Registered Nurse **2006**
Vice President of class; Vice President of the Executive Counsel of Nursing Students

BOARD CERTIFICATION

American Association of Nurse Practitioners
Board Certified Family Nurse Practitioner **2013 – Present**

ADDITIONAL CERTIFICATION

FMSCA DOT (Department of Transportation) Medical Examiner Certification
National Registry of Certified Medical Examiners **2014 – Present**

PROFESSIONAL PRESENTATATION/PUBLISHINGS

Just Some Podcast for Advanced Practitioners
Host and Producer of a weekly podcast with topics for Advanced Practice Providers **2018 – Present**

Tech Crossover podcast
Episode #2 – "COVID-19 With Medical Professionals…Really…Professionals" **2020**

4StateAPN 14th Annual Conference
Legislative Update for APRNs **2020**

Antidotes, Stories in Medicine podcast
Episode #17 – "Three Types of Patients" **2018**

4StateAPN 13th Annual Conference
Legislative Issues for APRNs **2019**

Pittsburg State University Research Colloquium
"Building ALLAS: Creation of an Asthma and Allergies App" poster presentation **2016**

AWARDS

AANP Nurse Practitioner State Award for Excellence – Kansas	**2021**
Parsons Chamber of Commerce Volunteer of the Year	**2018**
Labette County Care and Compassion Award Winner	**2014 – 2015**
Top 30 Students of Labette Community College	**2005 – 2006**

PUBLIC SERVICE

City Councilman, City of Altamont, KS	**2018 – Present**
Deputy Coroner, Labette County, KS	**2018 – Present**
Death Investigator, Labette County, KS	**2017 – 2018**

TEACHING EXPERIENCE

Labette Community College, Parsons, KS
Adjunct Instructor – "Health Assessment for Nursing Practice" – Nursing 206 **2013 – 2015**
Developed syllabus, course structure, lecture materials, and
administered all grades

Adjunct Instructor – "Pathophysiology" – Nursing 117 **2009 – 2012**
Developed syllabus, course structure, lecture materials, and
administered all grades
Both online and on-ground courses

Emergency Nurses Association
Trauma Nursing Core Course (TNCC) **2010 – Present**
Certified Instructor for 6th – 8th editions.

American Heart Association
Basic Life Support (BLS/CPR) **2010 – Present**
Certified instructor for BLS, CPR, and First Aid

Hazardous Material Operations Level
HAZWOPR (Haz-Mat) Operations Level Instructor **2009 – Present**
Certified instructor

PRECEPTOR EXPERIENCE

Pittsburg State University, Pittsburg, KS
Preceptor to APRN students **2015 - 2020**
Provided clinical experience in Express Care/Family Practice setting
for APRN student

Walden University, Minneapolis, MN
Preceptor to APRN students — **2015 - 2019**
Provided clinical experience in Express Care/Family Practice setting for APRN student

University of Arkansas, Fayetteville, AR
Preceptor to DNP student — **2017**
Provided clinical experience in Express Care/Family Practice setting for DNP student

University of Central Missouri, Lee Summit, MO
Preceptor to APRN student — **2016 - 2017**
Provided clinical experience in Express Care/Family Practice setting for APRN student

Maryville University, St. Louis, MO
Preceptor to APRN student — **2015**
Provided clinical experience in Express Care/Family Practice setting for APRN student

RELATED EXPERIENCE

Labette Health, Parsons, KS
Family Nurse Practitioner — **2013 – Present**
See patients in Family Practice Clinic, Express Care (urgent care), and assisted with absorption of the Parsons Free Clinic.

Advanced Correctional Healthcare, Oswego, KS
Nurse Practitioner/Health Care Provider — **2019 – Present**
Sole provider in the county jail setting, management of chronic care conditions, on call for guidance to nursing staff and jail staff regarding acute issues that arise while not on premises

Wilson County Hospital, Neodesha, KS
Emergency Department Nurse Practitioner/Hospitalist — **2015 – 2019**
Provide on-call coverage for Critical Access Hospital Emergency Department and hospital inpatients

Correct Care Solutions/Corizon Healthcare, Oswego, KS
Nurse Practitioner/Health Care Provider — **2013 – 2014**
Prominent provider in the medium and minimum security prison setting, management of chronic care conditions, on call for guidance to nursing staff regarding acute and chronic issues that arise while not on premises

Oswego Community Hospital, Oswego, KS
Nurse Practitioner/Hospitalist — **2013 – 2014**
Provide on-call coverage for Critical Access Hospital Emergency Department and hospital inpatients

Labette Health, Parsons, KS
Clinic EMR Administrator **2011 – 2013**
Provide Information Technology support for hospital owned clinic's Electronic Medical Record (Greenway PrimeSUITE), Oversee the providers, nurses, clinic employees' use to the EMR system, IT Project Lead on Eligible Provider Meaningful Use criteria

Labette Health, Parsons, KS
Emergency Preparedness Coordinator **2008 – 2011**
Evaluate, revise, and maintain the Emergency Operations Plan (EOP) for the hospital; kept up to date with latest grant and funding information for Emergency Preparedness; construct, maintain, and evaluate disaster drills; Ensure compliance of the hospital

Labette Health, Parsons, KS
Emergency Department Registered Nurse **2006 – 2011**
Provide medication attention in a fast and accurate manner up to and including ACLS protocol; provide quick assessment of patients to provider appropriate care; Nursing in a Level III Trauma Center

PROFESSIONAL ACTIVITES

Student Volunteer for 9th Annual DNP National Conference	2016
Panelist for NCLEX/NCSBN RN Job Analysis Panel	2014
Alternate for NCLEX (National Council Licensure Examination) Standard Setting Panel of Judges (9 member panel)	2012
Chairperson of the Emergency Preparedness Committee	2008 – 2011
LEPC (Local Emergency Planning Committee) member	2008 – 2011
Pandemic Influenza Task Force member	2008 – 2011
Hospital Safety Committee member	2008 – 2011
Multi-jurisdictional Hazard Mitigation Planning Committee member	2010
Southeast Kansas Regional Emergency Preparedness Committee member	2008 – 2011
Incident Command System 100, 200, 300, 400, 700, 800 Certified	2008

VOLUTEER OPPORTUNITIES

Labette Community College Foundation Board Member	2020 – Present
Kansas State Board of Nursing APRN Committee	2020 – Present
President for 4 State APN Organization	2019 – Present
Director – APRN Any Role for KAPN (Kansas Advanced Practitioner Network)	2019 - Present
Secretary for KAPN association	2017 – 2019
Treasurer for 4 State APN Organization	2017 – 2019
Board Member for Curious Minds Discovery Zone (non-profit children's museum)	2016 – Present
Sideline Provider for Labette County High School football	2014 – Present
Board Member for 4 State APN Organization	2015 – 2016

Board Member for Labette County Community Free Clinic	2014 – 2015
Coordinator for Labette County Toys for Tots (National Charity Organization)	2013 – Present
Board Member for Labette Community College Nursing Advisory Board	2012 – Present

MEMBERSHIPS

4 State APN (Advanced Practice Nurses) member
AANP (American Association of Nurse Practitioners) member
KAPN (Kansas Advanced Practice Network) member

Thomas S. Schorr III, MSN, APRN, FNP-BC

2759 Cross Creek Ave, Lancaster, OH 43130| (620) 423-2123| tsschorr@hotmail.com

Education

- Walden University — 2018
  Master of Science in Nursing
  Family Nurse Practitioner
  Sigma Theta Tau

- University of Missouri at Kansas City — 2014
  Bachelor of Science in Nursing

- Labette Community College — 2011
  Associate in Applied Science in Nursing

- Labette Community College — 2009
  Associate in Science in Criminal Justice

Employment Experience

- Adena Health System — July 2018 to Present

  Family Nurse Practitioner

- Fairfield Medical Center — February 2016 to July 2018

  Emergency Room Supervisor
  Emergency Room Staff Nurse
  Float Department Nurse

- Parsons Police Department — March 2015 to February 2016

  Assistant Chief of Police

- Labette Health — December 2012 to March 2015

  Trauma & Stroke Program Manager
  Emergency Room Nurse
  Intensive Care Unit Nurse
  Dermatology Nurse

- Freeman Health Systems — December 2011 to December 2012

  Intensive Care Unit Nurse

- Parsons Police Department — November 2009 to March 2012

  Public Safety Officer

- Labette County Sheriff Office — March 2009 to November 2009

  Deputy

Publications

- Co-Host of *Just Some Podcast for Advanced Practitioners* — 2018 to Present
  A weekly podcast on topics for Advance Practice Providers
- Schorr, T. S. (2015). A new way to look at rural trauma spending: How specific training can improve patient care and staff abilities. *Journal Of Trauma Nurses*, *22*(1), 50-51. doi:10.1097/JTN.0000000000000094

Professional Presentations

- Speaker — 2017
  Workplace Violence presentation to Mount Carmel School of Nursing, Lancaster, OH
- Keynote speaker — 2014
  Trauma care education for the Student Nurses Seminar for Labette Community College School of Nursing, Parsons, KS
- Instructor — 2007
  Citizen Academy teaching traffic enforcement and report writing for the Parsons Police Department, Parsons, KS

Professional Activities

- Adena Emergency Department Utilization Review Committee — 2019
- Preceptor- Family Nurse Practitioner Students — 2019 to present
- Founding National Chairman of the Workplace Violence Task Force Society of Trauma Nurses — 2014
- Secretary of the South East Kansas Regional Trauma Council — 2013-2014
- Kansas State Trauma Registry Policy Committee — 2014

Professional Membership

- American Association of Nurse Practitioners (AANP)
- Ohio Association of Advanced Practice Nurses (OAAPN)

Honors and Awards

- Meritorious Service Award
- Exceptional Duty Award (x2)
- Letter of Commendation (x2)
- Life Saving Award
- Labette Health "WOW" Employee of the Month

Registrations/Certifications/Training

- American Nurses Credentialing Center (ANCC)- Family Nurse Practitioner Board Certified
- Registered Nurse- licensed in Ohio
- Advanced Cardiac Life Support (ACLS)
- Basic Life Support (BLS)
- Pediatric Advanced Life Support (PALS)
- NIHSS Stroke Scale Course Certified
- CPI Non-Violent Crisis Intervention
- Eagle Med Helicopter Safety Course
- Trauma Program Managers Course- American Trauma Society
- FEMA Incident Command Certified IS- 100, 200, 300, 400, 700, 800
- Level 1 Crisis Manager/Hostage Negotiator
- HAZMAT- Operations Level
- Bleeding Control Basic Course (B-Con Basic)- Instructor

Status of CNE Annual Reports and Payments			
CNE Provider	Annual Report	Payment	Notes
AdventHealth Ottawa (LT0055-0905)		X	Email sent 8/11/2020 - acknowledge and working with Corporate to send payment
Allied Health Career Training, LLC (LT0302-0917)	X	X	Email sent: 8/7/2020 and letter sent 8/14/2020 for 2020 report and payment
Atkins Physical Therapy & Ergonomics, LLC (LT0283-0813)	X	X	Did not submit in 2019 or 2020
Bailey Medical Service, LLC (LT0295-1215)	X	X	Did not submit in 2019 or 2020
Carrefour Associates (LT0280-0612)	X		Email sent: 8/7/2020 and letter sent 8/14/2020 for 2020 report - Has submitted the program evaluation plan only and not the statistical data
Clay County Medical Center (LT0298-0616)	X	X	Did not submit in 2019 or 2020
Greater KC Chapter of NAPNAP (LT0203-0505)	X		Email sent 8/7/2020 and letter sent 8/14/2020 for 2020 report
Home Health & Hospice of Kansas, LLC (LT9391-0617)	X	X	Email sent: 8/7/2020 and letter sent 8/14/2020 for 2020 report and payment
Kansas Department of Helath & Environment (LT0300-0317)	X	X	Did not submit in 2019 or 2020
Kansas Neurological Institute (LT0032-0316)	X	X	Letter sent on 8/14/2020 for 2020 report and payment
Mental Health Associate of South Central KS (LT0105-0127)	X	X	Email sent: 8/7/2020 and letter sent 8/14/2020 for 2020 report and payment
Mercy Hospital Fort Scott (LT0040-0927)	X	X	Did not submit in 2019 or 2020 Closed Feb 2019
Miami County Medical Center (LT0212-0772)	X		Email sent 8/7/2020 for 2020 report - acknowledged
Omnicare Pharmacy of Kansas City (LT0150-0738)	X	X	Email sent: 8/7/2020 and letter sent 8/14/2020 for 2020 report and payment
Parsons State Hospital & Training Center (LT0304-0619)	X	X	Email sent: 8/7/2020 and letter sent 8/14/2020 for 2020 report and payment
Perinatal ReSource (LT0286-1213)	X	X	Email sent: 8/7/2020 and letter sent 8/14/2020 for 2020 report and payment
University of Kansas, Area Health Education Center- (LT0086-1149) Hays	X	X	Letter sent on 8/14/2020 for 2020 report and payment - Plans to relinquish providership
University of Kansas, Area Health Education Ctr-E (LT0056-0749) Pittsburg		X	Email sent 8/11/2020 - acknowledged
Washburn Institute of Technology (LT0299-0317)	X	X	Email sent: 8/7/2020 and letter sent 8/14/2020 for 2020 report and payment

60-9-107. Approval of continuing nursing education.

(a) Offerings of approved providers shall be recognized by the board.

(1) Long-term provider. A completed application for initial approval or five-year renewal for a long-term continuing nursing education (CNE) providership shall be submitted to the board at least 60 days before a scheduled board meeting.

(2) Single offering provider. The application for a single CNE offering shall be submitted to the board at least 30 days before the anticipated date of the first offering.

(b) Each applicant shall include the following information on the application:

(1) (A) The name and address of the organization; and

(B) the name and address of the department or unit within the organization responsible for approving CNE, if different from the name and address of the organization;

(2) the name, education, and experience of the program coordinator responsible for CNE, as specified in subsection (c);

(3) written policies and procedures, including at least the following areas:

(A) Assessing the need and planning for CNE activities;

(B) fee assessment;

(C) advertisements or offering announcements. Published information shall contain the following statement: "(name of provider) is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: _____";

(D) for long-term providers, the offering approval process as specified in subsection (d);

(E) awarding contact hours, as specified in subsection (e);

(F) verifying participation and successful completion of the offering, as specified in subsections (f) and (g);

(G) recordkeeping and record storage, as specified in subsection (h);

(H) notice of change of coordinator or required policies and procedures. The program coordinator shall notify the board in writing of any change of the individual responsible for the providership or required policies and procedures within 30 days; and

(I) for long-term providers, a copy of the total program evaluation plan; and

(4) the proposed CNE offering, as specified in subsection (i).

(c) (1) Long-term provider. The program coordinator for CNE shall meet these requirements:

(A) Be a licensed professional nurse;

(B) have three years of clinical experience;

(C) have one year of experience in developing and implementing nursing education; and

(D) have a baccalaureate degree in nursing, except those individuals exempted under K.S.A. 65-1119 (e)(6) and amendments thereto.

(2) Single offering provider. If the program coordinator is not a nurse, the applicant shall also include the name, education, and experience of the nurse consultant. The individual responsible for CNE or the nurse consultant shall meet these requirements:

(A) Be licensed to practice nursing; and

(B) have three years of clinical experience.

(d) For long-term providers, the policies and procedures for the offering approval process shall include the following:

(1) A summary of the planning;

(2) the behavioral objectives;

(3) the content, which shall meet the definition of CNE in K.S.A. 65-1117 and amendments thereto;

(4) the instructor's education and experience, documenting knowledge and expertise in the content area;

(5) a current bibliography that is reflective of the offering content. The bibliography shall include books published within the past 10 years, periodicals published within the past five years, or both; and

(6) an offering evaluation that includes each participant's assessment of the following:

(A) The achievement of each objective; and

(B) the expertise of each individual presenter.

(e) An approved provider may award any of the following:

(1) Contact hours as documented on an offering agenda for the actual time attended, including partial credit for one or more contact hours;

(2) credit for fractions of hours over 30 minutes to be computed towards a contact hour;

(3) instructor credit, which shall be twice the length of the first-time presentation of an approved offering, excluding any standardized, prepared curriculum;

(4) independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results; or

(5) clinical hours.

(f) (1) Each provider shall maintain documentation to verify that each participant attended the offering. The provider shall require each participant to sign a daily roster, which shall contain the following information:
(A) The provider's name, address, provider number, and coordinator;
(B) the date and title of the offering, and the presenter or presenters; and
(C) the participant's name and license number, and the number of contact hours awarded.
(2) Each provider shall maintain documentation to verify completion of each independent study offering, if applicable. To verify completion of an independent study offering, the provider shall maintain documentation that includes the following:
(A) The provider's name, address, provider number, and coordinator;
(B) the participant's name and license number, and the number of contact hours awarded;
(C) the title of the offering;
(D) the date on which the offering was completed; and
(E) either the completion of a posttest or a return demonstration.

(g) (1) A certificate of attendance shall be awarded to each participant after completion of an offering, or a CE transcript shall be provided according to the policies and procedures of the long-term provider.
(2) Each certificate and each CE transcript shall be complete before distribution to the participant.
(3) Each certificate and each CE transcript shall contain the following information:
(A) The provider's name, address, and provider number;
(B) the title of the offering;
(C) the date or dates of attendance or completion;
(D) the number of contact hours awarded and, if applicable, the designation of any independent study or instructor contact hours awarded;
(E) the signature of the individual responsible for the providership; and
(F) the name and license number of the participant.

(h) (1) For each offering, the approved provider shall retain the following for two years:
(A) A summary of the planning;
(B) a copy of the offering announcement or brochure;
(C) the title and objectives;
(D) the offering agenda or, for independent study, pilot test results;
(E) a bibliography;
(F) a summary of the participants' evaluations;
(G) each instructor's education and experience; and
(H) documentation to verify completion of the offering, as specified in subsection (f).
(2) The record storage system used shall ensure confidentiality and easy retrieval of records by authorized individuals.
(3) Each approved single offering CNE provider shall submit to the board the original signature roster and a typed, alphabetized roster of individuals who have completed an offering, within 15 working days of course completion.

(i) (1) Long-term provider application. The provider shall submit two proposed offerings, including the following:
(A) A summary of planning;
(B) a copy of the offering announcement or brochure;
(C) the title and behavioral objectives;
(D) the offering agenda or, for independent study, pilot test results;
(E) each instructor's education and experience;
(F) a current bibliography, as specified in paragraph (d)(5); and
(G) the offering evaluation form.
(2) Single offering provider application. The provider shall submit the proposed offering, which shall include the information specified in paragraphs (i)(1)(A) through (G).

(j) (1) Long-term provider application. Each prospective coordinator who has submitted an application for a long-term CNE providership that has been reviewed once and found deficient, or has approval pending, shall submit all materials required by this regulation at least two weeks before the next board meeting. If the application does not meet all of the requirements or the prospective coordinator does not contact the board for an extension on or before this deadline, the application process shall be considered abandoned. A new application and fee shall be submitted if a providership is still desired.
(2) Single offering approval application. If the application for a single offering has been reviewed and found deficient, or has approval pending, the CNE coordinator shall submit all materials required by this regulation before the date of offering. If the application does not meet requirements before the offering deadline, the application shall be considered abandoned. There shall be no retroactive approval of single offerings.

(k) (1) Each approved long-term provider shall pay a fee for the upcoming year and submit an annual report for the period of July 1 through June 30 of the previous year on or before the deadline designated by the board. The annual report shall contain the following:

(A) An evaluation of all the components of the providership based on the total program evaluation plan;

(B) a statistical summary report; and

(C) for each of the first two years of the providership, a copy of the records for one offering as specified in paragraphs (h)(1)(A) through (H).

(2) If approved for the first time after January 1, a new long-term provider shall submit only the statistical summary report and shall not be required to submit the annual fee or evaluation based on the total program evaluation plan.

(l) (1) If the long-term provider does not renew the providership, the provider shall notify the board in writing of the location at which the offering records will be accessible to the board for two years.

(2) If a provider does not continue to meet the criteria for current approval established by regulation or if there is a material misrepresentation of any fact with the information submitted to the board by an approved provider, approval may be withdrawn or conditions relating to the providership may be applied by the board after giving the approved provider notice and an opportunity to be heard.

(3) Any approved provider that has voluntarily relinquished the providership or has had the providership withdrawn by the board may reapply as a long-term provider. The application shall be submitted on forms supplied by the board and accompanied by the designated, nonrefundable fee as specified in K.A.R. 60-4-103(a)(3).

History: (Authorized by and implementing K.S.A. 2011 Supp. 65-1117 and K.S.A. 65-1119; effective March 9, 1992; amended Sept. 27, 1993; amended April 3, 1998; amended Oct. 25, 2002; amended March 6, 2009; amended May 10, 2013.)

60-4-103. Fees and travel expenses for school approval and approval of continuing education providers.

(a) The fees for school approval and approval of continuing nursing education providers shall be the following:

(1) Application for approval -- schools of nursing $1,000.00
(2) Annual report of approval -- schools of nursing 200.00
(3) Application for approval of continuing nursing education providers 200.00
(4) Annual report for continuing nursing education providers 50.00
(5) Approval of single continuing nursing education offerings 100.00
(6) Consultation by request, per day on site 300.00

(b) All fees prescribed in subsection (a) shall be due at the time of application.

(c) The person, firm, corporation, or institution requesting the board's consultation services shall pay each consultant's travel expenses.

History: (Authorized by K.S.A. 65-1129; implementing K.S.A. 65-1118a; effective, E-82-18, Sept. 30, 1981; effective May 1, 1982; amended Sept. 14, 1992; amended May 17, 1993; amended May 9, 1994; amended June 14, 2002; amended April 17, 2015.)

60-9-105. Definitions. ~~For the purposes of these regulations,~~ Each of the following terms, as used in this article of the board's regulations, shall have the meaning specified in this regulation:

(a) "Approval" means the act of determining that a providership application or course offering meets applicable standards based on review of either the total program or the individual offering.

(b) "Approved provider" means a person, organization, or institution that is approved by the board and is responsible for the development, administration, and evaluation of the continuing nursing education (CNE) program or offering.

(c) "Authorship" means a person's development of a manuscript for print or a professional paper for presentation. Each page of text that meets the definition of continuing nursing education (CNE), as defined in K.S.A. 65-1117 and amendments thereto, and is formatted according to the American psychological association's guidelines shall equal three contact hours.

(1) Authorship of a manuscript means a person's development of an original manuscript for a journal article or text accepted by a publisher for statewide or national distribution on a subject related to nursing or health care. Proof of acceptance from the editor or the published work shall be deemed verification of this type of credit. Credit shall be awarded only once per topic per renewal period.

(2) Authorship of a professional research paper means a person's completion of a nursing research project as principal investigator, co-investigator, or project director and presentation to other health professionals. A program brochure, course syllabus, or letter from the offering provider identifying the person as a presenter shall be deemed verification of this type of credit. Credit shall be awarded only once each renewal period.

(d) "Behavioral objectives" means the intended outcome of instruction stated as measurable learning behaviors.

(e) "Certificate" means a document that is proof of completion of an offering consisting of one or more contact hours.

(f) "CE transcript" means a document that is proof of completion of one or more CNE offerings. Each CE transcript shall be maintained by a CNE provider.

(g) "Classic reference" means either a book published more than 10 years ago or a periodical published more than five years ago that is the most current available source with a recognized value pertinent to the content of an offering.

~~(g)~~(h) "Clinical hours" means planned learning experiences in a clinical setting. Three clinical hours equal one contact hour.

~~(h)~~ (i) "College course" means a class taken through a college or university, as described in K.S.A. 65-1119 and amendments thereto, and meeting the definition of CNE in K.S.A. 65-1117, and amendments thereto. One college credit hour equals 15 contact hours.

~~(i)~~ (j) "Computer-based instruction" means a learning application that provides computer control to solve an instructional problem or to facilitate an instructional opportunity.

~~(j)~~ (k) "Contact hour" means 50 total minutes of participation in a learning experience that meets the definition of CNE in K.S.A. 65-1117, and amendments thereto. Fractions of hours over 30 minutes to be computed towards a contact hour shall be accepted.

~~(k)~~ (l) "Distance learning" means the acquisition of knowledge and skills through information and instruction delivered by means of a variety of technologies.

~~(l)~~ (m) "Independent study" means a self-paced learning activity undertaken by the participant in an unstructured setting under the guidance of and monitored by an approved provider. This term shall include self-study programs, distance learning, and authorship.

~~(m)~~ (n) "Individual offering approval" and "IOA" mean a request for approval of an education offering meeting the definition of CNE, pursuant to K.S.A. 65-1117 and amendments thereto, but not presented by an approved provider or other acceptable approving body, as described in K.S.A. 65-1119 and amendments thereto.

~~(n)~~ (o) "In-service education" and "on-the-job training" mean learning activities in the work setting designed to assist the individual in fulfilling job responsibilities. In-service education and on-the-job-training shall not be eligible for CNE credit.

~~(o)~~ (p) "Mergener formula" means a formula utilized to recognize the amount of continuing education credit provided by a program based upon the material utilized when measured against complexity, time, questions, and participant feedback.

~~(p)~~ (q) "Offering" means a single CNE learning experience designed to enhance knowledge, skills, and professionalism related to nursing. Each offering shall consist of at least 30 minutes to be computed towards a contact hour.

~~(q)~~ (r) "Orientation" means formal or informal instruction designed to acquaint employees with the institution and the position. Orientation shall not be considered CNE.

~~(r)~~ (s) "Program" means a plan to achieve overall CNE goals.

~~(s)~~ (t) "Refresher course" means a course of study providing review of basic preparation and current developments in nursing practice.

~~(t)~~ (u) "Total program evaluation" means a systematic process by which an approved provider analyzes outcomes of the overall CNE program in order to make subsequent decisions. (Authorized by and implementing K.S.A. ~~2015~~ 2017 Supp. 65-1117, as amended by L. 2018, ch. 42, sec. 3, and K.S.A. 65-1119; effective Sept. 2, 1991; amended March 9, 1992; amended April 26, 1993; amended April 3, 1998; amended April 20, 2001; amended Oct. 25, 2002; amended March 6, 2009; amended May 10, 2013; amended April 29, 2016; amended P-_____.)

60-9-106. Continuing nursing education for license renewal. (a) At the time of license renewal, any licensee may be required to submit proof of completion of 30 contact hours of approved continuing nursing education (CNE). This proof shall be documented as follows:

(1) For each approved CNE offering, a certificate or a transcript that clearly designates the number of hours of approved CNE that have been successfully completed, showing the following:

(A) Name of CNE offering;

(B) provider name or name of the accrediting organization;

(C) provider number or number of the accrediting organization, if applicable;

(D) offering date;

(E) number of contact hours awarded; and

(F) the licensee's name and license number as shown on the course roster; or

(2) an approved Kansas state board of nursing IOA, which shall include approval of college courses that meet the definition of continuing education in K.S.A. 65-1117, and amendments thereto.

(b) The required 30 contact hours of approved CNE shall have been completed during the most recent prior licensing period between the first date of the licensing period and the date that the licensee submits the renewal application as required in K.S.A. 65-1117, and amendments thereto, and K.A.R. 60-3-108. Contact hours accumulated in excess of the 30-hour requirement shall not be carried over to the next renewal period.

(c) Acceptable CNE may include any of the following:

(1) An offering presented by an approved long-term~~, or~~ single offering provider~~;~~, or national organization whose focus is patient safety and improving nursing practice.

(2) an offering as designated in K.S.A. 65-1119, and amendments thereto;

(3) an offering for which a licensee has submitted an IOA, which may include credit requested for a college course that meets the definition of continuing education in K.S.A. 65-1117, and amendments thereto. Before licensure renewal, the licensee may submit an application for an IOA to the board, accompanied by the

following:

(A) A rationale statement that applies the meaning of CNE as defined in K.S.A. 65-1117(a)

(B) An agenda representing exact learning time in minutes;

~~(B)~~ (C) official documentation of successfully completed hours, which may include a certificate of completion or an official college transcript; and

~~(C)~~ (D) learning or behavior objectives describing learning outcomes;

(4) a maximum of 15 contact hours for the first-time preparation and presentation as an instructor of an approved offering to licensed nurses. Two contact hours of instructor credit shall be granted for each hour of presentation;

(5) an offering utilizing a board-approved curriculum developed by the American heart association, emergency nurses association, or Mandt, which may include the following:

(A) Advanced cardiac life support;

(B) emergency nursing pediatric course;

(C) pediatric advanced life support;

(D) trauma nurse core course;

(E) neonatal resuscitation program; or

(F) Mandt program;

(6) independent study;

(7) distance learning offerings;

(8) a board-approved refresher course if required for licensure reinstatement as specified in K.A.R. 60-3-105 and K.A.R. 60-11-116;

(9) participation as a member of a nursing organization board of directors or the state board of nursing, including participation as a member of a committee reporting to the board. The maximum number of allowable

contact hours shall be six and shall not exceed three contact hours each year. A letter from an officer of the board confirming the dates of participation shall be accepted as documentation of this type of CNE; or

(10) any college courses in science, psychology, sociology, or statistics that are prerequisites for a nursing degree.

(d) Fractions of hours over 30 minutes to be computed towards a contact hour shall be accepted.

(e) A maximum of 15 contact hours shall be accepted for renewal of certification in advanced cardiac life support (ACLS), pediatric advanced life support (PALS), or similar standardized recertification courses developed by the American heart association, emergency nurses association, or Mandt each licensing period.

(f) Contact hours shall not be recognized by the board for any of the following:

(1) Identical offerings completed within a renewal period;

(2) offerings containing the same content as that of courses that are part of basic preparation at the level of current licensure ~~or certification~~;

(3) in-service education, on-the-job training, orientation, and institution-specific courses;

(4) an incomplete or failed college course or any college course in literature and composition, public speaking, basic math, algebra, humanities, or other general education requirements unless the course meets the definition of CNE;

(5) offerings less than 30 minutes in length; or

(6) a board-approved refresher course for license renewal. (Authorized by and implementing K.S.A. ~~2015~~ 2017 Supp. 65-1117, as amended by L. 2018, ch. 42, sec. 3; effective Sept. 2, 1991; amended April 3, 1998; amended April 20, 2001; amended July 20, 2007; amended May 10, 2013; amended April 29, 2016; amended P-_____.)

60-9-107. Approval of continuing nursing education. (a) ~~Offerings of approved providers shall be recognized by the board.~~ To become an approved provider an application shall be submitted to the Board as follows:

(1) Long-term provider. A completed application for initial approval or five-year renewal for a long-term continuing nursing education (CNE) providership shall be submitted to the board at least 60 days before a scheduled board meeting.

(2) Single offering provider. The application for a single CNE offering shall be submitted to the board at least 30 days before the anticipated date of the first offering.

(b) Each applicant shall include the following information on the application:

(1)(A) The name and address of the organization; and

(B) the name and address of the department or unit within the organization responsible for approving CNE, if different from the name and address of the organization;

(2) the name, education, and experience of the program coordinator responsible for CNE, as specified in subsection (c);

(3) written policies and procedures, including at least the following areas:

(A) Assessing the need and planning for CNE activities;

(B) fee assessment;

(C) advertisements, ~~or~~ offering announcements, and certificates of completion. Published information and each certificate of completion shall contain the following statement: "~~(name of provider)~~ [Name of provider] is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for contact hours ~~applicable~~ for [specify each applicable license type: APRN, RN, ~~or~~ LPN, or LMHT] relicensure. Kansas State Board of Nursing provider number: _____";

(D) for long-term providers, the offering approval process as specified in subsection (d);

(E) awarding contact hours, as specified in subsection (e);

(F) verifying participation and successful completion of the offering, as specified in subsections (f) and (g);

(G) recordkeeping and record storage, as specified in subsection (h);

(H) notice of change of coordinator or required policies and procedures. The program coordinator shall notify the board in writing of any change of the individual responsible for the providership or required policies and procedures within 30 days; and

(I) for long-term providers, a copy of the total program evaluation plan; and

(4) the proposed CNE offering, as specified in subsection (i).

(c)(1) Long-term provider. The program coordinator for CNE shall meet these requirements:

(A) Be a licensed professional nurse;

(B) have three years of clinical experience;

(C) have one year of experience in developing and implementing nursing education; and

(D) have a baccalaureate degree in nursing, except those individuals exempted under K.S.A. 65-1119 ~~(e)(6)~~ and amendments thereto.

(2) Single offering provider. If the program coordinator is not a nurse, the applicant shall also include the name, education, and experience of the nurse consultant. The individual responsible for CNE or the nurse consultant shall meet these requirements:

(A) Be licensed to practice nursing; and

(B) have three years of clinical experience.

(d) For long-term providers, the policies and procedures for the offering approval process shall include the following:

(1) A summary of the planning;

(2) the behavioral objectives;

(3) the content~~, which shall meet the definition of CNE in K.S.A. 65-1117 and amendments thereto;~~

(4) the instructor's education and experience, documenting knowledge and expertise in the content area;

(5) a current bibliography that is reflective of the offering content. The bibliography shall include books published within the past 10 years, periodicals published within the past five years, or both. Classic references, if included, shall be limited to less than 25 percent of the bibliography; and

(6) an offering evaluation that includes each participant's assessment of the following:

(A) The achievement of each objective; and

(B) the expertise of each individual presenter.

(e) An approved provider may award any of the following:

(1) Contact hours as documented on an offering agenda for the actual time attended, including partial credit for ~~one or more contact hours~~ fractions of hours over 30 minutes to be computed towards a contact hour;

~~(2) credit for fractions of hours over 30 minutes to be computed towards a contact hour;~~

~~(3)~~ (2) instructor credit, which shall be twice the length of the first-time presentation of an approved offering, excluding any standardized, prepared curriculum;

~~(4)~~ (3) independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results or determined by Mergener formula; or

~~(5)~~ (4) clinical hours.

(f)(1) Each provider shall maintain ~~documentation~~ a daily roster to verify that each participant attended the offering~~. The provider shall require each participant to physically or electronically sign a daily roster~~, which shall contain the following information:

(A) The provider's name, address, provider number, and coordinator;

(B) the date and title of the offering, and the presenter or presenters; and

(C) the participant's name and license number, and the number of contact hours awarded.

(2) Each provider shall maintain documentation to verify completion of each independent study offering, if applicable. To verify completion of an independent study offering, the provider shall maintain documentation that includes the following:

(A) The provider's name, address, provider number, and coordinator;

(B) the participant's name and license number, and the number of contact hours awarded;

(C) the title of the offering;

(D) the date on which the offering was completed; and

(E) either the completion of a posttest or a return demonstration.

(g)(1) A certificate of attendance shall be awarded to each participant after completion of an offering, or a CE transcript shall be provided according to the policies and procedures of the ~~long-term~~ approved provider.

(2) Each certificate and each CE transcript shall be complete before distribution to the participant.

(3) Each certificate and each CE transcript shall contain the following information:

(A) The provider's name, address, and provider number; *(LMS – Learning Management Systems do not often allow for Provider Name, address and provider number on the certificate. Examples of LMS include Healthstream, CareLearning, Relias, Up to Date, etc. We have the definition of computer based instruction, however how do we handle when the CE transcript will not have all the information we need)*

(B) the title of the offering;

(C) the date or dates of attendance or completion;

(D) the number of contact hours awarded and, if applicable, the designation of any independent study or instructor contact hours awarded;

(E) the handwritten or electronic signature of the individual responsible for the providership; ~~and~~

(F) the name and license number of the participant~~.~~; and

(G) the following statement: "[Name of provider] is approved as a provider of CNE by the Kansas State

Board of Nursing. This course offering is approved for contact hours for [specify each applicable license type: APRN, RN, LPN or LMHT] relicensure. Kansas State Board of Nursing provider number :".

(h)(1) For each offering, the approved provider shall retain the following for two years:

(A) A summary of the planning;

(B) a copy of the offering announcement or brochure;

(C) the title and objectives;

(D) the offering agenda or, for independent study, pilot test results;

(E) a bibliography;

(F) a summary of the participants' evaluations;

(G) each instructor's education and experience; and

(H) documentation to verify completion of the offering, as specified in subsection (f).

(2) The record storage system used shall ensure confidentiality and easy retrieval of records by authorized individuals.

(3) Each approved single offering CNE provider shall submit to the board ~~the original signature roster and a typed, alphabetized~~ a roster of the individuals who have completed an offering, within 15 working days of course completion.

(i)(1) Long-term provider application. The provider shall submit two proposed offerings, including the following:

(A) A summary of planning;

(B) a copy of the offering announcement or brochure;

(C) the title and behavioral objectives;

(D) the offering agenda or, for independent study, pilot test results;

(E) each instructor's education and experience;

(F) a current bibliography, as specified in paragraph (d)(5); and

(G) the offering evaluation form.

(2) Single offering provider application. The provider shall submit the proposed offering, which shall include the information specified in paragraphs (i)(1)(A) through (G).

(j)(1) Long-term provider application. Each prospective coordinator who has submitted an application for a long-term CNE providership that has been reviewed once and found deficient, or has approval pending, shall submit all materials required by this regulation at least two weeks before the next board meeting. If the application does not meet all of the requirements or the prospective coordinator does not contact the board for an extension on or before this deadline, the application process shall be considered abandoned. A new application and fee shall be submitted if the prospective coordinator still wants a providership ~~is still desired~~.

(2) Single offering approval application. If the application for a single offering has been reviewed and found deficient, or has approval pending, the CNE coordinator shall submit all materials required by this regulation before the date of offering. If the application does not meet the requirements before the offering deadline, the application shall be considered abandoned. There shall be no retroactive approval of single offerings.

(k)(1) Each approved long-term provider shall pay a fee for the upcoming year and submit an annual report for the period of July 1 through June 30 of the previous year on or before the deadline designated by the board. The annual report shall contain the following:

(A) An evaluation of all the components of the providership based on the total program evaluation plan;

(B) a statistical summary report; and

(C) for each of the first two years of the providership, a copy of the records for one offering as specified in paragraphs (h)(1)(A) through (H).

(2) If approved for the first time after January 1, a new long-term provider shall submit only the statistical summary report and shall not be required to submit the annual fee or evaluation based on the total program evaluation plan.

(l)(1) If the long-term provider does not renew the providership, the provider shall notify the board in writing of the location at which the offering records will be accessible to the board for two years.

(2) If a provider does not continue to meet the criteria for current approval established by regulation or if there is a material misrepresentation of any fact with the information submitted to the board by an approved provider, approval may be withdrawn or conditions relating to the providership may be applied by the board after giving the approved provider ~~notice and~~ an opportunity to ~~be heard~~ provide written response.

(3) Any approved provider that has voluntarily relinquished the providership or has had the providership withdrawn by the board may reapply as a long-term provider. The application shall be submitted on forms supplied by the board and accompanied by the designated, nonrefundable fee as specified in K.A.R. 60-4-103(a)(3). (Authorized by and implementing K.S.A. ~~2011~~ K.SA. 65-1129, 2017 ~~Supp. 65-1117~~, as amended by L. 2018, ch. and session laws 42, sec. 3, and K.S.A. 65-1119; effective March 9, 1992; amended Sept. 27, 1993; amended April 3, 1998; amended Oct. 25, 2002; amended March 6, 2009; amended May 10, 2013; amended P-_____.)