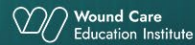




WILD ON WOUNDS

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Wednesday 9/13/2023

TIME	SESSION	TITLE	SPEAKER
9:00am - 10:00am 1.0-Hours	500	Keep Yourself Out of Court	Cortney Langerholc CRNP, MSN, RN, Wound NP

Dive into legal and regulatory issues in wound care. We will cover nursing standards of care, proper documentation, and obeying laws. Discover how easy it is to be investigated when caring for wounds via your state after being reported. Learn how to save yourself from investigation and reporting when caring for wounds.

TIME	SESSION	TITLE	SPEAKER
9:00am – 2:00pm 4.0-Hours	501	OSTOMY: Basics and Beyond	Joy Hooper RN, BSN, CWOCN, OMS, WCC, AWCC, WCEI

This session was created to provide a better level of understanding of colostomy, ileostomy, and urostomy surgery. The surgeries will be explained in a simple "show and tell" progression making it relatable and building on the healthcare clinicians understanding of the anatomy of the GI tract. The presentation will include the concepts of peristomal skin protection from output and the different types of appliances available. The session will also include troubleshooting common peristomal skin common complications.

TIME	SESSION	TITLE	SPEAKER
10:15am – 11:15am 1.0-Hours	503	Don't Despair: addressing disparities in wound care	Laura Swoboda DNP, APNP, FNP-C, FNP-BC, CWOCN-AP
<p>Significant progress has been made in the treatment of wounds, including knowledge regarding evidence-based wound bed preparation and advanced therapies to further augment healing. However, it's well known that social conditions can play a significant role in both wound healing and overall clinical outcomes. Factors other than the healthcare patients receive are driving outcomes. This session provides an overview of social determinants of health, the conditions and environments in which people live, and how they affect a wide range of health, functioning, and quality of life outcomes. We will review the biochemical response to stress and how stress impacts wound healing. This includes the connection between social determinants of health, chronic stress, epigenetics, and adverse health outcomes for patients with and at risk for wounds. Reviewing sources of disparities for wound patients will assist clinicians in providing more equitable care to diverse populations.</p>			
TIME	SESSION	TITLE	SPEAKER
10:15am – 12:15pm 2.0-Hours	509	Surviving a Deposition	Tracy Rodgers RN, BSN, ICC, LNCC Breanna Cowan
<p>Tracy Rodgers, Legal, Nurse Consultant, Breanna Hartman, Esq. plaintiff attorney, specializes in long-term and skilled cases. Knowing that the majority of lawsuits start shortly after depositions, never actually make it into a courtroom, it is imperative, that wound professionals understand how to handle a deposition as a treating professional or/and as an expert witness. This 2- hour interactive session will guide the audience through what a typical deposition looks like if you are named in a lawsuit. It will also demonstrate how nurses, physical therapists, and other wound professionals may be used as expert witnesses and how to handle a deposition as an expert witness.</p>			

TIME	SESSION	TITLE	SPEAKER
11:30am – 12:30pm 1.0-Hours	504	Using Malpractice Claim Data to Identify Risks in Nursing Practice	Jennifer Flynn CPHRM Patricia Harmon BSN, RN, MM, CPHRM
<p>Nurses have a great deal of responsibility when it comes to patient care. Because of this, nurses are identified in medical malpractice claims and State Board of Nursing complaints. Prevention is a core concept among nursing professionals. It is also the key to risk education. Nurse malpractice data can be used to inform and address areas of clinical improvement as well as improve quality of care and patient safety. The presentation will give insights into the most frequent and financially severe claims against nurses, including wound care. This session will also include claim scenarios and risk recommendations to help create a safe environment for wound care nurses and their patients.</p>			
TIME	SESSION	TITLE	SPEAKER
1:00pm – 6:00pm 5.0-Hours	506	Wipeout Wounds: Wound Care is Not a Fairy Tale! (Hands-On / Interactive)	Tracy Rodgers RN, BSN, ICC, LNCC
<p>The only constant in the world of wound care is change. This conference includes updated practice guidelines, new therapies hitting the market, reimbursement changes, contact hours, and more! Whether you are new to wound care or a seasoned veteran, this 5-hour interactive hands-on conference will provide you with the education and tools needed to improve your wound care knowledge and skills. Assess and Manage Wounds with Enhanced Skill Take control of pressure injury prevention and wound healing with new strategies, tools, and therapies that can accelerate healing and produce positive wound outcomes. Master assessment skills and learn how to identify complications found with pressure, venous, arterial and diabetic foot ulcers, as well as surgical wounds, as we walk through complicated wound scenarios.</p>			

TIME	SESSION	TITLE	SPEAKER
1:30pm – 2:30pm 1.0-Hours	505	Pressure Injuries from Legal Nurse Expert Perspective	Jennifer Kosar DNP, RN, WCC
<p>Pressure injury development is one of the most prevalent reasons for litigation against healthcare facilities and providers. In the majority of pressure injury litigation cases, nursing staff often fail to accurately complete all of the components of the nursing process: assess, diagnose, plan, implement, and evaluate. Any failure in this process leads to a failure in the standard care. I have identified that these gaps in the nursing process and accurate documentation can be corrected with education. The failure to implement interventions to alleviate pressure and prevent pressure injuries inevitably leads to skin. The prevention of the development and worsening of pressure ulcers are federally mandated regulations for healthcare facilities that provide guidance for what facilities and its staff must comply with. Ensuring that all wound care providers are aware of the regulations that provide guidance to participating healthcare organizations in regard to wound care prevention will provide a foundation for developing wound prevention programs that ensure the standards of care are being met. Offering education through the perspective of an expert nurse witness on pressure injury development and treatment will help to provide wound care providers with a wealth of knowledge on what documentation is required to meet all components of the nursing process to protect facilities from the culpability of pressure injury development.</p>			
TIME	SESSION	TITLE	SPEAKER
2:45pm – 5:45pm 3.0-Hours	502	Sharp Debridement Workshop (LIMITED SEATING)	Rosemary Hill BSN CWOCN WOCC(C)
<p>Conservative sharp wound debridement (CSWD) is the removal of non-viable tissue from the wound bed, and it is an essential part of wound bed preparation. It is considered an integral aspect of wound management, and healthcare providers should have an understanding of the variety of options available. The workshop will provide information regarding the various methods of debridement, when to debride, how to decide which technique to utilize, who should perform the task, and when it is necessary to initiate a referral.</p>			

TIME	SESSION	TITLE	SPEAKER
2:45pm – 3:45pm 1.0-Hours	507	The Legal, Clinical Risk, and Ethical Considerations of Hospital-Acquired Pressure Injuries	Rosemary Swedenburg-Murphy MPA, BSN, RN, CPHRM, LNC, WTA,
Hospital-acquired pressure injuries impact patient safety, and patient experience and place the healthcare system at financial risk. A system-wide pressure injury policy and procedure was developed based on evidence-based best practices. A common cause analysis identified gaps in care and documentation related to product availability and knowledge deficits. A collaborative approach to a system-wide pressure injury prevention program resulted in positive clinical and financial outcomes.			
TIME	SESSION	TITLE	SPEAKER
4:00pm – 6:00pm 2.0-Hours	508	The Skeleton in the Hospital Closet & Friends: A Look at Current Wound Practices and the Medical-Legal Consequences of Those Practices	Susan Cacciola RN, BSN, WCC, DAPWCA
Wound Care is a rapidly changing field with thousands of treatment options. Our clients are often medically complex and have chronic non-healing wounds. Medical-Legal cases often center around avoidable versus unavoidable pressure injuries. This session will drill down from a medical-legal perspective the way a case is analyzed and teach the participants how to: assess their clients according to soc, determine best practices, professionally document care and avoidable vs unavoidable in the medical records, make appropriate and timely referrals, individualize plans of care to meet patient goals, aggressive medical management versus palliative care versus hospice, uphold wound and nursing standards of care and be able to support a case from either a plaintiff or defense perspective.			

Thursday 9/14/2023

TIME	SESSION	TITLE	SPEAKER
6:45am – 7:45am Non-CE Session	099	BUZZ REPORT and BREAKFAST (Non-CE)	Tracy Rodgers RN, BSN, ICC, LNCC Joy Hooper RN, BSN, CWOCN, OMS, WCC, AWCC, WCEI

Note: This session includes various brand name product reviews - **Non-CE Session**
The Highlight of Every WOW Just Got A Bit TASTIER!

Enjoy a light breakfast while Tracy Rodgers and Joy Hooper bring you up to date on all things buzzable in wound care – This is your source for the latest breaking wound care news: *What’s new! What’s now! What’s coming up!* in new products, guidelines, resources, literature reviews, tools, and more!

TIME	SESSION	TITLE	SPEAKER
8:00am – 9:00am 1.0-Hours	100	WOUNDED: Dead or Alive	Nicole Angemi

Wounds are a common pathology that most medical professionals deal with on a day-to-day basis. The goal of wound care is to recognize patterns in wounds, apply treatment techniques, manage pain, prevent further tissue damage, and promote healing. Pathology is unlike any field of medicine because we are treating wounds that are no longer attached to a blood supply. In surgical pathology, the patients are still alive, and our analysis can provide critical information to aid in continuing treatment. At autopsy, our findings can assist with establishing a cause of death, provide education to the treating medical staff, and bring closure to the families.

Although wound care is a shared goal, our approaches are much different.

TIME	SESSION	TITLE	SPEAKER
9:15am – 10:15am 1.0-Hours	101	Lotions and Potions: The What, When, and Why	Catherine T. Milne MSN, APRN, ANP/ACNS-BC, CWOCN-AP,
<p>What’s the difference between a skin barrier and a moisturizer? Can you use a skin cleanser as a wound cleanser? This session explores the similarities and differences between and within these product categories. Learn the evidence base behind the ingredients in these products, how they impact skin and wound health, and the clinical scenarios they are best suited for.</p>			
TIME	SESSION	TITLE	SPEAKER
9:15am – 10:15am 1.0-Hours	102	I SEE RED! Empowered and engaged frontline team to take action to reduce medical device related pressure injuries!	Lincy M Philip MSN, PNP, RN, CPN
<p>Presence of pressure injuries (PIs) related to medical devices, more than 50% of PI events in 2021, and more than 90% of PI events in 2022. In the literature, pediatric patients with pressure injury are caused by medical device greater than 50% of the time. A quality initiative was put in place to address medical device related pressure injuries, focusing efforts on the attitudes, knowledge, and behavior of direct care nurses with respect to pressure injury identification. Despite acuity, staffing shortages, and other external factors (Covid resurgence and RSV surge), individual behaviors aligned with certain practices that followed pressure injury prevention methodology and risk avoidance. I SEE REDDD is a novel approach to standardizing elements of care and escalation practices. A consistent, guided approach helped to alleviate stress from various level of experienced nurse professionals, from novice to experienced. Reframing the escalation of tissue injury as evidenced by blanching or non-blanching erythema in light pigmented skin and skin changes, like hypo- or hyperpigmentation in darker pigmented skin, was a critical step. Every day commitment leads to overall improvement despite challenging circumstances. Positive deviance is a conscientious effort on the individual’s part – giving the nursing professional a sense of autonomy.</p>			

TIME	SESSION	TITLE	SPEAKER
9:15am – 11:15am 2.0-Hours	104	Nutrition and Wound Care: Science and Snake Oil	Allen Zagoren DO, MPA, FACOS, FACN, WCC
Nutrition Science and its application to chronic wound management have suffered from many non-tested remedies. During the past decades, more science has emerged with regard to the metabolism of chronic wounds and the potential for nutrition interventions. This discussion unveils current fact-based data and unmask the "folklore" of unproven nutrition remedies.			
TIME	SESSION	TITLE	SPEAKER
9:30am – 11:30am 2.0-Hours	103	That's a wrap! A look at lymphedema management and hands-on wrapping	Stacey Fisher PT, DPT, CLT-LANA, WTA, WCC
This will be a crash course in lymphedema identification and management with a hands-on wrapping seminar and garment and dinner introduction and education on use.			
TIME	SESSION	TITLE	SPEAKER
10:30am – 11:30am 1.0-Hours	105	Adjunctive Treatment Modalities	Ashley Nelson APRN, C.N.P., D.N.P.
The basic management strategies of wound care center around managing causative factors and appropriate dressing selection. Sometimes, even with excellent standard wound care, wounds fail to progress towards healing or do so very slowly. In those cases, there are several adjunctive and advanced treatment modalities that can aid in healing. These include medications, topical therapies and devices, cellular products, and many others. This presentation will review both topical and systemic adjunctive treatment strategies and provide practical evidence-based tips and tricks for modality selection, implementation, and monitoring.			

TIME	SESSION	TITLE	SPEAKER
10:30am – 11:30am Non-CE Session	106	(Non-CE) From Womb to Wound: A LIVE Dissection and Exploration of Placental Based Allografts	Randall Spencer Matt Davis
<p>Note: This session is sponsored by an ineligible company- Non-CE Session In this session, attendees will experience a LIVE placental tissue dissection highlighting the key steps of the MIMEDX PURION® process, including tissue separation, cleansing, and re-lamination. Following the dissection, participants will learn about the scientific and clinical data that demonstrate beneficial outcomes in patients undergoing treatment of challenging wounds. Finally, attendees will view several case examples and discuss proper application techniques to help deliver the best possible outcomes.</p>			
TIME	SESSION	TITLE	SPEAKER
2:30pm – 3:30pm 1.0-Hours	107	Next Gen Wound Hygiene: Clean it like you really mean it!	Denise Richlen PT, WCC, DWC, CLT
<p>Wound hygiene is an integral part of a comprehensive wound care treatment plan. Wounds with significant size and depth, or tunneling and undermining, can be very difficult to effectively clean and remove the potential biofilm. This session will look at the different practices of wound cleansing and discuss their effectiveness in these difficult and challenging wounds. Participants will learn what the most effective methods are for cleansing difficult wounds and managing biofilm.</p>			
TIME	SESSION	TITLE	SPEAKER
2:30pm – 3:30pm Non-CE Session	108	Hands-On Workshop: Implementing the Wound Hygiene Protocol as Best Practice in Healing Complex Wounds - (Non-CE) - Limited Seating	Laura Swoboda DNP, APNP, FNP-C, FNP-BC, CWOCN-AP Vincent Sollecito III DPM, CWS, FACFAS
<p>Note: This session is sponsored by an ineligible company - Non-CE Session Hands-on Workshop</p> <p>Hard-to-heal wounds challenge both patients and the clinicians who treat them. This program will explore the principles of Wound Hygiene, incorporating hands-on skills training. Based on the International Consensus Guideline, “Defying Hard to Heal Wounds with an Early Antibiofilm Intervention Strategy: Wound Hygiene,” this interactive, hands-on workshop will explore the four essential steps of the protocol in overcoming wound bioburden and progressing wounds to healing.</p> <p>Limited Seating!</p>			

TIME	SESSION	TITLE	SPEAKER
2:30pm – 3:30pm 1.0-Hours	109	Pressure Injury Reduction in the Critical Care Setting with turning and repositioning support overlay	Brittany Freeman RN, BSN, WCC, COCN
<p>The purpose of this project was to reduce hospital-acquired pressure injuries (HAPIs) and costs through the implementation of a turning and positioning support surface overlay. During this 11-month quality improvement project, an evidence-based protocol was developed for the use of a turning and repositioning support overlay as a component of our standard pressure injury prevention bundle. Pressure injuries affecting the sacrum and buttocks were reduced by 31% in 2022, compared to 2021. Based on Center for Medicaid and Medicare estimates, a pressure injury adds \$43,000-\$50,000 to the cost of hospitalization. Our reduction of 30 HAPIs saved our facility an estimated \$1,290,000-\$1,500,000. Additionally, our rental bed utilization was reduced by 3,722 total days, thus saving our facility an additional \$70,718. Use of a multifunctional turning and positioning support surface overlay to enhance our current pressure injury prevention practice, we alleviated harm and reduced rental support surfaces. This resulted in significant cost savings for the facility.</p>			
TIME	SESSION	TITLE	SPEAKER
2:30pm – 3:30pm 1.0-Hours	110	Pressure sores 101 - Deep dive into the mechanisms of wound healing	Chitang Joshi MD, MBBS
<p>Pressure sores are a difficult clinical problem, affecting 2.5 million people in the US. Surgical treatment often requires pre-op optimization and post-op pressure offloading. Selecting the correct surgical option for the closure of these pressure sores, we compared the effectiveness of 2 offloading surfaces - in supporting the healing of wounds. The Fluid immersion simulation system was effective and easy to use (preferred) by patients and nurses. Adoption of new pressure offloading beds/ system can benefit patients in healing of pressure sores in the post-op period.</p>			
TIME	SESSION	TITLE	SPEAKER
3:45pm – 4:45pm 1.0-Hours	111	Wound Care Safari: Identifying and Treating Atypical Wounds	Ashley Nelson APRN, C.N.P., D.N.P
<p>When we hear hooves, we have been taught to expect horses, not zebras. Similarly, when we see wounds, we expect to see ones caused by common etiologies (venous, arterial, neuropathic/diabetic, pressure). However, even in wound care, there are zebras out there! Wound care clinicians need to be able to assess and treat not only common wounds but also the uncommon ones (the zebras). Cases of atypical wounds will be reviewed, and identification strategies and management will be discussed. This presentation will also discuss the pathophysiology of several types of atypical wounds as well as diagnostic evaluation, specific treatment considerations, and evidence-based practice.</p>			

TIME	SESSION	TITLE	SPEAKER
3:45pm – 4:45pm Non-CE Session	112	Hands-On Workshop: Implementing the Wound Hygiene Protocol as Best Practice in Healing Complex Wounds - (Non-CE) - Limited Seating	Laura Swoboda DNP, APNP, FNP-C, FNP-BC, CWOCN-AP Vincent Sollecito III DPM, CWS, FACFAS

Note: This session is sponsored by an ineligible company - **Non-CE Session**
Hands-on Workshop

Hard-to-heal wounds challenge both patients and the clinicians who treat them. This program will explore the principles of Wound Hygiene, incorporating hands-on skills training. Based on the International Consensus Guideline, “Defying Hard to Heal Wounds with an Early Antibiofilm Intervention Strategy: Wound Hygiene,” this interactive, hands-on workshop will explore the four essential steps of the protocol in overcoming wound bioburden and progressing wounds to healing.

TIME	SESSION	TITLE	SPEAKER
3:45pm – 5:45pm 2.0-Hours	113	Evidence-Based Practice in Action	Christina Jacoby DNP, RN, CCRN, WCC

Limited to the first 30 attendees.

There is a massive amount of literature out there on wound care practices, but how do we know what information is reliable and trustworthy? Many nurses have a strong foundation in traditional nursing practices; however, those practices vary across countries, across settings, and even from nurse to nurse on the same team. As a result of this variability in practice, patient outcomes are negatively impacted, healing is delayed, and the cost of care increases. How can we assess what practices are tradition-based and what practices are truly evidence-driven? This session will provide a foundation in evidence-based practice. I will review how to build an answerable question and conduct an effective search. We will discuss the various databases out there, what role they play, and how to use them effectively. We will discuss study types and design and how that can impact the findings. I will introduce critical appraisal and how to use it to interpret research findings. We will review the most currently available and strongest evidence to support clinical wound care practices based on a comprehensive literature review and synthesis to demonstrate how to interpret the literature in a practical way and use it to drive changes to clinical practice. I will provide the best available evidence on wound care. A method to interpret the literature and a summary of truly evidence-based practices.

TIME	SESSION	TITLE	SPEAKER
3:45pm – 5:45pm 2.0-Hours	114	Integrating Tobacco Cessation Into Wound Care Practice (including for patients who resist quitting!)	Carol Southard RN, MSN
<p>The association between cigarette smoking and delayed wound healing is well-recognized in clinical practice. Tobacco users cite a healthcare professional’s advice on quitting as an important motivator for attempting cessation. Healthcare clinicians who consistently implement even very brief cessation interventions have an unprecedented opportunity to reduce tobacco consumption, lower the burden of illness and death, and significantly decrease the economic costs of tobacco use. This presentation will offer health care professionals, whatever their specialty, the information, skills, and strategies necessary for effective cessation intervention for all tobacco users – even those reluctant to quit!</p>			
TIME	SESSION	TITLE	SPEAKER
5:00pm – 6:00pm 1.0-Hours	115	The unicorns of wound care (atypical wounds)	Katie Jackson PT, DPT, WCC, OMS, DWC, CWS, AWCC, FAACWS, CFCS
<p>In this session, the “unicorns” of wound care will be discussed in detail. These different etiologies are often found during wound consults as most clinicians who are certified or knowledgeable in wounds get consults for all things integumentary (rashes, bumps, discolorations, etc.). The following etiologies are discussed in detail w/ appropriate treatment interventions as well as whom to refer to if outside of wound clinicians’ scope of practice. (PG, ulcerative sarcoidosis, ulcerative lichen planus, vasculitis, herpes, kaposi sarcoma, rose gardeners disease, necrotizing fasciitis, sickle cell, cryoglobulinemia, cryofibrinogenemia, calciphylaxis, facticial ulcers, dermatitis artefacta, spider bites, cat bites, dog bites, radiation dermatitis, charcot arthropathy, squamos cell carcinoma, basal cell carcinomas, melanomas, seborrheic keratosis, actinic keratosis, pemphigus bullae and vulgaris). There is also a quiz at the end of the presentation, which reviews what each diagnosis looks like. Integ morphology will also be discussed (macule, patch, papule, vesicle, plaque, nodule, urticaria, etc.)</p>			

TIME	SESSION	TITLE	SPEAKER
5:00pm – 6:00pm 1.0-Hours	116	Change Decades of Practice: Consider Soft Convexity in the Operating Room Suite	Rosemary Hill BSN CWOCN WOCC(C)
<p>Within 24-48 hours post-operatively, leakage of effluent frequently occurs under a flat ostomy barrier, which may come in contact with the midline incision. Peristomal skin irritation may also be associated with the leakage, which has contributed to pain and quality of life concerns in the early days of stoma creation. A recent convexity consensus publication concluded that “a convex ostomy pouching system can be safely used regardless of when the stoma was created. A case series involving 7 patients (4 ileostomy, 2 urostomy, 1 colostomy) was undertaken at a large teaching hospital in Western Canada. Ages ranged from 55—88 years old with varying etiologies, including Crohn’s, diverticular disease, rectal cancer, bladder cancer, and pancreatic cancer. A decision was made to apply a ceramide-infused soft convex skin barrier on all ostomy patients in the operating room. A slim barrier ring was added to the ostomy barrier to enhance the seal around the ostomy. Results/outcomes No leakage was noted in all seven patients from the time of application to the time of the first barrier removal for ostomy teaching. All subjects exhibited intact peristomal skin during the first barrier removal, which occurred between post-operative days 2-4. These cases suggest that the use of a ceramide-infused skin barrier with soft convexity helped increase barrier wear time without stomal complications.</p>			
TIME	SESSION	TITLE	SPEAKER
7:00pm – 10:00pm		Pool Party	N/A
<p>Poolside party with appetizers included and lots of fun entertainment and activities! You may purchase a guest pass at check-out.</p>			

Friday 9/15/2023

TIME	SESSION	TITLE	SPEAKER
6:45am – 7:45am Non-CE Session	200	Launching Innovation: How to Introduce New Technology to Your Team and Get C-Suite Buy-In (Includes Breakfast, Non-CE, Limited Seating)	Cathy Hess BSN, RN, CWCN

Note: Non-CE Session
Join Net Health for a breakfast meeting with a difference! Connect with peers and learn from industry expert Cathy Thomas Hess during this engaging 1-hour session. We'll kick off the morning with some coffee house music and a delicious breakfast spread. Discover the latest advancements in wound care technology, including innovative circumferential wound imaging technology, and learn how to successfully introduce new technology to your team. Get valuable tips and strategies for overcoming resistance to change, as well as practical advice for gaining C-Suite buy-in. Don't miss this opportunity to start your day off right and connect with fellow wound care professionals.

TIME	SESSION	TITLE	SPEAKER
6:45am – 7:45am Non-CE Session	201	Bringing Compression to Life: How UrgoK2 Dual Compression System can impact clinical practice in real-life (Includes Breakfast, Non-CE, Limited Seating)	Lucian Vlad, MD Loan Lam DPM DPM, FAWPHc, FAPWCA, CWSP, CHWS, CLWT

Note: This session is sponsored by an ineligible company - **Non-CE Session**
The UrgoK2 Dual Compression System (DCS) uses advanced fiber and fabric technologies to compress lower limbs, whether the patient is active or not. Its advanced design allows for the expanded use of compression for venous insufficiency/ulcer patients with comorbidities such as lymphedema, phlebo-lymphedema, and diabetes. These comorbidities generally pose challenges, such as high concerns for patient safety when products with less advanced designs are used. The distinguished speakers will present perspectives from a busy wound center in an academic setting and from a vascular/vein clinic that is integrated with advanced wound care and prevention practices. Studies from the published evidence base will be presented, as well as real-life cases that show the versatility of the UrgoK2 Dual Compression System to treat a truly diverse set of patients.

TIME	SESSION	TITLE	SPEAKER
6:45am – 7:45am Non-CE Session	202	Wound Balance sponsored by Hartmann (Includes Breakfast, Non-CE, Limited Seating)	Alison J. Garten DPM, CWSP, CPed
<p>Note: This session is sponsored by an ineligible company - Non-CE Session Wound Balance is comprised of the following components: Wound Progression, Wound Biomarkers, Patient-centered Assessment, Patient Quality of Life, and Measuring Patient Quality of Life. In this session, Dr. Alison J. Garten will discuss the topic of Wound Balance, define its components, as well as share patient case studies supporting this important concept.</p>			
TIME	SESSION	TITLE	SPEAKER
8:00am – 9:00am 1.0-Hours	203	Outpatient Burn Management	Susan Smith PhD, APRN-BC, WCC, RNFA, FAANP
<p>Nearly 500,000 Americans seek care for burn injuries each year. Countless more treat their burns at home. Appropriate initial triage and care are essential to aid healing and reduce risks for infection, impaired mobility, unnecessary pain, and scar formation.</p>			
TIME	SESSION	TITLE	SPEAKER
8:00am – 9:00am 1.0-Hours	204	Letting Go of Wet To Dry Dressings	Ottamissiah Moore BS, RN, WCC, DWC, CHPN
<p>Wound care providers continue to order and apply wet-to-dry dressing despite the evidence of detriment to wound healing. A review of literature and ongoing research have confirmed multiple dressing types to replace wet to dry dressing and improve wound healing. Creative ways can be learned to develop policies and procedures, and protocols to replace wet-to-dry dressings.</p>			

TIME	SESSION	TITLE	SPEAKER
8:00am – 9:00am 1.0-Hours	205	The 6 Rights to Dressing Changes	Denise Richlen PT, WCC, DWC, CLT
<p>Appropriate topical dressing choices continue to elude wound care practitioners. What should we use? When should we change treatments? There is much non-evidence-based information confusing clinicians. This session speaks to the 6 right choices to make concerning the appropriate dressing in the current wound healing phase. The process of addressing all 6 right decisions regarding dressing choice leads to decreased healing times for wounds, better outcomes for wound healing and improved fiscal responsibility with wound care practice.</p>			
TIME	SESSION	TITLE	SPEAKER
8:00am – 9:00am 1.0-Hours	206	All The Pieces Connect	Jessica Weatherly RN, WCC, DWC
<p>Having clinical field staff follow physician orders without understanding the "why" behind the treatment, also while the healthcare providers continued to order outdated treatments. We developed a specialized program in our company that focuses on reaching Optimal Wound Healing and education of the staff, while providing evidence-based practice studies to local healthcare providers. Clinical staff were fearful of questioning orders that did not correlate to current wound characteristics or did not know/understand how dressings worked or wounds healed. When you employ a multidisciplinary approach and include the patient as part of the team, this can result in improved wound healing and compliance.</p>			
TIME	SESSION	TITLE	SPEAKER
9:15am – 10:15am 1.0-Hours	207	Nutrition and Wounds: Nutrition management of chronic medical condition to optimize wound healing	Aharon Roberts MA, RD, NWCC Lisa Akers-Smith RDN, LDN, NWCC, MBA
<p>This session will focus on the important role of nutrition in pressure injury prevention and management. According to the 2019 EPUAP/NPIAP/PPPIA guidelines, the role of the dietitian is emphasized as a critical component of the healing process for pressure injuries and wounds and sets guidelines for nutrient recommendations, screening for malnutrition and nutritional status, as well as the ideal full nutrition assessment by a Registered Dietitian. The Registered Dietitian has an important role in the identification and diagnosis of malnutrition, treating chronic diseases that often lead to chronic pressure injuries or poor healing status, as well as identification of nutritional deficiencies. Other areas the dietitian impacts healing is by addressing our nations food insecurity and helping those have the ability to follow the recommendations for nutritional management of pressure injuries, malnutrition, and chronic disease. This session will highlight those areas and open the idea for how the dietitian can be an integral part of your practice in any setting.</p>			

TIME	SESSION	TITLE	SPEAKER
9:15am – 10:15am 1.0-Hours	208	Diabetic Dermatology	Katie Jackson PT, DPT, WCC, OMS, DWC, CWS, AWCC, FAACWS, CFCS
Attendees will gain further knowledge of clinical skin manifestation associated w/ diabetes mellitus. Listeners will need to determine the etiologies of 5 different types of diabetes. Then there will be a description of how the skin is affected by acute and metabolic impairments as well as chronic degenerative issues associated w/ diabetes. Furthermore, then 17 cutaneous manifestations will be discussed in detail as well as their etiology, including the following: xerosis, diabetic yellow skin, Scleroderma diabeticorum, thickened skin, Necrobiosis lipidica diabeticorum, diabetic dermopathy, bullosis diabeticorum, aganthosis nigricans, eruptive xanthoma, acquired perforating dermatosis, vitiligo, diabetic cutaneous infections (bacterial, Zygomycosis [phycomycetes], Cutaneous mucormycosis, Rhinocerebral mucormycosis, Candida/Yeast, angular stomatitis, lipatrophy and lipohypertrophy). Following extensive education in aforementioned etiologies, there is a quiz w/ images to ensure the clinicians are able to identify the specific manifestation. To conclude the presentation, information about proper skin care is discussed while differentiating b/w humectants, emollients, and occlusive “moisturizers,” etc.			
TIME	SESSION	TITLE	SPEAKER
9:15am – 10:15am 1.0-Hours	209	Trouble shooting NPWT, Making the Impossible, Possible	Dianna Dashner DNP, FNP-C, WCC, CLNC, LLE
This will be a hands-on session that will encompass hard-to-apply NPWT areas and incorporate NPWT with compression wraps of the lower extremities.			
TIME	SESSION	TITLE	SPEAKER
9:15am – 10:15am 1.0-Hours	210	Rehab - Wound Care On The Move	Elijah Carroll BSN, CRRN, WCC, BLS, PALS
Wound care in the rehab settings requires a different approach. Patients can't be in inpatient rehab and be unable to participate, so you have to plan for patients to be active and on the move while still obtaining optimal results.			

TIME	SESSION	TITLE	SPEAKER
10:30am – 11:30am 1.0-Hours	211	Perplexing Pigmentation-Assessment of Skin Tones	Laura Hernandez MSN, RN, CWON, CNL, RUMC
Challenges in healthcare workers' assessment of patients' skin with different skin tones. There is an ongoing need as our population ages, especially in black and brown communities, for HC providers to be able to accurately assess for PIs. Most HC workers are unaware of and uncomfortable in correctly assessing and staging PIs in darker skin pigmented patients. Awareness and an increase in caregiver knowledge and confidence in assessments.			
TIME	SESSION	TITLE	SPEAKER
10:30am – 11:30am 1.0-Hours	212	Managing the Unoffloadable: A Case-Based Review of a Patient Who Can't be Offloaded	James McGuire DPM, LPT, LPed, FAPWHc
All forms of offloading will be and evidence presented to support a sequential attempt to offload a patient with bilateral heel ulcers. Indications, contraindications, and comorbidities that prevent the use of various devices will be presented as we learn from a patient who presents one roadblock after another. The presentation should humble the formulaic clinician and boost the confidence of the insecure.			
TIME	SESSION	TITLE	SPEAKER
10:30am – 11:30am 1.0-Hours	213	Current Concepts in Healing: Correcting the Chronic Wound Milieu	Gregory Bohn MD, FACS, ABPM/UHM, MAPWCA
Recent advances in the understanding of the chronic wound have aided in developing a more effective management strategy. A better understanding of these concepts will aid the practitioner in breaking the cyclical chronicity cycle to heal more wounds. Biofilms are present in over 75% of chronic wounds and lead to chronicity and non-healing when inflammation brings about elevated Metalloproteases. Bacteria also produce metalloproteases. When present in excessive amounts, MMPs break down the wound healing process and provisional Extracellular matrix. the biofilm, excessive MMP levels, and destruction of the extracellular matrix can be corrected by treating the wound with readily available therapies. Dressings with a provisional extracellular matrix can accelerate healing by supplying this structural signaling framework. The concepts presented should be fundamental to your healing treatment plans.			

TIME	SESSION	TITLE	SPEAKER
10:30am – 11:30am 1.0-Hours	214	Healing an evolving wound around a surgical incision	Jennifer Yeckley BSN, RN, CWCN, COCN
Healing a complicated abdominal wound that occurred after an emergent abdominal surgery through a full thickness evolving burn. Multiple wound healing methods were utilized, including disposable single-use negative pressure wound therapy.			
TIME	SESSION	TITLE	SPEAKER
2:30pm – 3:30pm 1.0-Hours	215	Evidence-Based Approach to Changing the Wound Care Culture at an Orthopedic Institution: Cases from a WCC Hand Therapist	Nora Barrett OTR/L, CHT, WCC
This course will highlight an evidence-based approach taken by a hand therapist at a large university outpatient orthopedics center to change the “old school” culture of wound care to a progressive and modernized program. Wet-to-dry dressings were the standard of care, with physicians and advanced practice providers unaware of newer wound care methods and options, falling back on “doing what they’ve always done.” Wound debridement often went undone with no discipline tasked in completing this role as a crucial part of wound healing. Interdisciplinary involvement was key, including evidence-based intervention and educational sessions with nurses, medical assistants, and first-line providers. Armed with new knowledge, these team players were able to initiate updated wound care treatment as a catalyst for change with the help and guidance of a wound care certified therapist. Cases will be used to highlight intervention examples that paved the way for a new mindset and culture of modern wound care in outpatient orthopedic practices that included wound cleansing, debridement, and dressings/coverage options. This model can be applied to similar situations for changing the wound care culture in settings where wounds are treated, and best practice methods are not yet up to date.			
TIME	SESSION	TITLE	SPEAKER
2:30pm – 3:30pm 1.0-Hours	216	Limb Salvage for Optimal Quality of Life	Karen Bauer DNP, CWS, UTP

Mortality following amputation increases with the level of amputation and ranges from 50–68% at five years, which is comparable to or worse than for most malignancies (Armstrong, 2007). Lower extremity ulceration, especially in the setting of concurrent arterial disease (Chronic Limb Threatening Ischemia or CLTI), also significantly influences patients’ quality of life by restricted mobility, pain, social isolation, and financial burden. Despite the high clinical burden in CLTI, there is a wide variance in management with a gaping research to practice gap (Chen, 2015). CLTI can coexist with numerous systemic comorbidities, such as diabetes and congestive heart failure, and local or regional factors, such as venous disease and atypical contributors, such as pyoderma gangrenosum or calciphylaxis. Because of this, limb salvage efforts should involve all necessary specialties and advanced management modalities in addition to diligent vascular and endovascular management. With exponentially increasing rates of diabetes globally, early recognition of CLTI and attention to limb salvage is paramount. A wide base of literature exists to demonstrate the need for comprehensive, multi-specialty teams involving wound care, however, the complexities of this concept mandate well-defined teams, effective leaders, and evidence-based protocols for successful execution. his session will review the basic principles of limb salvage with the above considerations, with a focus on CLTI.

TIME	SESSION	TITLE	SPEAKER
2:30pm – 3:30pm 1.0-Hours	217	Wounds To Die For: Palliative Hospice Wound Care	Laura Berry MSN, APRN, FNP-BC, ACHPN, CWON

In this lecture participants will learn the difference between Advanced Wound Care, Palliative Wound Care and Palliative Hospice Wound Care. We will review the goals of Palliative Hospice Wound Care, and using some case studies discuss how wound care was then selected based on the patients quality of life wishes and goals of care vs focusing on wound healing outcomes and measures, and reviewing why this isn't always our priority. This lecture does not include S.C.A.L.E. But rather wounds that can occur while in a person is in hospice and their wound management.

TIME	SESSION	TITLE	SPEAKER
2:30pm – 3:30pm 1.0-Hours	218	Virtual Wound and Ostomy Care - The Road Less Traveled	Alicia Jenkins BS, RN, CWCN
<p>Access to a certified wound and ostomy specialist is becoming increasingly difficult, with a recent estimate of one specialist to every 900 wound patients. In the post-acute setting, poor access to specialists results in inaccurate wound assessment and a lack of evidence-based treatment protocols. These problems not only extend healing times, increase the cost of care, and raise litigation risk, but they also negatively impact a patient’s quality of life. As a practice innovation, virtual management of wound and ostomy patients can significantly increase access to certified specialists and reduce costs regardless of the setting. For example, many small organizations are unable to bear the cost of hiring a full-time specialist to oversee wound and ostomy care. Larger organizations often have one or more specialists on staff but would benefit from additional resources to relieve staff or help manage a growing patient population. Likewise, virtual wound management benefits patients in rural areas who must travel long distances to receive specialized care. In this presentation, we’ll discuss some of the challenges to implementing a virtual practice. Case studies depicting patient journeys will demonstrate the value of virtual access to certified wound and ostomy specialists and how this practice innovation can improve patient outcomes and quality of life while supporting organizational goals.</p>			
TIME	SESSION	TITLE	SPEAKER
3:45pm – 4:45pm 1.0-Hours	219	Traditional bowel management versus ostomies for patients with spinal cord injuries	Carolyn Loughner Kimberly Levenson
<p>One of the most devastating effects of a spinal cord injury is impaired bowel function. Traditional methods of regulation may not be sufficient in managing bowels allowing individuals to get back to life as they knew it before their injury. Elective descending colostomies are an option for patients enabling them to regain their dignity and independence. This course aims to educate providers on bowel function of patients with spinal cord injuries, elective surgical bowel management options for patients with spinal cord injury, and the quality of life for ostomates with a spinal cord injury and examines some of the key factors driving the decision-making process. Examine functional gains to be made following an ostomy surgery and why descending colostomy is the ostomy of choice.</p>			

TIME	SESSION	TITLE	SPEAKER
3:45pm – 5:45pm 2.0-Hours	220	Debridement - work with what you have to get what you want	Laura Swoboda DNP, APNP, FNP-C, FNP-BC, CWOCN-AP
Debridement is a standard of care for wound patients to limit bioburden and expedite healing. This session reviews how to choose amongst the multiple methods of debridement, including sharp, conservative sharp, micellar surfactants, enzymatic, maggot/larval, chemicals, hydrotherapy, mechanical, microfiber pads, wet to dry gauze, ultrasound, and dressings to facilitate autolysis. Having knowledge and access to the myriad of debridement modalities allows the wound specialist to select appropriate therapies for patients in consideration of the varied clinical presentations, co-morbidities, pain, treatment setting, and goals of care.			
TIME	SESSION	TITLE	SPEAKER
3:45pm – 4:45pm 1.0-Hours	221	Keep It Simple: Case Managing Complex Wound and Ostomy Cases	Judith Kelly BSN, RN, WCC, OMS
Increasing economic burdens in a post-Covid world are affecting all communities. Many consumers are postponing medical visits, follow-ups, and procedures related to these burdens. These delays are contributing to a rise in complex wound and ostomy cases. Case managing these patients is also proving more difficult, especially as more patients are opting to be discharged home. Homecare agencies are saturated with referrals but do not have enough staff to cover the increased community demand resulting in delays in care. As a result of these delays, there is an increased need to keep discharge plans simple to meet our patients' abilities, needs, acuity, finances, and skill level. By keeping wound and ostomy care simple and utilizing cost-effective strategies, each individual's unique needs can be met.			
TIME	SESSION	TITLE	SPEAKER
3:45pm – 4:45pm 1.0-Hours	222	It Takes Two to Tango: The Effect of a Two-Nurse Skin Assessment in HAPI Reduction	Juvy Montecalvo-Acosta DNP, RN, ANP-BC, CWCN
Wound Care Champions noted the following discrepancies in pressure injury documentation during the Prevalence Study: Pressure injuries not documented on admission, Pressure injury locations and stages incorrectly noted on admission Incomplete pressure injury documentation. The team implemented a two RN skin assessments on admission, transfer, and discharge. This reduced incidence of HAPI by 49%; however, more education and reinforcement of the HAPI bundle were needed.			

TIME	SESSION	TITLE	SPEAKER
5:00pm – 6:00pm 1.0-Hours	223	An Integrated Approach to Wound Healing. Is there an "I" in TEAM?	Dawn Baker RN, BSN, WCC
<p>The need to build a team to manage wounds across all healthcare settings (Including Primary Care, Skilled Nursing Facilities, Home Care, Hospitals, and Clinic settings). We will provide evidence that supports the benefits to an organization having a wound management team (i.e. support patient outcomes, cost resource utilization, limb salvage). Building the team through networking, advocating, collaborating, and trust between the members. Members on the team will drive the outcomes; advances in specialty care can make the difference, managing costs associated with the prevention and management of wounds to promote cost resource utilization. What we will learn is a growth mindset, team diversity, improved patient outcomes/satisfaction, and reduced cost for organizations.</p>			
TIME	SESSION	TITLE	SPEAKER
5:00pm – 6:00pm 1.0-Hours	224	Pressure Injury Prevention in the Pediatric ICU Through Active Surveillance	Deborah England MSN-ED, APRN, FNP-BC, WCC, CWOCN
<p>There was a significant increase in pressure injuries in Pediatric ICUs for three consecutive years. Through Active Surveillance, it was identified our HAPI bundle was outdated, and additional education was warranted. The outcome was a reduction in "all harm" pressure injuries by 50% and "serious harm" pressure injuries by 95% in 2021. Participants will learn the effectiveness of implementing Active Surveillance. Additionally, participants can learn the vitality of having staff engaged in the "when, how, and why" process of active surveillance to promote uniformity and a higher level of care and awareness around skin health and pressure injury prevention.</p>			
TIME	SESSION	TITLE	SPEAKER
5:00pm – 6:00pm 1.0-Hours	225	Skin Tears: A Big Deal	Donna Boyer RN, WCC
<p>Skin Tears can occur in individuals of all ages but are the MOST common wound type in the elderly population. Yet, often, this type of skin injury isn't considered a 'big deal'. It is important for clinicians in all care settings to be aware of risk factors, interventions to mitigate those risks, and appropriate treatments when the injury occurs. MARS (Medical Adhesive Related Skin Injury) is a type of skin injury, including tearing of the skin, which is caused by mechanical forces on the skin during the removal of adhesives. MARS is a prevalent but under-recognized complication from the use of medical adhesives. These injuries can be painful, affecting the individual's quality of life, increasing the risk of hospitalization, or increasing the length of a hospital stay. Indeed, skin tears are a 'big deal', and we owe it to our patients to do our best to prevent them.</p>			

Saturday 9/16/2023

TIME	SESSION	TITLE	SPEAKER
8:00am – 9:00am 1.0-Hours	300	Diabetic Wounds in Home Based/ Primary Care - Demystified	Kimberly Whelan RN, DWC
<p>In this 1-hour session, you will learn strategies to increase patient engagement in treatment and how to bill for services rendered. Patient hesitancy and non-compliance with wound care, interactive plan of care development to promote patient "buy in", 1 contact point to build rapport. Learn how patient response increased when understanding treatment, short-term and long-term goals, reduction in re-injury to the affected area, and increased compliance. This will lead to increased patient compliance, engagement, and outcomes.</p>			
TIME	SESSION	TITLE	SPEAKER
8:00am – 9:00am 1.0-Hours	301	Treating chronic osteomyelitis in the diabetic foot wound: the importance of early clinical recognition.	Kristin Bojrab PT, DPT, WCC, CFCS, CFNIP, DWC
<p>In a PT-driven wound clinic without physician oversight, it is important to clinically recognize chronic osteomyelitis in a diabetic foot wound to expedite early and appropriate treatment. As PTs, we cannot order imaging, labs, or write referrals to other disciplines requiring us to reach out to providers with our recommendations. Early clinical recognition of chronic osteomyelitis can expedite appropriate imaging and treatment, including imaging to confirm osteomyelitis and rule out arterial disease, early antibiotic treatment along with appropriate debridement, topical management, and proper offloading with the gold standard being a total contact cast. Optimizing outcomes for limb preservation includes appropriate antibiotic management, controlling diabetes, smoking cessation, and appropriate offloading. The more chronic a wound is, the more likely it is to require surgical resection. Early diagnosis is essential in preventing surgical measures. The assessment of arterial perfusion is recommended by evidence-based guidelines for the treatment of patients with lower extremity wounds. In patients with diabetes, TcPO₂s can determine healing potential. Further research needs to be completed on removable offloading devices and their effectiveness in healing plantar diabetic foot wounds when the total contact cast is not appropriate.</p>			
TIME	SESSION	TITLE	SPEAKER
8:00am – 9:00am 1.0-Hours	302	To the Edge and Beyond: Periwound Assessment and Management	Emily Greenstein APRN, CNP, CWON-AP, FACCWS
<p>Wound assessment should be comprehensive, systematic, and evidence based. This session will move beyond the edge of the wound to include the periwound skin as part of the assessment. Utilizing tools that focus on the skin beyond the edge to include the periwound area and surrounding skin is necessary. The early identification of patients at risk and appropriate prevention and treatment strategies to improve patient outcomes will be discussed.</p>			

TIME	SESSION	TITLE	SPEAKER
9:15am – 10:15am 1.0-Hours	303	Cleaning it up, a closer look at Hypochlorous	Michelle Moore MSN, RN, AWCC, WCC
A strong overview of incorporating Hypochlorous in cleansing, irrigating, and debridement of all types of wounds. Currently, we cleanse wounds quickly, and knowing how important wound bed preparation is to the successful healing of our patients, we must look at new products with open eyes.			
TIME	SESSION	TITLE	SPEAKER
9:15am – 10:15am 1.0-Hours	304	It's P__ P, it's supposed to smell bad!	Khaula Reid RN
Generally, some clients are unable to get a grip on taking care of a colonostomy, not because it is difficult, but they appear to be uncomfortable with waste being discarded from a means other than the anus (bum). This talk seeks to illustrate some of the psychosocial challenges patients face. We can solve this problem through education and the use of products that have been proven to work to help curb what may be perceived by many as an unpleasant experience. If we can assist patients with discovering and becoming more comfortable with themselves and the condition, I am sure that we can help them to achieve better outcomes. Lastly, we can all learn to become comfortable with our own bodies and to work with whatever we may perceive to be limitations.			
TIME	SESSION	TITLE	SPEAKER
9:15am – 10:15am 1.0-Hours	305	Wound Care Arts and Crafts: Using Creativity with Negative Pressure Wound Therapy Applications	Kara Couch MS, CRNP, CWCN-AP, FAAWC
Negative pressure wound therapy (NPWT) is widely used in the treatment of wounds. Applications have evolved from chronic wounds to acute abdomen in the treatment of compartment syndrome to incisional therapy to instillation of fluid which lavages the wound bed. Complex wounds are frequently managed using NPWT by surgical teams to aid in more rapid wound closure. This usage requires additional skills and knowledge in troubleshooting to ensure that the therapy remains functional. This session will discuss therapy applications. Using a case-based approach, complex wound management will be reviewed, and an interactive approach with the audience will be undertaken. As the technology has advanced, so have the possibilities for usage. Tips and tricks on device management and wound bed complications will be shared.			

TIME	SESSION	TITLE	SPEAKER
10:30am – 11:30am 1.0-Hours	306	Beyond dressings, A Complex look at Wound Healing	Geneva Holiday MSN, WCC, RN-BC
<p>We will cover difficulty with the healing of chronic wounds on lower extremities, including post-operative patients. The importance of implementing compression, lymphatic massage, and Kinesiotaping to improve wound healing. The implementing of KT tape, lymphatic drainage, and compression help to reduce post-operative edema and improve wound healing. The importance of continuing education outside of traditional nursing wound care offered CEU.</p>			
TIME	SESSION	TITLE	SPEAKER
10:30am – 11:30am 1.0-Hours	307	Fistula Fiesta	Emily Greenstein APRN, CNP, CWON-AP, FACCWS
<p>This session will focus on the management of fistulas. Fistulas are characteristically hard for both caregivers and patients. They are difficult to manage and can take a psychological toll on patients and their families. This session will look at different management techniques available for the management of fistulas, both containment devices and medication management.</p>			
TIME	SESSION	TITLE	SPEAKER
10:30am – 11:30am 1.0-Hours	308	Calcinosis not-so-cute-is: clinical presentation and treatment of calciphylaxis	Laura Swoboda DNP, APNP, FNP-C, FNP-BC, CWOCN-AP
<p>Calcific arteriopathy (calciphylaxis) is a subtype of calcinosis cutis, a painful disease process that involves the deposition of calcium in the skin and soft tissue. It is usually associated with end-stage renal disease but sometimes presents in other populations. The disease is associated with a high level of morbidity and mortality due to sepsis in about 50% of cases. Early identification of common atypical presentation signs and symptoms can help expedite treatment for patients. This session reviews the clinical presentation, diagnostic challenges, and treatment of calcific arteriopathy, including a case series review of the successful multi-disciplinary treatment of non-uremic calcific arteriopathy utilizing wound hygiene, sodium thiofulate, and advanced wound therapies.</p>			

TIME	SESSION	TITLE	SPEAKER
1:30pm – 2:30pm 1.0-Hours	309	Putting the "Dynamic" in Photodynamic therapy	Eric Bly BSc, DC, MD, IIWCC
<p>Phototherapy as an adjunctive treatment in wound healing is a complex and poorly understood therapy. Advances in phototherapy (especially LEDs) have made studying these treatments more accessible. Phototherapy added to photosensitizer treatment (photodynamic therapy) may be a safe and effective treatment for a variety of conditions. Chronic wound healing may benefit from the application of photodynamic therapy.</p>			
TIME	SESSION	TITLE	SPEAKER
1:30pm – 2:30pm 1.0-Hours	310	Fungal Infections: A Hidden Burden	Jana Montagnino RN, BSN, WCC, LCMC
<p>In the wound care arena, particularly in the south, fungal infections prove to be an increasingly prevalent enemy of overall skin as well as wounds. As co-morbidities and immunocompromised disorders continue to increase, the risk of fungal infections also increases, leading to stalled wounds and delayed wound healing. Increasing costs for care may result in the presence of misdiagnosis or missed diagnosis leading to ineffective treatment and unhealed wounds. The importance of bringing an awareness of the presence of these problematic infections and properly identifying the fungi for the most effective treatment options will aid in faster and more cost-effective skin and wound healing.</p>			
TIME	SESSION	TITLE	SPEAKER
1:30pm – 2:30pm 1.0-Hours	311	More Than Skin Deep	Angel Sutton RN, MSN/Ed. CWCN, CCCN, CFCN
<p>In “More Than Skin Deep,” we will focus on wound care versus wound management. We will review the RCA (root cause analysis) to determine factors that cause the wound and impedes wound healing. Since providing wound care is more than a topical treatment plan, we need a systemic approach. During this session, we will use a treatment plan guide that reviews a variety of wound types/etiologies, topical treatment plans, and systemic approaches to guide the clinician in a holistic approach to wound care management.</p>			

TIME	SESSION	TITLE	SPEAKER
1:30pm – 3:30pm 2.0-Hours	312	Wound Care 101	Ashley Nelson APRN, C.N.P., D.N.P.
<p>While the majority of Wild on Wounds conference attendees are current wound care clinicians, many are not. This introductory presentation will discuss basic wound healing, assessment, pathophysiology of common wounds (venous, arterial, neuropathic/diabetic, pressure), imaging and diagnostics, management of associated factors, and dressing selection strategies. This lecture will review evidence-based practice and provide the basic framework for beginning wound care clinicians or those hoping to learn and bring concepts back to their specialty.</p>			
TIME	SESSION	TITLE	SPEAKER
2:45pm – 3:45pm 1.0-Hours	313	Putting Nutrition Research Into Practice- The role of Citrulline and Dipeptides in Wound Healing	Samuel Nwafor MD, FACP, FAPWCA, HMI
<p>Micronutrient supplementation and optimization has been an area of keen research interest in wound healing. Clinicians face challenges in consistently identifying and administering products that address this therapeutic need amongst wound patients. This session which will be based on actual clinical case observations and will explore practical ways to implement key nutritional supplementation interventions in complex wound patients.</p>			
TIME	SESSION	TITLE	SPEAKER
2:45pm – 3:45pm 1.0-Hours	314	Hyperbaric Oxygen Treatment of Value?	David Teguh MD, PhD, WCC, HMP, DMP
<p>The background of hyperbaric oxygen treatment will be explained, theory and practice. Guidelines for referring patients will be discussed. A review of the literature for (non) evidence up to date will be given, including the Cochrane reviews. Experience institutional results of hyperbaric oxygen treatment for indicated patients will be presented, and discuss possibilities for research in a multidisciplinary setting.</p>			

TIME	SESSION	TITLE	SPEAKER
2:45pm – 3:45pm 1.0-Hours	315	Collaboration. Who Knows Best?	Devin Kramer BSN, RN, WCC
<p>One of the problems in wound care is a lack of collaboration. Many times in wound care, I have seen a provider or nurse or patient think they know what is best. But what if everyone is wrong? What if everyone knows best, or at least what if we assume that someone else may have something they can contribute that we have not thought of? Wound care is a unique specialty that touches many other service lines, which is what makes the need for collaboration so important. The problem can be solved by keeping an open mind, listening, and having a facilitator of care. Having one specific point of contact to reach out to this allows for a smoother collaboration process. It is discovered through collaboration that patients have reasons they may or may not want to do treatments. Home care can provide home information from a medical lens, specialty MD's can speak to their areas of expertise, and wound care clinicians can voice their concerns. Other areas included in the collaboration piece are management, DME, and insurance. These areas have input regarding covered treatment and processes to make sure the team can get the things they need. Taking time to evaluate all moving parts of a collaborative team, ensures that patients get the best care and can heal wounds in an efficient and effective manner. Full Disclosure: This is a work in progress and has not been presented before. It will be well thought out and polished upon presentation. Thank you for your consideration.</p>			
TIME	SESSION	TITLE	SPEAKER
4:00pm – 5:00pm 1.0-Hours	316	CLOSING SESSION: Creating an Optimal Healing Environment: Energy and Meditation Techniques	Amy Loughren RN
<p>How mental health plays a part in the healing process, the spiritual aspect of healing, the importance of the mental health of the healthcare provider, and providing tools and best practices for meditation.</p>			