

**The NEW Updated
Wound Care Detective Workshop 2009**

Presented by:

**Bonnie Sparks-DeFriese, PT, RN, CWS,
CWOCN**

Bonnie Sparks-DeFriese is a Wound Ostomy Continence (WOC) Nurse Clinical/Instructor at the Wound, Ostomy, Continence Nursing Education Center at Emory University Atlanta, GA. Her responsibilities include 1) clinical-outpatient vascular, urology, general surgery and continence clinics; 2) instructor-WOC Nursing Educational Programs-onsite and distance learning. Education for local groups (facility based and industry) and national presentations.

Since 1994, Bonnie Sparks-DeFriese has also been the Proprietor & Director of Wound Management Institute: Providing wound care/management education and consulting business for professional groups (nursing and rehabilitation), professional schools, and healthcare facilities, including acute care, rehabilitation, skilled nursing and long term care facilities.

This NEW Updated Wound Care Detective Workshop is sponsored by:

**Allied Health Resources
6350 Regency Parkway
Suite 500**

Norcross, GA 30071

Phone (678) 689-1381 Fax (678) 689-1391

**The NEW Updated
Wound Care Detective
Workshop 2009**

Wound care is a complex and dynamic process. The wound care professional needs to be a good detective, considering all possible factors that influence skin breakdown and healing. This program will address factors from prevention to management including important considerations such as pressure redistribution devices, positioning techniques, assessment (including staging) and management of wounds, including documentation strategies and principles of topical therapy. This program will be interactive with case studies. This program will have a special emphasis on high risk pressure ulcers.

Who Should Attend?

Administrators, DONS, wound care nurses, certified nursing assistants, and other interested nurses and staff are welcome. While nurses enjoy and appreciate this seminar, administrators who have attended this seminar also have recommended it as a great program for other administrators to strengthen their understanding of this often difficult topic.



**The NEW Updated
Wound Care Detective
Workshop 2009**

December 4, 2009

At

**The Fred A. Watson Education
Center at the
Georgia Health Care
Association**

**160 Country Club Drive
Stockbridge, GA 30281**

Phone: 678-289-6555

Fax: 678-289-6400

www.ghca.info

Registration:

8:30 a.m. – 9:00 a.m.

Seminar:

9:00 a.m. – 4:00 p.m.

Lunch is included

Presented by:

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Registration Fee:

GHCA MEMBER: \$90.00 PER PERSON
GHCA NON MEMBER: \$270.00 PER PERSON
Lunch is included. Please inform GHCA upon registration if you require a special meal.

Registration will be accepted on a first come, first paid basis. To reserve a space, please mail or fax your registration to GHCA at 678-289-6400. Check our web site to obtain a copy of this brochure at www.ghca.info and click on Calendar of Events.

Cancellations

GHCA reserves the right to cancel any educational program due to low attendance or other reasons out of GHCA's control. GHCA will post a cancellation notice to the website, www.ghca.info and notify pre-registered attendees of cancellation three (3) working days or as soon as possible prior to the seminar. Please check your email for program updates. Cancellations from registrants are accepted in writing via email or fax up to one week before the program. After a cancellation has been sent, call for a cancellation verification. No telephone cancellations will be accepted. All "no shows" will be responsible for the full registration fee and applicable processing charges.

CE Hours: This course has been approved for Nursing Home Administrators for 6 CE hours under the guidelines of Resident Care.



The NEW Updated
Wound Care Detective Workshop

9:00 a.m. – 4:00 p.m. (Lunch Included)

**This program is a regular
GHCA program and is
not part of the required
training series.**

**Friday, December 4, 2009 -
Stockbridge**

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GHCA MEMBER \$90.00 per person

Non Member \$270.00 per person

Attendee 1 _____

Attendee 2 _____

Attendee 3 _____

Facility Name _____

Email (for updates regarding program) _____

Address _____

City _____

State _____ Zip _____

Phone _____ Fax _____

Method of Payment

Credit Card Authorization: All items must be completed.

Visa Mastercard Discover American Express

Charge Amt: _____ EXP DATE: _____

Card #: _____

Billing Address for this Card: _____

_____ Zipcode: _____

Security Code: _____ (Last three digits on BACK

of Card except AM EX) **Phone Number:** _____

Printed Name: _____

Signature: _____

For Office Use Only:

Date: _____ Amt: _____

CK #: _____ Dept #: _____