

This is the *next series* of Mandatory Education for your participation in the DCH/GHCA Quality Initiative

Please note that this is a NEW FALL 2010 PROGRAM and your participation IS REQUIRED

Pressure Ulcers: Wound Assessment and Documentation

Presented by:

Bonnie Sparks PT, RN, CWOCN, CWS

Bonnie Sparks is a Wound Ostomy Continence (WOC) Nurse Clinician/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. Bonnie conducts educational programs for local groups (facility based and industry) and nationally.

Bonnie Sparks is the Proprietor & Director of Wound Management Institute: a wound care educational and consulting business-providing education for professional groups



Pressure Ulcers: Wound Assessment and Documentation

Wound care is a complex and dynamic process requiring accurate and thorough documentation.

This new program is interactive and will focus on assessment of the pressure ulcer and comprehensive documentation in the LTC setting.

Documentation of risk factors, prevention strategies, assessment criteria (including staging) and management options will be addressed.

Infection control, pain management, and glucometer care will also be covered.

Who Should Attend? Administrators, DONS, ADONS, wound care nurses, other interested nurses and staff. 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.

This series of Pressure Ulcers: A Practical Approach is sponsored by: (DO NOT SEND YOUR REGISTRATION TO THE SPONSORS)



Allied Health Resources
6350 Regency Parkway
Suite 500

Norcross, GA 30071

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

www.ahrcares.com/

and



The Medicare Quality Improvement Organization for Georgia



**Pressure Ulcers:
Wound Assessment and
Documentation FALL 2010
MANDATORY EDUCATION**

**NEW! THIS IS THE NEXT ROUND OF
EDUCATION THAT YOU MUST ATTEND**

Sponsored by



August 13, 2010



Acworth

August 27, 2010

Savannah

Sept 24, 2010

Tifton

Oct 22, 2010

Macon

Nov. 12, 2010

Stockbridge

Dec 17, 2010

**Stockbridge LAST
CHANCE MAKE-UP**

Registration:

8:30 a.m. – 9:00 a.m.

Seminar:

9:00 a.m. – 4:00 p.m.

Lunch is included

Presented by:

Bonnie Sparks

Georgia Health Care Association
160 Country Club Drive
Stockbridge, GA 30281
Tel: 678-289-6555
Fax: 678-289-6400
www.ghca.info



**2010 Mandatory Education:
Pressure Ulcers: Wound Assessment and
Documentation**

Sponsored by Allied Health Resources

**Registration Fee:
\$35.00 PER PERSON**

**Limited to All Facilities Participating in the
DCH/GHCA Quality Initiative
ONLY ONE PERSON PER FACILITY IS
NECESSARY TO MEET THE REQUIREMENT.**

**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
indicate the seminar you plan to attend,
both the date and location, and 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.**

Cancellations

GHCA reserves the right to cancel any
educational program due to low attendance.
GHCA will notify pre-registered attendees of
cancellation three (3) working days prior to the
seminar. Cancellations are accepted in writing
or by 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 Management.

**Pressure Ulcers: Wound Assessment and
Documentation (NEW! MUST ATTEND)
9:00 a.m. – 4:00 p.m. (Lunch Included)**

Friday, Aug 13, 2010 – Acworth

Chattahoochee Technical College

North Metro Campus

Building 400, 5198 Ross Road

Acworth, Georgia 30102

Phone: 770-975-4050

www.ChattahoocheeTech.edu

Friday, Aug. 27, 2010 - Savannah

Coastal Georgia Center

305 Fahm Street, Savannah, GA 31401

Phone: (912) 651-2005

<http://cgc.georgiasouthern.edu/>

Friday, Sept 24, 2010 - Tifton

UGA Conference Center/Rural Development Center

I-75 South & Exit 64

Tifton, GA 31793 Phone: 229-386-3416

<http://www.caes.uga.edu/campus/tifton/conferences/location/index.html>

Friday, Oct. 22, 2010 - Macon

Anderson Conference Center at Goodwill

5171 Eisenhower Parkway, Macon, GA 31206

Phone: 478-471-4864

Friday, Nov 12, 2010 - Stockbridge

Eagle's Landing Country Club

100 Eagle's Landing Way, Stockbridge, GA 30281

Phone: 770-389-2000 PLEASE DO NOT WEAR
DENIM AT THE EAGLE'S LANDING COUNTRY CLUB.
THEY WILL NOT PERMIT YOU TO ENTER THE
MEETING ROOM WEARING DENIM ATTIRE.

Friday, Dec 17, 2010 - Stockbridge

Georgia Health Care Association Fred A. Watson
Education Center, 160 Country Club Drive, Stockbridge,
GA 30281 Phone: (678) 289-6555

**THIS IS A LAST CHANCE SESSION. ONLY REGISTER FOR DEC 17, IF
YOU CANNOT MAKE ANY OF THE OTHER SESSIONS.**

Registration Form for Pressure Ulcers Fall 2010

Sponsored by Allied Health Resources

Registration: 8:30 a.m. Program: 9:00 a.m.-4:00 p.m.

***All Facilities Participating in the DCH/GHCA
Quality Initiative Each Person \$35.00***

Your cost covers the refreshments and lunch provided with this
program. FAX TO GHCA at FAX: 678-289-6400

Date of
 program: _____

Location: _____

Attendee 1 _____

Attendee 2 _____

Email for communications regarding program _____

Facility Name _____

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 #: _____