

## Pressure Ulcers To Be or Not To Be and F314

### OVERVIEW

Long term care facilities are charged with compliance of the Center for Medicare & Medicaid regulatory guidelines and the most current clinical standards of practice for the management of pressure ulcers.

This educational program has been developed to assist the clinician in understanding the clinical aspects of the Center for Medicare and Medicaid Services guidance regarding pressure ulcers and F314. The guideline revision greatly expands the need for comprehensive documentation and aggressive pressure reduction measures.

Teaching material is based upon these guidelines/standards and will review the changes in clinical practice of pressure ulcers management and the survey investigational process. The goal is to improve communication and understanding concerning pressure ulcer prevention, management for residents with an ulcer and reducing the occurrence of pressure ulcers in the long term care setting.

### OBJECTIVES

At the conclusion of this seminar, participants should be able to:

- Describe the avoidable/unavoidable decision tree to assist the healthcare provider in understanding the difference between the two types of ulcers
- Identify risk factors which could lead to the development of pressure ulcers and use of a standardized risk factor assessment tool
- Describe ulcer assessment and describe ulcer/perilulcer characteristics including deep tissue injury
- Explain interventions and the plan of care including monitoring with accompanying documentation when a complication or change has been identified
- Identify critical element pathways to assist the healthcare provider in understanding F-314
- Describe wound bed preparation to create a stable microenvironment

### AGENDA

8 a.m.	Registration & Continental Breakfast
8:30 a.m.	Presentation
Noon	Lunch
1 p.m.	Presentation resumes
4 p.m.	Adjourn

### SPEAKER

Dr. Chuck Gokoo, MD, CMO, CWS is the Chief Medical Officer for American Medical Technologies. During his 30 year medical career, he has provided needed strategies to clinicians in the field of wound management. He has published numerous peer-reviewed articles and is a prominent key speaker at national and international society meeting regarding the many facets of wound management. Dr. Gokoo is a member of multiple professional organizations and serves as a reviewer for various medical publications. He is a Diplomat of the American Academy of Wound Management and a founding member of The American College of Certified Wound Specialist.

### LOCATIONS

#### Wednesday, February 22, 2012

8:30 a.m. to 4 p.m.  
Crowne Plaza  
3000 S. Dirksen Parkway, Springfield

#### Thursday, February 23, 2012

8:30 a.m. to 4 p.m.  
Holiday Inn  
222 Potomac Blvd, Mt. Vernon

### CONTINUING EDUCATION

Illinois nursing home administrators, physical therapists, and licensed nurses will earn 6 clock hours of continuing education for attending.

The Illinois Health Care Association is approved as a sponsor of continuing education for nursing home administrators, physical therapists, and licensed nurses by the Illinois Department of Financial and Professional Regulation.

To Register online go to: <http://www.ihca.com/education/seminar/>

# Pressure Ulcers To Be or Not To Be and the F314

Participant Name:	License Number	Email Address

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Location:

**Springfield**  
February 22

**Mt. Vernon**  
February 23

Payment:

\_\_\_\_\_ Member of IHCA, ICLTC, LTCNA.....\$125  
 \_\_\_\_\_ Non-Member, each person..... \$200

Total Early Fee \_\_\_\_\_

Add \$25 per person for registration submitted less than five business days prior to the presentation for which you register. Substitutions will be accepted on-site for registrants unable to attend.

Total Late Fee \_\_\_\_\_

TOTAL \_\_\_\_\_

Check enclosed

Charge to: Visa                      MasterCard                      American Express

# \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_ (3 digits REQUIRED)

Signature: \_\_\_\_\_

**Return with payment to: Illinois Health Care Association      OR      Fax: 217.528.0452**  
**1029 S. Fourth Street**  
**Springfield, IL 62703**



**To register online, [click here.](#)**

AMOUNT	CK#/ CC	MEMBER STATUS	DATE