VOL.

XXII

MAY, 1988

NQO. V

Dear Members:

The June conference is around the corner. If you plan to attend, now is the time to make arrangements to save costs. There are several bylaw changes which need to be voted on.

I am anticipating the birth of my baby "in time" to be able to attend the meeting. If all goes well the baby will be 6 weeks old.

At the February meeting, we all decided rather than attempt the organization of counsels that we would <u>first</u> try to just organize! Please take the time and communicate your thoughts to me. If you would answer the questions enclosed on page 4, it will help qualify what is needed to accomplish better communication in our region.

Sincerely,

Shirley

MIDEAST REGION I.A.R.T. OFFICES

PRESIDENT:

Shirley Allton w-614-383-8410

h-614-383-1745

Sue Brady

PRESIDENT-

ELECT:

SECRETARY:

Karen Granby w-513-223-6192

h-513-435-7450

Deanna Peters

w-616-382-4086 ext. 409

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TREASURER:

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Joyce Hawley TRUSTEE:

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h-513-293-0335

TRUSTEES:

Barbara Montgomery

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Sharlene Kennedy

w-313-257-9526 h-313-653-7600

R. Van Ingen

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HISTORIAN:

Pam Stilger

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h-502-964-6601

DELEGATES:

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Ethel Pryor

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h-313-532-6724

Sharon Ballard

w-313-493-6012

h-313-532-6724

Jane Beerck

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Jo Marion

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h-313-791-1147

Joanne Mok

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Sandy Duda

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FINANCE:

CONTINUING

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MIDEAST REGION ADVERTISERS

(Pages 3, 27, 28)

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Indianapolis, Indiana 46222

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317-293-6235

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YOUTH RALLEY:

Sue Brady

SHARE

PROJECTS:

Marilyn Spencer

NEWSLETTER

FUNDRAISING: Sharlene Kennedy

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Full tine of ostomy supplies and accessories, wound and skin care products, incontinence and urological products.

QUESTIONNAIRE

What is your geographic location?
Do you routinely meet with your closest peers?
If so, how often?
If you do not meet with other ET nurses, what is the main reason you
don't?
Do you meet with other nurse support groups?
If you do have a regular ET nurse group, would they be willing to
serve as a committee to the Mideast Region if asked?
In your opinion, what would be the best way to enhance communication
between already organized ET nurse groups?
What would be the best way to communicate these "ET nurse groups" to
those who do not attend?
How do you feel the Mideast Region can improve?
Please return to: Shirley Alltop, President
Marion General Hospital
McKinley Park Drive Marion, OH 43302

4

ENTEROSTOMAL THERAPY NURSING EDUCATION FOR INTERNATIONAL STUDIES

ETNEP DIRECTORS POSITION STATEMENT (DEVELOPED ON FEB. 19. 1988)

The ETNEP Directors support the baccalaureate entry requirement for ETNEP accreditation. THE ETNEP Directors also wish to respond to the needs of international nurses who wish to obtain education in the field of Enterostomal Therapy.

These nurses can be grouped into two distinct categories: (1) those who possess a baccalaureate degree or higher in nursing (or the equivalent of the baccalaureate degree in that county); and (2) those who do not possess the nursing baccalaureate or equivalent. These groups should be addressed separately. Those nurses who possess the equivalent of a baccalaureate degree in nursing and who meet other entry requirements are eligible for admission into IAET accredited ETNEPs and are eligible for the Board Certification examination upon successful completion of the ET Program. Nursing Education

Those international nurses who do not possess the equivalent of a baccalaureate degree in nursing are NOT eligible for admission into the IAET accredited ETNEPs. These international nurses DO have the option to contract for education in the field of Enterostomal therapy and may receive continuing education credits and/or certificates upon successful completion of such education and/or programs. These international nurses are not eligible for the IAET Board Certification exam.

MEMORANDUM

TO: IAET Board of Directors

FROM: Adler Droz, Inc.

SUBJ: Central Office Activities

DATE: 2/20/88

The last 7 months of providing management services to the IAET has been a very busy time. As has been the case for the last several years, new ideas continue to develop at a very accelerated pace.

Central Office Functions

ADI has continued to provide a Central Office function that includes facilities for leadership to meet and confer. President Glenda Motta has visited Central Office three times, including visits by Past President Linda Klein and Vice-President Ruth Bryant.

ADI continues to provide complete secretarial and support services for the Executive Committee members, Board of Directors, and Committee Chairs.

ADI continues to provide an Account Executive, Jenni Taylor, to administer the affairs of the association. ADI also provided full services of its support Departments; Finance, Administration, Meeting and Conference Planning, Publications and Productions, Travel Services, and Public Relations.

ADI also supplied an Executive Director, Fred Droz.

Finance and Budget

ADI, under the direction of the Treasurer, Bonnie Cunningham, reorganized the structure of the IART Budgeting process in order to provide a more detailed accounting of income and expenditures.

ADI has produced a detailed monthly financial statement and "Budget Performance Report" for the Treasurer, Board, and Committee Chairs.

We have produced and distributed the 1986-87 "Year end" financial statement, and the "End of the Year" financial statement from Deloitte, Haskins, and Sells. As you are aware, these statements indicated a net member equity of \$25,000 for the 1986-87 fiscal year.

Processed daily deposits and disbursements, and in conjunction with the Treasurer, managed the cash flow throughout the year.

Designed and administered a new expense voucher system that streamlined the payment of leadership expenses.

Administered the 1988 dues renewal and collection from members and Agency members.

Collected all Regional Financial and Regional Affiliate Financial statements.

Administered the income and disbursements of the ET Foundation. Created a new quarterly financial statement for the ET Foundation.

Successfully filed all state and federal tax documents.

Membership Maintenance, Services, and Promotion

Provided response to all membership requests and inquiries within a 48 hour period. Most requests were well within a 36 hour period.

Central Office received and responded to an average of 300 pieces of correspondence per week. Completed 1988 Dues renewal process and mailed 2nd notice to all members. The third notice will be mailed shortly.

Assisted in the development of new promotional material and distributed IAET literature to appropriate sources and requests.

Provided the regions with updated membership information on a weekly basis. Regional Presidents and Membership Chairs receive notification on all member address changes, etc., as well as C.V. Mosby Company.

Completed a membership promotion mailer to NARD members.

Facilitated communication between IAET leadership and Regional leadership and members.

Responded to all requests by members for the purchase of membership materials, pins, badges, etc.

Produced the <u>1987-1988</u> Membership <u>Directory</u>.

Communications Services

Under the direction of appropriate Committee Chairs, developed and produced literature required for IAET events and activities. This included meeting brochures, educational materials, posters, directories. and stationary. Provided in-house access to all production of these materials.

Reprinted the <u>Urinary Incontinence</u> Standards.

Reprinted the Standards of Care - Dermal Wounds: Pressure Sores.

Meeting and Conference Planning

Under the leadership οf Chairperson of the National Conference Planning Committee, Debra Broadwell, continue to make arrangements and negotiate with the hotel the on 1988 Conference.

Designed and produced all promotional materials for the 1988 Annual Conference.

Administered the collection and processing of all registration fees.

Developed and produced all materials for solicitation to all industry exhibitors. This included design of the Exhibit Hall and production of the Exhibit Brochure and Solicitation. Coordinated and administered the Exhibitor Solicitation to over 400 companies on the IAET exhibitor list.

Coordinated and produced all speaker and guest invitations.

Coordinated the Executive Working Session, including all travel, hotel, and meeting arrangements.

Governance and Leadership Coordination

Facilitated communication between association leaders and general membership. Assisted identifying individuals for potential leadership positions. Advised and consulted with the President and other members of the Board with regard to overall policy and political issues. Facilitated various strategic planning session, including the Executive Session, toward the coordination of all IAET activity.

Direct Mail Services

Developed the first draft of letters and materials related to the 1988 Direct Mail Campaign. This included letters to the three target audiences; HMO's, Discharge Planning Nurses, and Skilled Nursing Facilities. These letters are currently being reviewed by Glenda Motta and Ruth Bryant.

Coordinated the services of professional mailhouses to better facilitate written communication of

the association.

Continuously investigated the most cost efficient direct mail services and production.

Public Relations Services

Developed and periodically revised a long range public awareness plan, encompassing a broad range of activity and Association goals.

Continuously advised IAET leadership on overall public awareness strategy.

Developed, produced, and distributed timely press releases on all IAET activities and programs as conducted.

Government Relations

Coordinated and administered the HCFA Urinary Incontinence Task Force meeting in Washington, D.C., which included representatives from IAET, ARN, and 10 industry representatives.

Under the direction of the Government Relations Chairperson, Nancy Faller, advised on legislative and political strategy.

Blueprint for the 90's

Coordinated a meeting of the Steering Committee in Dallas, Texas in December.

Coordinated the solicitation of the "Request for Proposal" that was sent to all companies identified.

Solicited \$13,000 from sponsors for the funding of the TaskForce.

Research Committee

Produced over 100 letters that were sent to Deans and Universities soliciting the IAET Research activities.

IAET-UOA LIAISON REPORT

from Betty Razor, RN,BS, IAET-UOA Liaison.

The UOA publishes a monthly newsletter with committee and organizational information. The following are excerpts.

Corporate Discrimination

If an ostomate experiences some form of discrimination because of an ostomy, they are encouraged to contact UOA Central Office. position UOA's that arbitrary corporate action and/or discriminatory employment practices must be challenged. Two recent occurrences, one at national, chapter level, required intervention (e.g. an ostomate was refused access to a swimming pool for rehab treatment).

The SHARE Program

In the past three years, some 28,000 pounds of ostomy supplies and equipment have been shipped to Hungary, Zimbabwe. Yugoslavia, Peru, Argentina, India and Columbia through the UOA SHARE (Sending Help and Rehabilitation Everywhere) program. The need for supplies The International remains great. Relations Committee has voted that South American nations be given high priority in the coming year. Project SHARE coordinator is Maria Siegl of Toronto. The primary collection point for the USA is:

SHARE

c/o North Coast Tool & Die Co. 35940 Sugar Ridge Road North Ridgeville, OH 44039

Supplies should be unused, should be clean, should contain nonaerosol cans and should be neatly packed in small cartons of less than 40 pounds, with the contents clearly marked on the outside of each box. Each donor is asked to pay for the shipping cost of his/her donated

goods. Contributions to help pay for shipping the donated goods to foreign countries are also appreciated.

Additional collections, storage and shipping facilities and volunteer staff are being sought: please contact Maria Siegl, 2000 Islington Ave., Ste. 1409, Weston, ONT M9P 357, Canada, Telephone (416) 245-1597.

UOA Conference

Scheduled for July 12-16 in New Orleans in a beautiful hotel right next to the Mississippi river and the French Quarter. The 1989 conference will be in Miami, FL.

ELLEN SHIPES FOR SECRETARY !

Ellen Shipes, RN,MN,MEd,ET, SE Region is running for Secretary, IAET. The following are her accomplishments:

National

- 13 years member IAET
 - 9 years member Standing Committee
 - 2 years member PR Committee

Regional President

Director two times

Chair - PR Committee/CE Committee/ Nominating Committee

Ellen has proven to be a dedicated member and worker and will be an excellent secretary. The SE Region is pleased to nominate Ellen. Many of you know her personally or through her many publications and lectures. We appreciate your vote in Dallas or by absentee ballot. Please vote.

Carolyn Cuttino, RN, BSN, ET President, SE Region

REGIONAL COMMITTEE REPORTS

GOVERNMENT AFFAIRS COMMITTEE

Olga Cameron was the Mid East Region's representative to the Nurse Internship program in Washington, D.C. from Feb. 28 - March 4, 1988. We will be looking forward to hearing from her about her experiences. Olga will also become the Mid East GAC Chairperson for the next year.

The GAC Newsletter VII, #5, March 14, 1988 from Nancy Faller was very newsy. I will highlight as many areas as possible.

THE BUDGET RECONCILIATION ACT OF 1987

practitioner or clinical nurse specialist will be permitted to certify/recertify the need for patient care in nursing homes. addition to the physician requirement for scheduled physical exams, a second snag in legislation is the lack of authorized funding to pay NP's or for the certification/recertification visit.

Nursing **Home** Quality Amendments -- Nursing homes will be required to have 24 hr. licensed nursing coverage, with an RN at least 8 hrs. a day. Additionally, an RN will be required to coordinate the initial assessment of new admissions. ANA requesting that HCFA closely scrutinize facilities that request a waiver of the nurse staffing patterns to ensure that wages and benefits are comparable with those of hospital employees in the same area.

Medicare Community Nursing and Ambulatory Care -- The secretary of HHS is mandated to create no less than four demonstration projects of

community-based nursing organizations providing nursing services for Medicare Part B beneficiaries on a prepaid, capitated basis. These projects are expected to be set up in about 16 months. Payment and evaluation mechanisms are being worked out.

The VIETNAM WOMEN'S MEMORIAL is a statue depicting a woman in fatigues, commemorating all women who served in Vietnam. The Fine Arts Commission rejected a proposal to place this statue on the mall in the vicinity of the wall. HR3628 & SJR215 would bypass the need for approval of the Fine Arts Commission. The NFSNO is encouraging all nurses to write their legislators in support of this memorial.

Nursing Shortage Reduction would provide: (1) an advisory committee to identify solutions recruitment and retention; projects to demonstrate improved - long term care practice; (3) grants develop innovative nursing practice models' (4) establishment of nurse recruitment centers. bill (S1402) was passed September. A companion bill was introduced in the House. Senator Kennedy is incorporating legislation into the Nursing Education Act, which is being introduced with a 100% increase in funding.

NEWS: Kay Lani Rae Rafko RN, Miss America 1988, volunteered to star in a PSA for the ANA. This 30-second announcement encourages young people to choose nursing as a career. The taping was done on her home court - St. Vincent's Hospital in Toledo, OH where she plans to return to a position in oncology after her one-year reign is complete.

HHS Secretary Otis Bowen has appointed Carolyne Davis as chair of a Commission on Nursing, to explore both the recruitment and

retention of nurses. Data on the nursing shortage will be reviewed. Nursing organizations will be asked to submit written testimony. But, most importantly, field hearing will be held to elicit information from (1) grass roots nurses with hands on experience and (2) young people who did and did not choose nursing as a career.

HFCA ostomy and incontinence codes: HFCA evaluates the IAET's proposed codes, some of the local Medicare carriers are beginning to use these codes for reimbursement. If you hear that your carrier is revising codes or are asked for input, it is crucial that you contact a member of the IART Government Affairs Committee, will advise you on the status provide direction. If you hear of any activity in your area or are asked for input, please notify of the following people:

- 1) Nancy Faller (Vermont) (802) 775-2398
- 2) Barbara Oot-Giromini (New York) (607) 798-5157
- 3) Jill Morris (Texas) (512) 694-2008

Respectfully submitted, Karen Granby

"NURSE IN WASHINGTON INTERNSHIP"

by Olga V. Cameron, RN,ET

My personal thanks to the Mideast Region of IART for giving me the opportunity to attend the "Nurse in Washington Internship" in March, joining nurses from across the county. Networking at its best!

The grueling, but exciting, week long program started with our orientation and introduction of the <a href="https://linear.com/linea

Nurses, said the key work for the . 4 week would be FLEXIBILITY!

The program was divided into five focus areas:

- 1. Health Policy Day with a review of the legislative process, budget allocations, and roles of the 535 members of the House and Senate.
- The myriad of Federal Agencies is overwhelming, but the work is accomplished within defined parameters. I spent an afternoon with Dr. Fallon (also a nurse) the Administration on Aging. Her department works with state and area agencies to develop communitybased care systems. Next visited was the Institute of Medicine discussing their joint project with the Public Health Service. Dr. Michael Stoto, PhD, the Study Director, stated that testimony has been collected from seven cities which will be used to develop national health objectives for the year 2000.
- 3. As our political savvy was increasing, we were ready for visits with our legislators on Capitol Hill. I met with three legislative assistants presented various issues and/or bills pertinent to nursing health care. We were well received with varying responses to issues.
- 4. Day Four dealt with coalition building and strategies needed. One issue stressed was the need for nurses and doctors to collaborate for effective care (collaboration is a part of ET nursing!).
- 5. Now that we have all this knowledge, we need to take it to the grass roots level and organize at the state levels. (Michigan has Project MUSCLE). Our IAET President, Glenda Motta, shared the "David & Goliath" experience to show that nurses can impact the regulatory arena. "Goliath" refers to the unapproachable Health Care

Financing Administration (HCFA). Financing Administration (HCFA).
The written proposal with video explanation showed the need for coding revision. Our thanks to Glenda and the ET nurses who opened the door to "Goliath's Den" Knowledge, networking, legislative Brenda Kerschbaum, RN, BSN, ET experiences at the "Washington pace", a fascinating week and I recommend it highly.

CONTINUING BDUCATION

Results of the 1987 Regional meeting Assessment Needs form. There were 28 responses; I highlighted the 8 subjects that had the highest interest.

- l. Management of gastrostomy, esophagostomy, jejunostomy. nephrostomy tubes.
- 2. New techniques/products
- 3. Third party reimbursement
- 4. Creative teaching tools
- 5. Fistula management
- 6. Management of high output ileostomy
- 7. Health care legislation
- Bowel transplants

Please feel free to contact me with questions or concerns.

Patrice Sprung, RN,ET Continuing Education Chair

NOMINATIONS

Now is the time to begin thinking about how you can be more involved in the Mid East Region. Have you thought of serving as an officer or delegate? It certainly provides a way to be involved and to get to know more of the membership.

The offices up for election in November are President-elect, Secretary and Regional Trustee and member for the Board of Trustees. These all require two year commitments. Delegates are elected each year (one commitment).

Please give it serious consideration. Feel free to contact me for information or look for me at the National Convention in Dallas.

BUDGET AND FINANCE

No report.

PUBLIC RELATIONS

No report.

MEMBERSHIP

No report.

PUBLICATION

Our staff of reporters is beginning to "shape up", providing us all with information regarding area news, activity needs, and concerns. If your area is not represented and would like to assume the responsibility of reporter, please let us know. If, as an individual, you have information or comments, put them on a piece of paper and send it to us. This is newsletter.

We look forward to all information brought back from the IAET National Meeting. From the agenda, it looks to be an interesting meeting.

Remember these 1988 Deadline Dates:

September 1, 1988 January 15, 1989 April 1, 1989

BYLAW CHANGES

HONORARY MEMBER: This bylaw addition is meant to give mechanism to honor those who have contributed to our region.

TREASURER'S <u>DUTIES</u>: Proposed bylaw changes will help clarify that our investments will be diversified and protected by the brokers of our chosen firm.

If there are any questions about these changes, please check with Rose Marie Van Ingen.

SPECIAL COMMITTEES

YOUTH RALLY

No report.

SHARE PROJECTS

800 stamps have been sent to Mary Jo Kroeber, President, WCEI, for the South African Inoculation Project. These stamps should correspond to 4 inoculations. Anyone wishing to contribute canceled postage stamps can send them to Mary Jo directly, or contact me at the Cleveland Clinic.

Thanks to all who have assisted in this effort.

Marilyn Spencer, RN,ET

FUNDRAISING COMMITTEE

All arts and crafts donations will be most welcome for the June or October raffle. Please contact me if you wish to contribute.

Please take turns to "man" our booth in Dallas.

Barbara Montgomery Chair

PRESIDENT'S AWARD

Please submit your ideas for candidates to me. We have many in our region who deserve to be honored! Your input will help me

to select an awardee. The award is meant to recognize individuals whose achievement or contributions to RT Nursing, service to the region, have brought recognition to the region.

NEWSLETTER FUNDRAISING

I have become the new fundraiser for the newsletter. I am very proud to serve you in this capacity. I am looking forward to your help in accomplishing our goal of increasing the ads in the Mid-Basdropper. We have changed the format for the advertisements and feel you will be pleased with the changes.

Ads are to be business card size and camera ready. \$25.00 for this size entitles the advertiser to all four issues of the Mid-Easdropper.

A printed ad or position wanted ad will cost per issue:

1/4 page \$ 25.00 1/2 page \$ 50.00 3/4 page \$ 75.00 1 page \$100.00

I have sent a letter and application to every retailer in the Mid East Region. It would be most helpful if ET nurses would visit or call their local retailers and encourage them to advertise in the Mid-Easdropper.

If they didn't receive a letter and application, they may write or phone me at the following numbers:

Sharlene Kennedy 7371 N. Gale Road Otisville, MI 48463

w: (313) 257-9000 page

h: (313) 653-7600

Thank you for all of your cooperations in our endeavors to make your newsletter work for you. Sharlene Kennedy, RN,ET

MISEAST REGIONAL TRUSTEE REPORT

Semi-Annual Board Meeting Dallas, Texas February 20 - 12, 1988

At the Board Meeting I addressed the concerns of the Mideast Region.

1. The first concern was IAET linking with NARD (National Association Retail Druggists). Glenda had made mention of NARD in several of her correspondence to me regarding membership. There seemed to be a concentrated drive to seek NARD members for Associate Membership in IAET.

Regional questions:

- 1. What are the mutual benefits for NARD and IART?
- 2. Would NARD promote themselves as qualified specialists?
- 3. Did NARD plan to lobby for IAET, if so, who would monitor?

Board replies to concerns:

- 1. Glenda had been asked to speak at an NARD meeting. In explaining what an ET nurse does, there were several who asked how they could get in touch with an ET nurse. Glenda told them to join IAET (Associate Membership) and receive the National Directory. There was a mailing to NARD members for recruitment to join IAET. This mailing resulted in three NARD members becoming Associate Members of IAET.
- 2. The concerns of how complicated IAET's CEU process is was addressed to Harriet Pilert, Continuing Education Committee. She stated that the packet contained much "how to" information which added to the bulk of the packer. It is perfectly acceptable to go through a hospital that is a provider of ANA CEU's. The criteria are the same.

- 3. The length of delay in receiving the IAET Membership Directory was addressed. Directory was funded by a major company, who requested to do the printing. The Directory information was mailed to the company on October 15, 1987, by Federal Express. From there is was sent to another division of that company for printing, and there was a delay in the process. The Directory was returned to IAET Central Office, by their request, in November and sent to printers. I (and other Board Members) received a copy early in January of 1988. The membership mailing was sent bulk rate to save thousands of dollars in postage. This resulted in a great delay, but hopefully all of you have received the Directory by now. In the future, the Directory will printed by Central Office to avoid the problems encountered with this publication.
- I asked that a computer membership listing be sent to the Secretary of our region (for records for voting accurate purposes). The Executive Board, as well as many Regional Trustees, said that the updated membership list should be kept and provided for voting purposes by the Regional Membership Chair. They felt it was best for one person to responsible. Central Office will give the Secretary a list if she desires, or the Membership Chair could copy her list for Secretary.
- 5. On the concern of National dropping names of non-renewal members too quickly, it was again the consensus of the Executive Board and some Regional Trustees that this is also the responsibility of the Regional Membership Chairperson. Other regions keep a list of members not renewing and make periodic contact with these people.

Other highlights of the Semi-Annual Board Meeting:

- 1. There will be an evaluation of the Management First of IAET. The President and Treasurer (IAET), a Regional Trustee (Christy Wright, who has an MBA) and someone chosen from Regional Presidents will be on the Review Board. Adler Droz's contract is up for renewal in 1990.
- 2. When making flight arrangements to go to Dallas in June, if you can, fly into Love Field rather than DFW it will be closer to the downtown hotel. If you make reservations through IART Travel Service, there will be ground transportation at a cheaper rate, Fred tells me.
- 3. There are only 500 Certified ET Nurses. There are 27 non-nurse ET members. Certification Boards will be given in Dallas, on June 25th. The executive Board is working on a new pin for Board Certified ET Nurses.
- 4. The IAET is working on a statement regarding HBV and HIV guidelines for ET nursing.
- 5. IAET Management Firm will present a monthly report.
- 6. There are plans not to have a separate UOA Liaison (this person has been a Regional Trustee). The President or Vice President attends the UOA functions, and it would be a budget saving measure for only one member to attend.

The lack of membership growth (47,000 members) is an increasing concern. UOA will expand visitation to VE Medical Centers. There is a Task Force trying to find out why only 20% of ostomates take advantage of UOA and only 7% of approximately 700,000 ostomates are members of UOA.

- 7. The Regional Trustee assigned to Membership may receive another assignment. The plans are to have each Regional Membership Chairperson be responsible for these duties. There are other IAET committees that need Co-Chairs.
- 8. At conference, on Thursday following House of Delegates and Installation of Officers, the raffle announcements will be made.
- 9. The Scholarship Committee would like each region to consider giving more funds for scholarships to ET schools.
- 1989 Conference Washington, DC
 1990 Conference Las Vegas
- ll. Hyatt Regency, Dallas is downtown, and is a lovely hotel. There is a Dartabout serving downtown Dallas at the west end running every 15 minutes for a cost of 35 cents.
- 12. There was enough interest shown by the ET nurses on the IAET insurance survey that they will continue to investigate the possibility of coverage.
- 13. The 1988 Dues Renewal process was mailed by Central Office and a second notice was also mailed out. A third notice will be mailed shortly.
- 14. I have sent the Adler Droz, Inc., Central Office Activities Report to be printed in this newsletter.

IART 20TH ANNUAL CONFERENCE

June 26 - July 1, 1988

"BACK TO THE FUTURE"

Location: Dallas, Texas

Pre-Conference Board Meeting

Monday, June 27, 9-5 p.m. Please try to attend.

Mid East Board Meeting

Monday, June 27, 5-7 p.m.

Regional Meeting

Tuesday, June 28, 12:30-5 p.m.

Voting

Thursday, June 30, 12-2 p.m.

House of Delegates

Thursday, June 30, 1-5 p.m.

DELEGATES! DELEGATES!

Just a reminder to check the IAET Conference dates and program in the March/April 1988 JET. As a delegate you are expected to attend:

IAET Pre-Conference Board
Meeting
Regional Board Meeting
Regional Membership Meeting
House of Delegates

It is important to read the preconference booklet. Please let me know is you are unable to serve as a delegate.

See you in Dallas!

Ethel Pryor Chair

Tellers for Voting

Thursday, 6/30/88, 12-2 p.m.

Anyone attending the conference: please let me know if you would like to volunteer for this task.

Shirley.

Committee Meeting at Conference

Any chair wanting to meet with their committee should decide the time and day and submit it for space allocation. All chairs are strongly encouraged to attend National Committees as are all committee members.

TO: REGIONAL TRUSTERS

FROM: GLENDA MOTTA RN, MPH, ET PRESIDENT

DATE: APRIL 4, 1988

Please remember that I asked you all to discuss the issue of a member employed by industry running for office of the Association with your Regional Board prior to Annual Conference. I would like an idea of how the membership feels on this issue before we go into the House of Delegates.

Please contact Joyce Hawley, Regional Trustee, with your thoughts on this issue by June 1.

IART ABSENTER BALLOT

There is an Absentee Ballot application in the March/April issue of the JET. Those members who wish to exercise their right to vote are encourage to utilize the form. The completed application must be received by May 15, 1988.

SOUTHEASTERN MICHIGAN NEWS

TRI-STATE NEWS (SE OH, WV, KY)

On March 22, 1988, the Tri State ET Nurses met at the Marriott Charleston, WV. Final confirmation been received that Alterseu and Dr. Richard Burton will be speaking at the Regional Meeting in Charleston, WV October 28 and 29th. Catherine Klose, RN, Sales Representative from Coloplast, Inc. gave an interesting and informative presentation of the Coloplast Plug. This gave the ET Nurses in WV a chance to become acquainted with the use of the plug. Dave C. Sanford, Product Tampa, FL, was Director, present to answer questions.

The next meeting will be held on April 26, 1988 at the Marriott. At this time Joe Higginbotham, Mediscus, Therapeutic Patient Systems, Inc. will be giving the update on pressure relief. In May the Area ET Nurses will journey to Wheeling, WV for their monthly planning and inservice meeting.

Phyllis Brown, RN, BSN, ET Reporter

SW MICHIGAN NEWS

ET Nurses met in January at Forges Hospital in Kalamazoo. Trudy Blied organized the program which focused on "Adolescents: Substance Abuse and AIDS". The lecture was outstanding and informative. We believe ET Nursing will become more involved with these two problem groups.

The next meeting is scheduled for April in Battle Creek with the focus on problem sharing and solutions.

Carol Hepp, RN,BSN,ET Reporter.

The SE Michigan ET Nurses and Ostomy Specialists have had three educational meetings since December, 1987.

Shere Ballard, RN, ET, from Perry Comfort Care, hosted a luncheon meeting December 7, 1987 at the Holiday Inn in Deerborn. Carol Mikons, MSN, RNCS, ET, a recent graduate from Emery University ET Nursing Education Program, gave a presentation on Wound Management Problems.

On February 3, 1988 Rose Marie Ingen, BS, RT and Sister Maryann Woodward, RN.ET organized planned our afternoon meeting at Providence Hospital. Dr. Hiller, a gastroenterologist at Providence Hospital, presented a case study of patient with "Sclerosing Cholangitis" who had massive GI bleeding secondary to ulcerative colitis. This is a rare phenomenon, but does occur as complication of UC.

The slide sharing session that followed was, as usual, helpful and informative. Linda McGee, RN,ET from Midland presented her slides on the management of various drain tube problems including gastrostomy tubes.

Carol Kirken, LPN, an Ostomy Specialist from Crittenton Hospital in Rochester, presented the care of terminally ill breast patient with a malignant, smelling breast legion who had been told that "No further treatment options were available to Ms. Kirken's message to us was, "Don't give up on your patient". With Carol's interventions, plastic surgery was arranges to remove the foul smelling malignant growth. The patient's response to surgical and ET Nursing interventions are available on video tape from Carol.

An April 13th meeting was held at Grace Hospital in Detroit and hosted by Olga Cameron, RN, ET and Diane Singer, RN, ET. Nutritional and management assessment patients with chronic wound was presented by Dr. Kurt Hesse, a member of the Nutritional Support at Grace Hospital. Mary Siegreen, MSN,RN, a vascular clinical nurse specialist at Harper Hospital, presented the nursing management of patients with arterial/venous leg ulcers.

A summer meeting, after the IAET National, is being planned by Linda McGee, RN, ET in Midland Michigan.

I'd like to take this opportunity to thank all those individuals who help in making these education meetings possible for us, so that we can learn what other ET Nurses and Ostomy Specialists are doing with their patients. It is also a great way for new ET Nurses in Michigan to learn from the experts and keep updated on current trends.

Diane Singer, RN,ET Reporter

CLEVELAND NEWS

The Cleveland area ET Nurses held spring meeting at the Cleveland Clinic Foundation on April 12, 1988 from 2:30-4:30 p.m. program was entitled "Alternative Forms of Urinary Diversion" by David Wood, MD. Issues of local interest discussed and included upcoming educational and professional meetings as well as a Cleveland area test site for certification.

The next meeting will be hosted by Joy Bredenbeck RN, BSN, ET at Lakewood Hospital.

The 8th Annual Cleveland Ostomy Day was held in Bunts Auditorium of the Cleveland Clinic Foundation of January 16, 1988 from 1:00-4:30 p.m.

The educational program was attended by 115 ostomates, their families/friends and ET Nurses.

Cheryl Van Horn, ET Reporter

REPORTERS

Susan Brown Columbus, OH
Nancy Rioux Cincinnati, OH
Sandy Duda Elyria Area, OH
Cheryl Van Horn Cleve/Akron, OH
Phyllis Brown Tri State Area
Diane Singer Southeastern MI
Carol Hepp Southwest MI

Reporters needed for Indiana, Louisville and Toledo areas.

IF YOU WERE BOARD CERTIFIED IN 1983, READ THIS !!!

The ET Nurses in Cleveland are interested in establishing a nearby area for the IAET certification examination in November 1988. If you have never taken the examination, or are eligible for retesting, please call or send a note (a postcard will be OK) to me.

Remember, you can save \$50.000 by grouping with 10 or more ET Nurses who will test at the same site.

We invite any and all interested ET's from western Pennsylvania, as well as those in the Mid East region, to contact:

> Joan VanNiel, RN, MA, ET or Barbara Hocevar, RN, BSN, ET Cleveland Clinic Foundation E.T. Dept. - Area M-41-06 9500 Euclid Avenue Cleveland, OH 44106

EXAM IN NOVEMBER FOR COLUMBUS

If interested, contact:
Nancy McClees, RN,ET
6953 Macgregor Court
Worthington, OH 43085
(614) 431-9073

BT NURSES ON THE MOVE

Relocated:

Judith Schaffer, RN,ET (Cincinnati, OH)
new: 9105 Shady Hollow Way
Fair Oaks, CA 95628

Employment Change:

Brenda Kerschbaum, RN,BSN,ET St. Vincent Medical Center 2213 Cherry Street Toledo, OH 43608 w: (419) 321-4645 h: (419) 382-6977

Congratulations !

Barbara Hocevar (Cleveland, OH) was inducted into the Nursing Honorary Society at Ursuline College on April 15.

LITERATURE REVIEW

Yes I Can: Ostomy Nutrition
and More

A Nutrition Notebook for Someone
with an Ostomy 1987
by Anita Price, ET
& Lynda Allen, RNET

Reviewed by Diane Krasner, RN,MS,ET Baltimore Ostomy Association Bulletin

YES I CAN is a loose-leaf notebook filled with 116 computer-printed pages on many aspects of nutrition that are of interest to ostomates. first chapter discusses nutrition in general (including what is meant by a "balanced diet") and reviews the major nutrients and their functions. Chapter includes a brief overview of the different types of ostomies colostomy, ileostomy and urostomy includes specific dietary considerations for each type. III gives detailed guidelines for reaching optimal nutritional health by maintaining a

reasonable weight, limiting fat, drinking adequate fluids, balancing electrolytes, chewing foods thoroughly and balancing dietary fiber. Chapter IV is a potpourri of information on diverse subjects, including odor, gas, travel, medications, specific diet types, etc.

YES I CAN is richly illustrated and makes for easy, informative reading. For the ostomate, the notebook provides everything you always wanted to know about nutrition in an easy-to-read format. For the professional -physician, ET nurse, nutritionist - the notebook is an accurate, thorough quick-reference.

YES I CAN can be ordered by sending a check or money order for \$25.000 (includes postage and handling) made out to "YES I CAN" to: YES I CAN, 9226 Lee Lane, Manvel, TX 77578. Allow 6 weeks for delivery. The notebook will be introduced at UOA National Convention in New Orleans in July, 1988.

IMPORTANT DATES CALENDAR OF EVENTS

W.C.E.T. May 22-28, 1988 Gothenburg, Sweden A.U.A.A. June 2-6, 1988 Boston, MA ASCAR'S June 12-17, 1988 Disney Hotel, Anaheim, CA I_AET NATIONAL CONFERENCE: "BACK TO THE FUTURE" June 27-July 2, 1988 Hyatt Regency, Dallas, Texas <u>National</u> <u>UOA</u> July 13-16, 1988 Marriott on Canal Street New Orleans, LA UOA Youth Rally July 26-August 2, 1988 Boulder, CO MIDEAST FALL SYMPOSIUM: "SKIN IS IN: INJURY, INSPECT, INFORM, IMPLEMENT AND IMPROVE" October 28-29, 1988 Marriott Inn, Charleston, West VA

Proposed BY-LAW changes: June 1988

* These are proposed BY-LAW changes and may have additions, revisions or deletions at our Semi-Annual Region meeting in Dallas, Texas,

ction I - E.	Proposad	Rationale
	E. Honorary Member - Honorary membership may be conferred upon individuals who have been recommended by the general membership an approved by the Board of Trustees. /Those honorary members who are active/retired members when honorary membership is conferred will retain all the privileges of active membership.	Provides opportunity for active participation of the members choice.
rticle V - Officers		
ction II - Requirements for Office		
hold an office, a person must be active member in good standing r at least one year immediately for to election and have consentin writing to serve.	To hold an office, a person must be an active member in good standing for at least one year immediately prior to election and have consented in writing to serve. No Regional officer may concurrently hold a I.A.E.T. office.	To comply with present I.A.E.T. By-laws.
ction X - Treasurer's Duties	·	
Have the care and custody of all funds of this Region, and deposit all such funds in such bank or banks approved by the Board of Trustees.	1. Have the care and custody of all funds of this Region, and	Provides for investments of the Region.
	8. At the expiration of the term of office, the Treasurer shall deliver over to their successor, all books, money and other property in their charge or, in the absence of a successor, the Treasurer shall deliver such properties to the President.	Provides a procedure to transfe properties of the Region.
ticle VIII - Delegates		***************************************
tion II - Appointment:	O. If allotted number of delegates/alternates are not in attendance at the Annual I.A.E.T. Conference, the Mid-East President will appoint the needed members.	Provides a mechanism to insure full representation of the Region at the I.A.E.T. House of Delegates.
tion IV - Election:		
egates shall be elected at large. Hinees recieving the largest number votes in descending order until required number of delegates and ernates is reached shall be lared elected.	A. Delegates shall be elected at large. B. Nominees receiving the largest number of votes in decending order until the required number of delegates and alternates is reached shall be declared elected. C. The Delegate Chairperson will be elected by the membership present at the Annual Regional meeting. D. The Delegate Chairperson must have served as a delegate or have been an elected Board member within the past two years.	Clarification of needs.
ticle XIII - Fiscal Year		
tion I - Fiscal Year Dates:		
fiscal year of this Region 11 be from July 1 through June	The fiscal year of this Region shall be from June 1 through May 31.	Timing needed to prepare budget reports for presentation at annu
ticle XIV - Dissolution		
tion I - Dissolution:		
n the dissolution or termination activity of the Region, all re- ning assets after the payment the legal debts and obligations the Region shall be distributed a non-profit organization or unizations in such manner as the	Upon the dissolution or termination of activity of the Region, all remaining assets after the payment of the legal debts and obligations of the Region shall be returned to the Treasurer and Secretary of I.A.E.T. If I.A.E.T. is non-existent, any assets would be distributed to a non-profit organization as the Board in charge of liquidation shall determine.	Complys with I.A.E.T. By-Laws
stees or persons in charge of liquidation or dissolutions ll determine.		



ersolbem mewsletter



FOR DME SUPPLIERS AND PHARMACIES

from Nationwide Mutual Insurance Company • Medicare Operations • P.O. Box 57 • Columbus, Ohio 43216

JANUARY 1988

SUPPLIES— CODES AND COVERAGE

Nationwide Mutual Insurance Company as the Medicare carrier for Ohio and West Virginia, in cooperation with representatives from the supplier community and local registered nurse enterostomal therapists, have revised and expanded the Health Care Procedure Code (HCPC) supply manual. Several new procedure codes have been added and pricing allowances have been established. These changes will be in effect January 1, 1988 with the exception of the local codes (codes beginning with Z) that will be non-covered. These items will be reimbursed through February 29, 1988. Beginning March 1, 1988 these items will be non-covered. They are considered to be not medically necessary for the care of an ostomy. These decisions were reached through consultation with representatives from the supplier community and the enterostomal therapists.

Please see the coverage issues and coding guidelines section marked "Ostomy Supplies" for a list of the items discussed.

Subject Matter Included In This Newsletter:

- A. Coverage issues and coding guidelines
- B. Miscellaneous Guidelines
- C. Utilization Parameters
- D. Electronic Media Claims
- E. P.O. Box
- F. Codes and Allowances

A. COVERAGE ISSUES AND CODING GUIDELINES

TRACHEOSTOMY SUPPLIES

Tracheostomy tubes, cannulas, and supplies are covered under Medicare Part B as a prosthetic device. The supplies provided in tracheostomy clean/care kits are necessary for the effective use and care of the tracheostomy. Listed below are the supplies commonly included in a kit:

Cleaning Brush
Gloves
Pipe Cleaners
Twill Tape
Cotton-Tipped applicators

Gauze Sponges Plastic Tray/basin Waterproof drape Tracheostomy dressing Any supplies that are billed separately from the kit will be non-covered. Tracheostomy tube holders will also be non-covered as twill tape serves the same purpose.

SUCTION CATHETERS

The tracheostomy kit does not include the allowance for the suction catheter. Suction catheters are covered only when the patient owns or is purchasing the suction machine (E0600). If there is no indication on the claim or in the patient's history that the patient owns or is purchasing a suction machine, the suction catheters will be non-covered. Suction machines are allowed for diagnoses of cancer of the larynx, cancer of the throat, severe or terminal cardiopulmonary disease, congestive heart failure, chronic pneumonia, neck surgery required for malignancy, constant reclining position which would impair swallowing, severely impaired swallowing from any cause, tracheostomy, or excessive salivation with impaired swallowing. They may also be covered for diagnoses of amniotrophic lateral sclerosis, multiple sclerosis, and cardiovascular accident if the severity has been documented.

PRIMARY SURGICAL DRESSINGS

The coverage guidelines concerning surgical dressings are being reviewed at this time. Please proceed as you have in the past. Revised guidelines will be issued in a future newsletter.

HOME IV THERAPY

Although Home IV Therapy is non-covered. Antibiotic Therapy when used in conjunction with an *infu*sion pump can be a covered service. Coverage is determined on a per claim basis.

Claims should be submitted with the following information:

- 1. Detailed diagnosis
- 2. Name of the drug being administered
- 3. Dosage of the drug being administered
- 4. Length of time needed to administer the therapy (hours, days)
- Frequency of the treatment (how many days per week)

BLOOD GLUCOSE MONITOR

Codes A4244 to A4259 are covered when necessary for the effective use of a blood glucose monitor only when the patient owns or is purchasing the monitor (E0607, E0609). If there is no indication on the claim or in the patient's history of the purchase of the monitor, the supplies will be non-covered.

Automatic lancet devices and platforms will be non-covered (the non-cover effective date of March 1, 1988 does not apply to these items as they have always been non-covered).

Blood glucose starter kits are included with the charge of the monitor. If the starter kit is billed on the same claim with the monitor, it will be combined and coded the appropriate monitor code. If it is billed on a separate claim, it will be non-covered.

Coverage of home blood glucose monitors is limited to patients meeting ALL of the following conditions:

- 1. Patients must have type I diabetes mellitus. The term "insulin dependent" and "brittle" are acceptable conditions for type I diabetes mellitus. Type II is not covered. Type II and insulin dependent are also not covered.
- 2. Documentation by a physician of poor diabetic control. For example:
 - a. Fluctuating blood sugars before mealtime, or
 - b. Frequent episodes of insulin reactions, or
 - c. Evidence of frequent significant ketosis
- 3. The patient's physician states that the patient is capable of being trained to use the device.
- The device is designed for home rather than clinical use.

INCONTINENCE SUPPLIES

Incontinence supply codes A4341 through Z7014 are covered for a diagnosis indicating permanent urinary incontinence.

IRRIGATION SOLUTIONS

Irrigation solution is covered when used in connection with durable medical equipment and for the care of prosthetic devices (i.e., IPPB machines, urinary devices, suction machines, etc.).

OSTOMY SUPPLIES

These supplies will not be covered for ostomy or incontinent patients if billed on or after March 1, 1988.

Deodorants Finger Cots
Creams Gloves
Ointments Cotton balls
Cleansers Pouch Covers
Applicators/Q-tips

T.E.N.S. SUPPLIES

Codes A4556 through A4558 are limited to apnea monitors (E0608) and T.E.N.S. Unit (E0720, E0733) that are owned or being purchased. Documentation must be on the claim or in the patient's history or the supplies will be non-covered.

The use of a transcutaneous electrical nerve stimulator (TENS) may be necessary to treat chronic intractable pain. Chronic intractable pain, in itself, is not a sufficient diagnosis to warrant coverage of the TENS. The physician's prescription must specify the patient's complete diagnosis, including the location and severity of the patient's condition. For example, a diagnosis of osteoarthritis is not adequate to warrant coverage.

After other methods of pain control have been tried and not found to be significantly successful, TENS use on a trial basis may be warranted.

The following information must be submitted with the initial claim for the trial period:

- 1) Prescription from the attending physician documenting the chronic intractable pain.
- A statement from the attending physician describing other treatment methods which have been tried and the results of the treatment. (For the purposes of rent/purchase, a rental decision will be made onthese.)

If the trial period is successful, the purchase of the TENS may be warranted. The purchase claim must include the following information:

- 1) A copy of the initial prescription.
- 2) A statement from the attending physician, documenting its effectiveness in alleviating the pain.

B. MISCELLANEOUS GUIDELINES

Surgical stockings, underpads, and diapers are noncovered under the Medicare program.

Z7015 (connector tubing, adapter, etc.) and Z7016 (night drainage set) are used for both incontinent and ostomy patients.

Unless otherwise stated, items purchased by the box (i.e., pouches) should show the number of items per box.

Any supplies purchased for an unrelated diagnosis will be non-covered.

If the items submitted do not contain sufficient information or a valid HCPCS/local code, a code for the general description of the item being purchased will be used in processing the claim.

The following are the codes that will be used:

A4341 Z7033 A4354 A4365 Z7028

Fecal or rectal incontinence bags will be non-covered.

When a claim requires medical documentation, the following should be submitted:

A signed and dated medical necessity statement from the physician indicating the patient's condition or circumstances which would warrant coverage of the item.

SPECIAL NOTES

A directive from the Health Care Financing Administration instructs the Carrier to return incomplete assigned claims to the physician/supplier rather than develop for missing information; for example, the claim lacks basic identifying information or other information needed to determine coverage.

The AKA's are given as guidelines to assist in choosing the correct procedure code for the item being supplied. They are examples, but not limited to these items. We are not promoting or recommending these items.

Codes that have N/A in the allowance field are items where the volume of usage is not great enough to develop an allowance; therefore, these items are priced manually on a claim by claim basis. The codes with N/R are based on normal reasonable methodology (lower of customary, prevailing or submitted).

C. UTILIZATION GUIDELINES

The utilization guidelines listed below will be followed. If medical need requires these items more frequently, medical necessity must be indicated on, or submitted with, the claim. Allowances on these will be determined on a per claim basis.

on a per craim basis.	
ITEM	UTILIZATION
Tracheostomy Care Kit	One per day for the first six weeks follow ing the tracheostomy then one per week thereafter
Suction Catheters	One per day
Indwelling Catheters	Two per month
Intermittent Catheters	One per day
Urinary Irrigation Solution	4000ml per month
IPPB, Nebulizer, Suction Machine Solution	1000ml per month

D. <u>ELECTRONIC MEDIA</u> CLAIMS PARTICIPANT

The additional supply codes will allow current EMC participants to bill more claims electronically. Please take into consideration the following when billing EMC:

When the allowance for the supply is based on per item, the number of items must be identified in the quantity billed field.

If the supply is being used with a purchased blood glucose monitor or TENS unit, a PO record must be created showing "Used with purchased blood glucose monitor (or TENS unit)".

The following unlisted procedure codes must be submitted hardcopy with a complete description of the item:

A4421, A4440, A4649

Prior to billing items that require additional documentation (i.e., colostomy set—A4360, description of item), contact the EMC Division.

If you have any questions regarding the billing of these supplies electronically or wish to start billing electronically, please contact the Electronic Media Claims Division at the following address:

> Nationwide Mutual Insurance Company EMC Division Medicare Operations P.O. Box 16781 Columbus, OH 43216

E. P.O. BOX

To facilitate prompt and efficient claims processing, all supply and ONLY supply claims should be sent to the following address:

Nationwide Mutual Insurance Company Medicare Operations P.O. Box 182147 Columbus, OH 43218

F. CODES AND ALLOWANCES

CODE	DESCRIPTION	Guidelines/ Aka's	ALLOWANCE			
AK	A's are examples o	f but not limited to	these items:			
TRACHEOSTOMY AND SUCTION CATHETERS						
Z7002	Z7002 Tracheostomy tube Allowance is per tube					
Z7003	Tracheostomy: inner cannula	Allowance is per can Use for spare or disp able. Nasal cannula use with oxygen. see E1351	oos- for			
27004	Tracheostomy care/ clean kit	Allowance is per kit	7.43			
Z7005	Laryngectomy tube	Allowance is per tub	e 34.75			
27006	Suction catheter	Allowance is per catl Use for all types of c suction catheters, inc ing Yankauer	ral			
	SURGICAL SU BANDAG	PPLIES. SYRINGI ES AND TAPE	es.			
A4200	Gauze pads. sterile or non sterile	Allowance is per pad for sizes up to 5°×9' AKA—Gauze sponge Nu-Gauze (not packir strips), Release, Sof-V Drain sponge, Topper Steri-Pad	s. ig Vick.			
Z 7007	Large surgical pads sterile or non sterile, 5"×9" and over	Allowance is per pad AKA—Surgi-Pad. AE Wet-Pruf. Super Spor	.59 BD. age			
Z7008	Gauze roll, sterile or non-sterile	Allowance is per roll AKA-Sof-Band, Ker	3.75 lix			
A4202	Elastic gauze ban- dage, sterile or non-sterile	Allowance is per roll AKA-Sta-Tite. Kling Conform	1.75			

SURGICAL SUPPLIES, SYRINGES, BANDAGES AND TAPE (cont'd)				A4252	Irrigation kits, non sterile	For urinary irrigation, see Z7351: for ostomy irrigation, see A4400-Z7040	NIA
Z7009	Decubitus ulcer dressing	Non-covered under Medi- care Part B. AKA—Duo- derm, Ulcerous Sheet. Vigilon, Pressure Relief	N/A	A4253	Blood and urine control strips or tablets (100 tablets or strips)	AKA—Glucostix, Chem- strip BG. Beta Scan, Tend-Strip, Glucoscan, Dextrostix, regent strip	49.10
A4450	Adhesive tape, all sizes	Allowance is per roll AKA-Blenderm, Cura-	4.97	A4254	Medicine dropper. (3) per box		N/A
		silk, Dermicel, Dermiclear II, Demiform, Durapore, Hospital Pink, Hy-Tape,		A4255	Test tubes—set (3-6 tubes)		N/A
		Microloam, Montgomery Straps, Transpore, Wet- Prul, waterproof, Zonas, all cloth, silk and plastic		A4256	Normal low, high calibrator solution/ chips	AKA—Control solution	7.27
A4453	Microporous tape,	tape Allowance is per roll	4.37	A4259	Lancets, per box	Allowance is per box of 200. AKA—Monolet lancets	11.95
	all sizes	'AKA-Dermilite II. Mi- cropore, Scanpore, Tender- skin, all paper tape	•	27010	Automatic lancet	Non-covered AKA-Auto-Lancet	N/A
A4460	Elastic bandage.	Allowance is per roll.	5.25	•		Monojector, Autoclix, Autolet, Glucolet, Penlet	
A1100	ace	AKA-Coban. Dyna-Flex. Elastikon, Elastoplast			PA	RAFFIN	
A4201	Gelfoam, per bottle	•	16.52	A4265	Paraffin for use in portable paraffin		3.24
A4216	Hemostatic cellu-		N/A		bath unit (1 pound)		
•	lose (e.g., surgical)				VASCUL	AR CATHETER	
A4206	Syringe with need die, sterile loc	Non-covered under Medi- care Part B	N/A	A4300	Implantable vascular access portal/catheter		N/A
A4207	Syringe with needle, sterile 2cc	Non-covered under Medi- care Part B	N/A	•	(venous, arterial or peritoneal)		
A4208	Syringe with needle, sterile 3cc	Non-covered under Medi- care Part B	N/A		20100011001	ENCE SUPPLIES	••
A4209	Syringe with needle, sterile 5cc or greater	Non-covered under Medi- care Part B	N/A		following codes ar rmanent urinary :	e covered for diagnosis i incontinence.	ndicat-
	KLANCEL						
A4213		Non-covered under Medi-	N/A			Y CATHETERS	
A4213	Syringe, sterile 20cc or greater	Non-covered under Medi- care Part B. For urinary catheter irrigation syringe, see Z7013	NIA	A4341		Allowance is per catheter	·\$12.90
	Syringe, sterile 20cc or greater Sterile saline or	care Part B. For urinary catheter irrigation syringe. see Z7013 For irrigation solution	nia Nir	A4342	Indwelling catheter, foley type; two-way, teffon two-way; latex	Allowance is per catheter	12.90
	Syringe, sterile 20cc or greater	care Part B. For urinary catheter irrigation syringe, see Z7013			Indwelling catheter, foley type; two-way, teffon	Allowance is per catheter	
	Syringe, sterile 20cc or greater Sterile saline or	care Part B. For urinary catheter irrigation syringe. see Z7013 For irrigation solution used with DME or for urinary irrigation, see		A4342 A4343	Indwelling catheter, foley type; two-way, teffon two-way; latex two-way; latex with teffon	Allowance is per catheter	12.90
A4214	Syringe, sterile 20cc or greater Sterile saline or water, 30cc vial Needles only, ster- ile, any size	care Part B. For urinary catheter irrigation syringe, see Z7013 For irrigation solution used with DME or for urinary irrigation, see Z7000 Non-covered under Medicare Part B	N/R	A4342 A4343 A4344 A4345	Indwelling catheter, foley type; two-way, testion two-way; latex two-way; latex with testion coating two-way; all	Allowance is per catheter Allowance is per catheter Allowance is per catheter	12.90 12.90
A4214 - A4215	Syringe, sterile 20cc or greater Sterile saline or water, 30cc vial Needles only, sterile, any size BLOOD GLU	care Part B. For urinary catheter irrigation syringe. see Z7013 For irrigation solution used with DME or for urinary irrigation, see Z7000 Non-covered under Medicare Part B	N/R N/A	A4342 A4343 A4344 A4345	Indwelling catheter, foley type; two-way, teffon two-way; latex with teffon coating two-way; all silicone two-way, silicone with elastomer coating three-way, latex	Allowance is per catheter Allowance is per catheter Allowance is per catheter Allowance is per catheter	12.90 12.90 14.09
A4214 A4215 The glucos	Syringe, sterile 20cc or greater Sterile saline or water, 30cc vial Needles only, sterile, any size BLOOD GLU following codes a e monitors. If bill	care Part B. For urinary catheter irrigation syringe, see Z7013 For irrigation solution used with DME or for urinary irrigation, see Z7000 Non-covered under Medicare Part B	N/R N/A	A4342 A4343 A4344 A4345	Indwelling catheter, foley type; two-way, teffon two-way; latex with teffon coating two-way; all silicone two-way, silicone with elastomer coating three-way, latex or teffon for continuous irrigation	Allowance is per catheter	12.90 12.90 14.09 11.45
A4214 A4215 The glucos	Syringe, sterile 20cc or greater Sterile saline or water, 30cc vial Needles only, sterile, any size BLOOD GLU following codes a	care Part B. For urinary catheter irrigation syringe. see Z7013 For irrigation solution used with DME or for urinary irrigation, see Z7000 Non-covered under Medicare Part B UCOSE MONITOR are used exclusively for led for any other reasonable.	N/R N/A	A4342 A4343 A4344 A4345	Indwelling catheter, foley type; two-way, testion two-way; latex with testion coating two-way; all silicone two-way, silicone two-way, silicone coating three-way, silicone coating three-way, latex or testion for con-	Allowance is per catheter Coverage is limited to	12.90 12.90 14.09 11.45
A4214 A4215 The glucos	Syringe, sterile 20cc or greater Sterile saline or water, 30cc vial Needles only, sterile, any size BLOOD GLU following codes a e monitors. If bill	care Part B. For urinary catheter irrigation syringe, see Z7013 For irrigation solution used with DME or for urinary irrigation, see Z7000 Non-covered under Medicare Part B UCOSE MONITOR are used exclusively for led for any other reason	N/R N/A	A4342 A4343 A4344 A4345	Indwelling catheter, foley type; two-way, teffon two-way; latex with teffon coating two-way; all silicone two-way, silicone with elastomer coating three-way, latex or teffon for continuous irrigation Intermittent cathe-	Allowance is per catheter Coverage is limited to those diagnoses which result in the inability to	12.90 12.90 14.09 11.45
A4214 A4215 The glucos will be	Syringe, sterile 20cc or greater Sterile saline or water, 30cc vial Needles only, sterile, any size BLOOD GLU following codes a e monitors. If bill non-covered.	care Part B. For urinary catheter irrigation syringe. see Z7013 For irrigation solution used with DME or for urinary irrigation, see Z7000 Non-covered under Medicare Part B UCOSE MONITOR are used exclusively for led for any other reason	N/R N/A blood	A4342 A4343 A4344 A4345	Indwelling catheter, foley type; two-way, teffon two-way; latex with teffon coating two-way; all silicone two-way, silicone with elastomer coating three-way, latex or teffon for continuous irrigation Intermittent cathe-	Allowance is per catheter Coverage is limited to those diagnoses which result in the inability to urinate. AKA—Red Rubber. Rob-Nel. Self-Cath.	12.90 12.90 14.09 11.45
A4214 A4215 The glucos will be CODE A4244	Syringe, sterile 20cc or greater Sterile saline or water, 30cc vial Needles only, sterile, any size BLOOD GLU following codes a e monitors. If bill non-covered. DESCRIPTION Alcohol or perox-	care Part B. For urinary catheter irrigation syringe. see Z7013 For irrigation solution used with DME or for urinary irrigation, see Z7000 Non-covered under Medicare Part B UCOSE MONITOR are used exclusively for led for any other reason	N/R N/A blood n, they	A4342 A4343 A4344 A4345 A4346 27011	Indwelling catheter, foley type; two-way, teffon two-way; latex two-way; latex with teffon coating two-way; all silicone two-way, silicone with elastomer coating three-way, latex or teffon for continuous irrigation Intermittent catheter, male or female	Allowance is per catheter Coverage is limited to those diagnoses which result in the inability to urinate. AKA—Red Rubber. Rob-Nel. Self-Cath. Straight. Touchless Allowance is per catheter	12.90 12.90 14.09 11.45
A4214 A4215 The glucos will be CODE A4244	Syringe, sterile 20cc or greater Sterile saline or water, 30cc vial Needles only, sterile, any size BLOOD GLU following codes a e monitors. If bill non-covered. DESCRIPTION Alcohol or peroxide, per pint Alcohol wipes, per	care Part B. For urinary catheter irrigation syringe. see Z7013 For irrigation solution used with DME or for urinary irrigation, see Z7000 Non-covered under Medicare Part B UCOSE MONITOR are used exclusively for led for any other reason	N/R N/A blood n, they WANCE \$ N/R	A4342 A4343 A4344 A4345 A4346 27011	Indwelling catheter, foley type; two-way, teffon two-way; latex two-way; latex with teffon coating two-way; all silicone two-way, silicone—with elastomer coating three-way, latex or teffon for continuous irrigation Intermittent catheter, male or female External catheter, condom type	Allowance is per catheter Coverage is limited to those diagnoses which result in the inability to urinate. AKA—Red Rubber. Rob-Nel. Self-Cath. Straight. Touchless Allowance is per catheter Use for male patients only. AKA—Texas, Freedom Cath. Uro-Sheath	12.90 12.90 14.09 11.45 22.04 1.30
A4214 A4215 The glucos will be CODE A4244 A4245	Syringe, sterile 20cc or greater Sterile saline or water, 30cc vial Needles only, sterile, any size BLOOD GLU following codes a e monitors. If bill non-covered. DESCRIPTION Alcohol or peroxide, per pint Alcohol wipes, per box Betadine or Phisohex solution, per	care Part B. For urinary catheter irrigation syringe. see Z7013 For irrigation solution used with DME or for urinary irrigation, see Z7000 Non-covered under Medicare Part B UCOSE MONITOR are used exclusively for led for any other reason	N/R N/A blood n, they WANCE S N/R 5.65	A4342 A4343 A4344 A4345 A4346 27011	Indwelling catheter, foley type; two-way, teffon two-way; latex two-way; latex with teffon coating two-way; all silicone two-way, silicone with elastomer coating three-way, latex or teffon for continuous irrigation Intermittent catheter, male or female	Allowance is per catheter Coverage is limited to those diagnoses which result in the inability to urinate. AKA—Red Rubber. Rob-Nel. Self-Cath. Straight. Touchless Allowance is per catheter Use for male patients only. AKA—Texas. Free-	12.90 12.90 14.09 11.45 22.04

OSTOMY SUPPLIES (cont'd)

	INCONTINENO	CE SUPPLIES (cont'd)	•	•	OSTOMY	SUPPLIES (cont'd)	
1.10.10			8.81	A4362	Ostomy skin bar-	Use for 4×4 skin barrier	2.53
Y4348	Urinary collection and retention system; drainage bag with tube	Allowance is per bag with tube. AKA—PH Drainage Bag. Dynaflow	0.01	V4303	rier	without flange. Allowance is per barrier. AKA— wafer	2.33
A4349	leg bag with tube	Allowance is per bag with tube (extension tube with adaptor/connector)	7.43	27017	6×6	Use for 6×6 skin barrier without flange. Allowance is per barrier. AKA— wafer	5.40
A4350	Catheter Care Kit	Allowance is per kit	2.75	27001	8×3	Use for 3×3 skin barrier	9.72
Z7351	Catheter irrigation tray with bulb or piston syringe	Allowance is per tray	3.60			without flange. Allowance is per barrier. AKA-wafer	
Z 7352	Catheter plug	Allowance is per plug AKA—plug and protector	.57	Z 7019	with flange. (solid. flexible or accordian)	Use for skin barrier with flange. Allowance is per barrier. AKA-wafer with	4.28
Z 7013	Catheter irrigation syringe, bulb or piston	Allowance is per syringe This code is used exclu- sively for urinary catheter irrigation. If billed for any other reason, it will be	2.20		any size	flange. Sur-Fit Flange. Durahesive. Guardian S. Guardian F. 2 piece bar- rier with flange	
		non-covered. When the syringe is billed on the same day as an irrigation tray (Z7351) it will be combined using Z7351 AKA—two piece bulb sy-	••	. 2 ,7020	washer	Allowance is per barrier AKA—Colly-Seal Disc. karaya ring, karaya washer. Portex Powder Pads, Curaguard Rings.	1.40
	No. to	tiude	•		. •	ReliSeal Disc, New Foam	7.32
A4353	Catheter insertion tray: with catheter including tubing and drainage bag	Allowance is per tray	11.26	2 7021	paste	Allowance is per tube AKA—Stomahesive Paste. karaya paste. Hollihesive Paste. Premium Paste. barrier paste	
A4354	without catheter including tubing and drainage bag	Allowance is per tray	8.81	2 7022	powder	Allowance is per container AKA—karaya powder, re- fined karaya powder, Portex Powder, Stoma-	7.50
A4355	3-way irrigation set for catheter	Allowance is per set	N/A		<i></i>	hesive Powder	
A4356	Incontinence Clamp	Allowance is per clamp AKA—Cunningham. Baumrucker	39.34	V4393	Ostomy liquid barrier	Allowance is per container or 1 box of 50 wipes AKA—Skin-Tite. Sween Prep. Skin-Prep. barrier	7.66
A4357	Urinary drainage bag	Allowance is per bag AKA—PH Drainage Bag. Dynaflow	8.81	A4364	Ostomy skin bond or cement	film Allowance is per container AKA—Adhesive, Skin-	6.15
A4358	Urinary leg bag	Allowance is per bag	5.05		or cement	Bond	
		The allowance does not include extension tube. Leg bag with tube, see A4349.		Z 7023	Adhesive disc or foam pad	Allowance is per disc or pad AKA—Double-Hesive.	.66
A4359	Urinary Suspensery	Allowance is per suspensory	21.93	•		Derm-Foam, Double-Faced Disc, Dualstick, Stoma- Seal, Seal-Tite Gaskets	. •
27014	Catheter or tube holder/strap	Allowance is per holder/ strap	5.33				
Z 7015	Connector, tubing adaptor, etc.	Allowance is per item	3.15			•	
Z 7016	Night drainage set	Allowance is per set	23.75		·		
	IBBIC 13	FION COLUMNON			CLOSED O	STOMY POUCHES	
7-000		rion solution	14.00	A4365	Ostomy bag, dis- posable/closed	Allowance is per pouch AKA-closed without bar-	1.32
Z 7000	Irrigation solution. 1000ml/cc	AKA—Saline (sodium chloride, NaCl), Acetic Acid. Urologic G.	14.00		poseolectosec	rier attached, closed for use on barrier	
		Zephron, Sterile water		27024	with barrier attached (1 piece)	Allowance is per pouch	1.52
	OSTO:	MY SUPPLIES	***	Z 7025	for use on barrier	Allowance is per pouch	1.06
A 4360	Colostomy set	-Must include a listing of the items	─_N/A		with flange (2 piece)		
A4361	Ostomy face plate	Allowance is per face place. AKA-mounting rings, plastic disc	30.60	Z7026	Stoma caps	Allowance is per cap AKA—Colostomy dress- ing, Mini-Caps	1.01

•	DRAINABLE	OSTOMY POUCHES		· 27040	Irrigation sleeve/	Allowance is per sleeve/	3.67
A4366	Ostomy bag, re- usable or drainable	Must-include a description and/or manufacturer name and catalog number	N/A	A4402	drain Ostomy lubricant	drain Allowance is per container	4.80
Z7027	Ostomy pouch drainable; with barrier attached	Allowance is per pouch	2.49	, A4404	Ostomy ring	or I box of packets AKA—K-Y Jelly, Surgi- lube, Stoma lubricant Allowance is per ring	1.17
Z 7028	(1 piece) without barrier attached (1 piece)	Allowance is per pouch	1.80			AKA—Bead-O-Ring, Rub- ber O Ring, Lock Ring, O'Ring	1.11
Z7029	for use on barrier	Allowance is per pouch	1.71	Z 7041	Convex insert	Allowance is per insert	1.31
2.025	with flange (2 piece)	Anowalice is per pouch	1.71	Z 7042	Ostomy continent device: plug	Allowance is per plug AKA-stoma plug	2.80
Z 7030	with face plate attached	Allowance is per pouch	21.20	Z7043	catheter	Allowance is per catheter AKA-Medena (Kock)	9.00
Z 7031	for use on face plate	Allowance is per pouch	2.95	Z 7016	Night drainage set	Allowance is per complete set	23.75
	UROSTO	MY POUCHES		Z 7044	Carbon filters	Allowance is per filter	.40
Z7032	Urinary; with barrier attached (1 piece)	Allowance is per pouch	3.29			AKA—Carbon Gas Filter. Filter-Odor, replacement filter	-
Z 7033	without barrier attached (1 piece)	Allowance is per pouch	2.82	Z7015	Connector, tubing, adaptor, etc.	Allowance is per item	3.15
Z7034	for use on barrier	Allowance is per pouch	2.37	Z 7045	Pouch covers	Non-cover effective 3/1/88. AKA—Foxey, appliance	9.20
	with flange (2 piece)		100	-+ :		cover	
Z 7035	with face plate attached	Allowance is per pouch	4.00	Z7046	Deodorant	Non-cover effective 3/1/88. AKA—Banish (any type), D-Odor, Derifil, Devrom,	N/A
Z7036	for use on face plate	Allowance is per pouch	4.60			Greer Guard, Hex-On, M-9, Medi-Aire, Nullo, O.A.D., Odo-Way, Odor- Guard. Osto-Zyme, Ozi-	
	MISCELLANEOU	JS OSTOMY SUPPLIES				Wick, Ozium	
A4367	Ostomy belt	Allowance is per belt	6.30	Z 7047	Lotion, cleanser, cream, ointment,	Non-cover effective 3/1/88. This includes cleansers	4.45
Z 7037	Ostomy belt hernia (binder)	Allowance is per belt AKA—NU-Hope, Osto- Binder, Osto-Belt	28.50		etc.	used in ostomy appliances. AKA—Germicide, Krystal Kleener, Micro-Guard, Moisture Barrier, Peri-	
A4368	Stoma wicks	Must include a description and/or manufacturer name and catalog number	N/A		•	Wash, Perineal Cleaner, Stomacort, Sween Cream, Uni-Care, Uni-Derm, Uni-	
A4369	Tail Closures	Allowance is per closure/ clamp. AKA—pouch clamp, clamp closure,	2.68	A4421	Not Otherwise	Kleen, Uni-Salve, Uni- Wash Use for ostomy supplies	N/A
	.	Snap-Loc, barrett			Classified ostomy	for which there is no code.	11/74
A4370	Skin bond or ce- ment remover	Allowance is per container AKA—adhesive remover, solvent, cleaning solvent, Uni-Solve, Pectin-Off,	10.85		supplies	Must include a description and/or manufacturer name and catalog number	
		Dermasol		A 4420		STOMY SUPPLIES	****
A4380-	-Heostomy set	Must include a listing of the items	-N/A	7 4400	Ureterastomy set	Must-include a listing of ———————————————————————————————————	N/A
A4390	lleal bladder set	Must include a listing of the items	N7A	A4440	Not Otherwise Classified ureterostomy	Must include a description and/or manufacturer name and catalog number	N/A
A4400	Irrigation set for irrigation of ostomy	Allowance is per complete set. AKA-Visi-Flow-Sys- tem. Dual Tip Irrigator	40.62		supplies	OTHER	
	- 3- 	Set, Irrigation Cone/Tube Starter Set		A4470	Gravlee jet washer	The use of this device is covered where the patient	N/A
Z7038	Irrigation bag	Allowance is per bag AKA—enema bag, water bag	14.20			exhibits clinical symptoms or signs suggesting endo- metrial disease	
27039	Irrigation cone/ catheter	Allowance is per cone. catheter or combination cone/tube AKA—Colo-Tip, Stoma Cone. Colostotip, Uni-Tip	7.00	A4480	Vabra aspirator	The use of this device is covered where the patient exhibits clinical symptoms or signs suggesting endo- metrial disease	N/A

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				_				
A4490		Non-covered under Medi-	N/A	•	MISCELLANEOUS SUPPLIES			
	above knee length, each	care Part B		A4560	Pessary		13.65	
A4495	Surgical stockings	l stockings Non-covered under Medi-	N/A	A4565	Sling		N/A	
	thigh length, each	care Part B		A4570	Splint		N/R	
A4500	Surgical stockings below knee length.	Non-covered under Medi- care Part B	N/A	A4572	Rib belt		N/R	
	each	care rart b		A4580	Cast supplies		N/A	
A4510	Surgical stockings full length, each	Non-covered under Medi- care Part B	N/A	A4581	Supplies Risser Jacket		N/A	
A4550	Surgical Trays		N/A	A4590	Special casting		N/A	
A4554	Disposable under- pads, all sizes (e.g., Chux's)	Non-covered under Medi- care Part B	N/A		materials. Hex- celite and light cast			
A4555	Primary surgical dressing kit (e.g., Sterile dressings, pads, etc.)	Allowance is per kit	5.43	A4610	Medication sup- plies to be used in DME prescribed by physician	Must include a description and/or manufacturer name and catalog number	N/A	
	TENS	SUPPLIES		A4649	Surgical supplies not elsewhere classified	Do not use for ostomy supplies. Must include a description and/or manu- facturer name and catalog number	N/A -	
A4556	Electrodes (e.g., apnea monitor)	Allowance is per pair Use this code for dispos- able electrodes	2.20		MISCI	ELLANEOUS		
Z 7048	Electrodes, reusable	Allowance is per pair Use this code for reuse- able electrodes	8.50	J7190	Hemophiliac heat treated Factor VIII		N/A	
		AKA—rubber, carbon	J	J 7191	Hemophiliac non- heat treated Factor		N/A	
A4557	Lead wires (e.g., apnea monitor)	Allowance is per pair AKA—Cable	10.75	7 .	VIII			
A4558	Conductive paste		3.98	J7194	Hemophiliac heat treated Factor IX		N/A	
	or gel	Replacement batteries for T.E.N.S., see E0740		J7195	Hemophiliac non- heat treated Factor IX		N/A	

Shirley Alltop and Barbara Montgomery served as ET Nurse consultants and were instrumental in the development of revised and expanded Health Care Precedure Codes for Nationwide Insurance Co. which is the Medicare carrier for OH and WVA. This revision included 45 ostomy categories: descriptions, suggested prices(derived nationwide as a medium), classifications via manufactures. As of March 1,88: deodorants, creams, pouch covers, ointments, cleaners are not covered unless additional ETNurse or M.D. documentation is submitted for a review. Marlen, Nu Hope, Vance, and Perma Type appliances are not covered 80%; varify coverage with your supplier.

I will be sending our membership (regional) to the Medicare division of Nationwide in Columbus for their mailing list in order that we can inform clients and be a resource for the suppliers. Please take time to review this informative Medicare newletter; it serves as an excellent guide for supply description, codes, and coverage. This should faciliate reinbursementand better utilization of funds.

Sandy Duda Editor COMMUNITY BASED HOME HEALTH CARE

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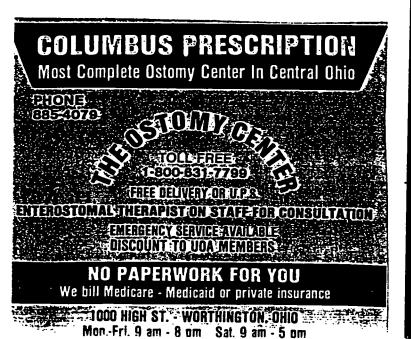
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SEPTEMBER, 1988

NO. 4

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PRESIDENT'S MESSAGE

Dear Members:

We accomplished a lot in Dallas. It was a busy meeting and an exciting time. As you review the *Dropper*, please take special note of a couple of items. You probably have heard by now about the AMA ruling to train a new level of "care-givers". Included is an update on the impact to date. The other issue which had an impact was the passing of the by-law that no member could hold office if he/she is a full-time employee of a manufacturer. The ramifications of that are being felt. It's an exciting time for the IAET. Growth is sometimes painful. It's refreshing to see that we have our priorities straight. Although I feel the membership has been well represented by the Board, it is important to have standards for future members.

The committee chairs are hard at work. Our fundraising committee did a great job at Dallas. Sue Brady organized sending six (6) youths to Rally. Our By-laws are in order and all the committees seem to be on target. It has been so easy having responsible people working for you.

This is my last letter to you as President. At the conclusion of the Fall meeting Karen Granby will take over. I'm very excited about her leadership. During my presidency Karen and I have been able to discuss matters so that there would be continuity in the goals of the region. It helps to be striving for the same thing. I want to take this opportunity to thank everyone who has supported me. Having support can make a difference when you are trying to make changes.

Thank you again, Shirley

There is a Board Meeting on October 27, 1988, a Thursday, from 12:00 - 4:00 p.m.

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REGIONAL COMMITTEE REPORTS

HOUSE OF DELEGATES

All of the region's delegates were present for the House of Delegates Meeting Thursday, June 30, 1988, at the 20th annual conference of IAET. The majority of the delegation were also able to attend the pre-conference IAET Board Meeting on Monday, June 27, 1988. The Delegate Chair attended the post-conference IAET Board Meeting on the following Friday as well.

Proceedings of House of Delegates

Reports of the IAET leadership were received and accepted as printed in the pre-conference booklet with updates.

IAET members have worked closely with HFCA in revising ostomy equipment codes for clarity and better reimbursement to patients and medical equipment suppliers.

IAET Board recommends the implementation of the Center for Disease Control policy of Universal Precautions by all ET nurses.

The official designation approved by the certification board for ET nurses who are certified is: CETN.

Additional meeting highlights should appear in upcoming issues of the *JET*.

DELEGATES:

Sheron Bellard Jane Beerck
Sue Brady Dorothy Best
Brenda Kerschbaum Adrian Miller
Joanne Mol

2 Ethel Pryor, Chair

FACT SHEET ON AMERICAN . MEDICAL ASSOCIATION'S PROPOSAL FOR REGISTERED CARE TECHNOLOGIES

The American Nurses Association and over 40 specialty nursing organizations strongly oppose the American Medical Association's (AMA) proposal for a new health care provider, a registered care technologist (RCT). We disagree with the AMA's contention that this new provider would be a solution to the current nursing shortage for the following reasons.

The proposed RCT would receive minimal training in a 2, 9, or 18 month program, depending on the level of training desired. These levels of training would not allow RCTs to substitute for nurses in giving "bedside care" as the AMA contends. Quality patient care demands that providers be adequately educated.

The potential employers of RCTs, such as hospitals and nursing homes, have not asked that this new provider be created. In fact, the hospital and nursing home industries have not supported the RCT proposal. Why create a new provider if no

employment market exists?

While the salary and education costs for RCTs. are alleged to be less than for nurses, RCTs would in fact not be more cost-effective because they would not be able to substitute for nurses in providing the high technology care necessary in today's hospitals and nursing homes. In addition, there would be the cost of establishing new RCT training programs.

Although the AMA states that RCTs would be under the direction of physicians, the reality is that nurses, not physicians, are in hospitals and nursing homes on a 24-hour basis, and therefore, in all likelihood nurses would be the ones responsible for the actual direction of the RCTs. ironically, this would create the demand for more,

not less, nurses.

This AMA proposal is not actually in response to the nursing shortage; rather, it involves issues of economics and competition. The AMA has worked to prevent nurses from gaining third reimbursement and independent practice authority. The AMA attempt to substitute physician-directed RCTs for nurses is an effort to control the health care market. We believe the AMA's energies and resources would be better spent working with the nursing profession to secure higher pay, benefits, and incentives for nurses so that more people will choose nursing as a career.

Here's how you can respond to AMA's

Registered Care Technologist proposal

Influence physicians at the grass-reets -

 Contact your personal physician and physicians with whom you work to share these points of information.

Points of Information -

The present nursing shortage cannot be solved by introducing an additional "technical worker."

The response to the nursing shortage requires a cooperative effort rather than a competitive effort in order to assure cost effective, efficient, and quality patient care.

The introduction of a new technical worker as proposed by AMA staff does not resolve the complex problems associated with the shortage of nurses in

that:

1. Support services required for patient care

will not be provided.

The basic issues contributing to the shortage, which are workload, salary, the patient care environment, lack of financial support for nursing education, are not addressed.

The dollars for new technical programs are

better spent for nursing education programs.

The decliming number of students should not be siphoned into new technical programs.

Substituting minimally prepared technicians for nurses places vulnerable patient populations at risk.

Health care costs will increase with recruitment, training and establishment of a totally new and duplicative technical worker.

BUDGET AND FINANCE:

See Board Meeting/Membership Minutes

MEMBERSHIP:

See Board Meeting/Membership Minutes

CONTINUING EDUCATION:

The 1989 regional meeting will be hosted by the ET Nurses in Toledo, OH. Indiana will host the 1990 regional meeting. The results of the 1987 (Regional Meeting's) Needs Assessment were forwarded on to them. They will obtain speakers for the topics the ET Nurses were most interested

Patrice Sprung, RN, E.T. Continuing Education Chair

MID-EAST REGION GOVERNMENT AFFAIRS O. Y. CAMERON, R.N., E.T.

Nancy Faller has kept the Government Affairs Committee updated on legislative and regulatory isaues --

LEGISLATIYE/REGULATORY ALERT

*The Family & Medical Leave Act, (HR 925) would allow parents to take unpaid leave for the birth, adoption, or serious illness of a child or parent and temporary medical leave for a worker with a serious health problem. It is hoped that this will go to the House floor. The Paternal & Medical Leave Act (S 2488) is a revision of S249. It follows some of the compromises made in the companion House Bill and has more support than the original bill.

*The Catestrephic Insurance Bill, (HR2470 & S1127) This bill was passed by the House and Senate. It will increase coverage for impatient care, physician services, skilled nursing care, hospice care, and home health care. New benefits include prescription drug coverage, mammograms, and respite care.

*The Dept. of HHS Secretary's Interim Report has identified a number of causes of the nursing shortage. These include higher patient acuity. growth in home and ambulatory care, cutbacks in the non-RN hospital workforce, increasing numbers of elderly, the AIDS epidemic, a decline in undergraduate nursing students, insufficient attention to retention, and changing career opportunities for women. The final report and proposed solutions is due in December.

*The Medicare Long-Term Home Care Catastrophic Protection Act (HR3436) would allow unlimited home health services to the chronically ill who need assistance in performing a minimum of two ADLs. The bill was defeated. Claude Pepper plans to bring this issue before Congress again next year.

*The Federal Employees Freedom of Choice Act (HR382 & S1162) will allow nurses to be reimbursed for services they are licensed to perform, that are covered under the Federal Employees Health Benefit Plans. The House bill must be brought to the floor for a vote. In the Senate it sits before the Federal Services Post Office & Civil Service Subcommittee of the Governmental . Affairs Committee. The Congressional Budget Office attached a 16 million dollar price tag, with chiropractors taking the major portion of the estimated cost. The nursing component is just 1,000,000, thus thought is being given to a new bill that will only address nurses.

The immigration & Naturalization Service (INS) is granting one additional year to foreign nurses whose five year temporary status has run out. At (the same time, the INS has encouraged hospitals, nursing homes, and other health facilities to increase efforts to recruit and retain US nurses.

*Nurse Education Act (S2231) This bill will reauthorize funding for nursing education at the federal level. HR4655 was introduced as a companion bill in the House. Though not identical. they offer much the same level of financial support. Kaye Lani Ree Rafko, RN (Miss America) testified

at a hearing on the issue.

The Task Force on Technology-Dependent Children delivered its final report to Congress and HHS. Recommendations were made for both appropriate care and improving the cost-effectiveness of home based care for children who must depend on routine use of life-saving medical devices.

GOVERNMENT AFFAIRS COMMITTEE

Watch for the educational sessions on legislative issues planned for Washington, D.C., in '89. In the meantime, we hope to see you at the Regional Conference in West Yirginia, which includes not only "Skin is in" information, but a brief legislative program helping to make "political savvu a nursing skill."

Our region has allocated funds to send another ET Nurse to the "Nurse in Washington Internship" (NIWI). It is time to submit your name to the Mid-East Regional Board as a possible candidate for the week-long program - February 28 to March 3. 1989. This year IAET had 9 representatives, second only to AACN, with 18 participants. I can tell you from personal experience, it is a stimulating educational program. See your government in action and be a part of the Washington scene!

This is a critical election year. We need to sharpen our lobbying skills, know our candidates and their opinions, especially on health care issues.

Nurses in Michigan have started to plan for the 1989 third PROJECT MUSCLE, our legislative educational program, including a trip to the Capitol to meet the legislators. Our theme will address the nursing shortage.

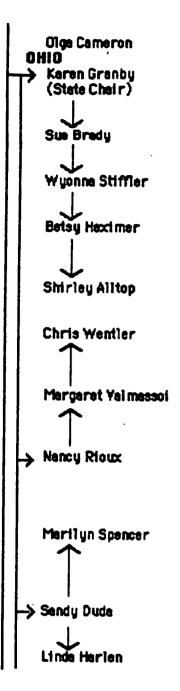
How do you respond to the American Medical Association's answer to the nursing shortage - a "Registered Care Technologist (RCT)"? The Michigan Nurses Association has suggestions. IAET is working on a position statement.

Michigan has a new Government Affairs Chair -Bernie Huck. Bernie has been on the committee since its inception and has been active in PROJECT MUSCLE. She has also worked on legislation affecting some of her young clients. Congratulations Bernie!

GOVERNMENT AFFAIRS: MIDEAST REGION "Quick Response" Phone Tree

REGIONAL CHAIRPERSON Olos Cameron Grece Hospital 29683 Greenland (State Chair) 18700 Mauers Livonia, MI 48154 MICHIGAN 313-522-2643 Detroit, MI 48235 313-966-3150 313-966-3210 Bernice Huck Children's Hospital of 53200 Yenus Drive Michigan Utica, MI 48087 3901 Beaudien Blvd. 313-781-3279 Detroit, MI 48201 313-745-0126 Sheron Ballard Perru Comfortcare 9543 Wormer 13210 Cloverdale Redford, MI 48239 Oakpark, MI 48237 313-532-6724 313-546-8221 Christine King Lansing General Hospital 10880 Plains Road 2727 S. Pennsylvania Eaton Rapids, MI 48827 Lansing, MI 48910 517-663-1639 Jeckie Sheldrick Community Hospital 341 Pleasant View Dr. 183 West Creek Battle Creek, MI 49017 Battle Creek, MI 49016 616-962-4109 616-963-5521 INDIANA -> Jeanna Williams Ball Memorial Hospital 1121 Lincoln Ave. (State Chair) 2401 University Ave. New Castle, IN 47362 Muncie, IN 47303 317-747-4246 or 747-3111 WEST YIRGINIA Judith Powell Yets. Admin. Medical Center 240 Ridge Ave. Martinsburg, WY 25401 Mertinsburg, WY 25401 304-263-0811 304-267-2537 Unit C 3680 or 3681 KENTUCKY 🗻 Joan Baptie Jewish Hospital 2647 Alanmede Road (State Chair) 217 East Chestnut St. Louisville, KY 40205 Louisville, KY 40202 502-459-5269 502-587-4375 Petricia Grizzla Humana Hospital Audoban 2716 Cranston Drive One Audubon Plaza Drive Jeffersontown, KY 40299 Louisville, KY 40214 502-267-6434

502-636-7270



Mismi Valley Hospitel One Wyoming Street Dayton, OH 45409 513-223-6192

Private Practice

University Hospital 410 W. 10th Ave. Columbus, OH 43210 614-293-8897/293-8000 (page)

Cincinnati YAMC (118) 3200 Yine Street Cincinneti, OH 45220 513-861-3100 exc. Tues. Our Lady of Mercy Hospital Rowan Hills Drive Cincinnati, OH 45227 513-527-5539 Mercy Hospital T& E Department 100 Riverfront Plaza Hamilton, OH 45011 513-867-6400 Cleveland Clinic 9500 Euclid Avenue Cleveland, OH 44015 M-41 216-444-6677 **Private Practice** ET Nurse Consultants of Ohio

Bethesde Hospitel 2951 N. Maple Avenue Zenesville, OH 43707 614-454-4381 7475 Forest Brook Blvd. Centerville, 0H 45459 513-435-7450

8 W. Sunrise Ave. Trotwood, OH 45426 513-854-2727 1496 Bowman Ave. Deuton, OH 45409 513-294-8855 7760 Bridlespur Lane Delawere, OH 43015 614-881-5905

802 East Church Street Marion, 0H 43302 614-383-1745 Box 484 Westchester, 0H 45069 513-777-1640

6256 Yista Ridge Lane Cincinneti, 0H 45227 513-561-4086

77 Applewood Fairfield, 0H 45014 513-874-7111

20707 Westport Avenue Euclid, OH 44123 216-531-7276

200 Westwind Drive Avon Lake, 0H 44012 216-933-7357 7015 East Pike Zanasville, 0H 43701 614-872-3962 Paula Erwin-Toth
Brenda Kerschbaum
Dorothy Best

Worldwide Home Health Center 926 E. Tellmedge Avenue Akron, OH 44310 1-800-621-5938 in Ohio

216-633-0366

Toledo Hospital
2142 N. Cove
Toledo, OH 43606
419-471-4218
Riverside Hospital
1600 N. Superior St.
Toledo, OH 43604
419-729-6147

1486 Heights View Dr. Akron, OH 44305 216-784-8195

9661 Yale Road Deerfield, OH 44411 216-654-2829 1348 Juliet Drive Toledo, OH 43614 419-382-6977

2325 Shoreland Toledo, OH 43611 419-726-8908

NOMINATIONS COMMITTEE REPORT:

Election of officers and delegates will take place at the October 29, 1988, M.E.E.T. meeting in Charleston. The offices up for election in 1988 are:

President Elect (2 year term)
Secretary (2 year term)
Board of Trustees (one member, 2 years)
Regional Trustee (2 year term)
Delegates (1 year term)

Several names are on the ballot and it looks like we are off to a good start. But I need many more people to give consideration to being a candidate in order that we have a good election. It is a great way to get to know the membership and to let yourself be known.

The nominees on the slate thus far are:

President Elect:

Deanna Peters (MI)

Brenda Kerschbaum (OH)

Secretaru:

Board of Trustees:

Sharon Ballard (MI)

Rosemarie Yan Engen (MI)

Regional Trustee:

Barbara Montgomery (OH)

Delegates:

Joann Mok (MI) Jo Marion (MI)

Adrian Miller (OH)

Where are the candidates from Kentucky, West Yirginia and Indiana?? We need you!! We want wou!!!

NOMINEES: Please plan some sort of campaign advertisement for yourself. Be creative with presenting "your slogan". There will not be another Mid-Ess Dropper before your elections so bring your campaign promotions to Charleston!

Thank you, Brenda Kerschbaum Nominations Chairperson

FUNDRAISING:

Thanks to all the "volunteers" of the Mideast Region and "those helpful hubands" for manning the booth. Special thanks to Joanne Mok for making the fund-raising business more fun. Thank you to everyone who helped.

The winners of our raffle were:
Leather briefcase - Stephanie Yates
Diamond & Pearl Necklace - Patricia Hurd
Crystal Apple - Phoebe Alfke
Silver Necklaces - Phyllis Brown
Barrel Lid - Lois Holloway

It's pretty obvious how well our region is supported by the Membership. Congratulation to the Winners!!! All arts and crafts donations will be most welcome for the October raffle in Charleston. Please contact me if you wish to contribute. Please take time to "man" the booth at our fall symposium in West Yirginia.

Barbara Montgomery, Chairperson

PUBLIC RELATIONS:

No report

PUBLICATIONS:

It was gratifying to see the increased volume of information that was sent for this newsletter. The "tidbits" concerning the individuals in our region help to personalize our newsletter. Keep these items coming. Reporters: We're counting on you to be the "eyes and ears" for the region. Also, give thought to submitting questions, concerns, problems. Remember, this is your newsletter, providing you with a forum to "speak out". Thanks for your participation!! Barbara
Newsletter Deadlines:

January 15, 1989 April 1, 1989 July 1, 1989 September 1, 1989

MIDEAST REGION TRUSTEE REPORT Joyce Haviey

As I reported at the Regional Meeting at Annual Conference, the Membership Committee had a most productive meeting.

All of the recommendations from the committee were presented to the IAET Board and Central Office.

We hope to have membership renewal notices sent in early November to avoid holiday mail and busy holiday schedules.

Several recommendations for the Directory were made. It is to be revised in 1989. (See annual Board Meeting Minutes)

In addition, we requested membership classification be placed on renewal form. We also requested membership list printouts be received by September 1st, March 15th, and at Annual Conference.

The IAET Board of Directors recommends that an active member, employed full or part-time by a manufacturer of any product related to the practice of ET nursing or a firm providing services directly to the IAET not run for elected office, serve on the Executive Committee, or chair National Committees.

Work Phone: (313) 257-9000 (page)

Furthermore, the Board recommends the

Executive Committee or Chair persons of MCPC, PR, Nomination, Accreditation, Standards, and Government Affairs not accept contracts or honorariums from such manufacturers or firms. This motion was made and passed (11 for, 3 against) at the post conference board meeting. After passage, the Chair of Standards Committee and Chair of NCPC resigned.

The issue over leadership affiliation with industry is far from solved. There will be much more discussion at the Exective Working Session in October and again in February at the Pre-Conference Board Meeting.

I will use my time with you at the Regional Meeting to discuss this matter and get your feedback to take to Pre-Conference Board.

NEWSLETTER FUNDRAISING

As you all know, letters were sent to retailers in the Mideast Region asking for ads for the Mid-Ess Dropper. There were eleven positive responses and the ads were placed in the May issue.

I have made several follow-up calls to retailers who had shown an interest for a later date. I have received only two ads.

it is hard times for many companies and they are economizing in many ways. Reducing the ads to papers with fewer mailings is one way.

For the newsletter fundraising to be most effective, we will need more than an impersonal letter sent from Otisville, MI. We need the personal contact at the local level. For that reason, I have enclosed a copy of the letter to the retailers and an application form.

Please take time from your busy schedules to copy the letter and application and see each of your retailers in your cities.

Thank you for your help.

Sharlene Kennedy

Please enclose this order blank with your response.				
Name	Date			
Company Name				
Address				
City	State Zi p			
Make your check payable to the	e Mid-East Region of IAET.			
Mail to: Sharlene Kenned	lu. Rn. BSn. et			
7371 N. Gale Ros	Bď í			
Otisville, MI 48	1463			
Home Phone: (3	13) 653-7600			



MIDEAST REGION INTERNATIONAL ASSOCIATION FOR ENTEROSTOMAL THERAPY, INC. Indiana Kentucky Michigan Ohio West Virginia

The Mideast Region of the International Association for Enterostomal Therapy is currently updating and improving our Regional Newsletter, **Mid-Bas** Dropper**, in order to offer a quality publication that will provide our readers with information on supplies; insurance; *legislative news impacting the ET nurse; client, supplier and physician; helpful hints for skin and ostomy care; product reports and advertisements.

The *Mid-Eas Dropper* covers the areas of Indiana, Kentucky, Michigan, Ohio, and West Virginia. The newsletter reaches every ET nurse in the Mideast Region providing them with information on the availability of supplies in various locales which the ET nurse in turn shares with the local United Ostomy Association and the numerous clients seen each year.

Advertisements are essential in providing a quality newsletter. An ad placed in our newsletter supports the continuing development of ET nursing in the Mideast Region by giving support to our educational and organizational endeavors. A benefit to you as an advertiser would be the newsletter quarterly and the annual directory of resources with the Mid East Region. The *Mid-East Dropper* would provide current information and dates of workshops for you and your employees.

All of the advertisements should be camera ready.

A business card size advertisement entitles you to an ad in four issues of the *Mid-Res Dropper* for \$25.00. A larger printed ad would run per issue: 1/4 page = \$25.00; 1/2 page = \$50.00; 3/4 page = \$75.00; 1 page = \$100.00.

I thank you for spporting the work of the ET nurses in the Mideast Region.

Sincerely,

Sharlene Kennedy, RN, BSN, ET

Newsletter Fundraiser

MEMORANDUM

TO: FROM: IAET Board of Directors

Jouce Hawley RN, CETN Mideast Region Trustee

DATE:

August 19, 1988

In light of all of the recent correspondence:

1) I was quite concerned over the number of board members who left early from the Post-conference Board Meeting on July 1, 1988.

There were serious issues to be addressed and the entire board needed to be present with no rush to conclude the meeting.

i would recommend, to avoid this happening agian, that the board members be given another per diem and be requested to stay for the entire meeting.

2) I have heard many concerns voiced from the membership regarding the Executive Working Session at Big Sur. The primary concern is the number of members who attend and what their accomplishments are at the meeting. This meeting is paid for out of our budget. I strongly recommend that all members of our organization be notified of who is attending the meeting, the function of each attendee, and that their contribution to the agenda be listed. I feel our members deserve to know how the money for this meeting is spent.

IAET POSITION STATEMENT ON BOARD/OFFICER QUALIFICATIONS

The IAET Board of Directors recommends that an active member employeed full-time or part-time by a manufacturer of any product related to the practice of ET nursing or a firm providing services directly to the IAET not run for elected office, serve on the Executive Committee, or chair national committees.

Furthermore, the Board recommends tha the Executive Committee or chairpersons of MCPC, Public Relations, Nominations, Accreditation, Standards or Government Affairs not accept contracts or honoraria from any such manufacturer or company. (Adopted July 1, 1988)

Malpractice Liability Task Force Historical Perspective

In 1986, ANA began attempts to clarify rumors that liability claims for nurses were rising significantly. In January 1986, Tillinghest, Nelson, and Warren Insurance Actuaries and Consultants were employed to assist with examining 10

the issues and work toward the goals of gathering and analyzing claims data in order to provide(concrete evidence that nurses are a good insurance Attempts to obtain accurate, detailed information on losses in the ANA program were only partially successful. The firm concluded that the information available from the underwriter was "sketchy, sporadic, and inconclusive."

Despite the lack of available information, Tillinghast completed a preliminary review of available claims information and factors to be considered before forming a self-insured insurance program. The consultant firm expressed concern about many of the obstacles it found in considering a captive for ANA. These obstacles included:

*The lack of reliable, detailed claims information on the nursing profession.

*The availability of competitively priced insurance programs for most nurses.

*The limited participation in the program by members of ANA's constitutent associations.

*The lack of financial resources for a detailed feasibility study and capitalization of a captive.

*The potential that certain areas of practice would not be included because of high-risk exposure and unavailability of reinsurance.

*The need first to search the marketplace for available alternatives to the existing program.

It soon became clear that there was an upheaval in the insurance industry, and it was threatening the availability of affordable, comprehensive liability insurance to professional nurses.

In May 1987, Maginnis and Associates, Inc., the largest carrier of Professional Liability for nurses, announced changes in coverage.

Coverage revisions included:

Personal Liability and Medical Payment coverage has been eliminated.

Reduction in Aggregate Limits - Four levels of protection will be offered: \$100,000/\$300,000 only); \$200,000/\$600,000; \$500,000/\$1,000,0000; \$1,000,000/\$1,000,000. In the past, the top of coverage provided \$1,000,000/\$3,000,000 limits.

Insuring Provisions - The present contract pays losses resulting from damages due to injury arising out of malpractice, error or mistake in rendering or failing to render professional services. The new contract provides coverage for "medical incidents" which cause injury to a patient.

Nurse Practitioner Limitation - The current contract excludes coverage for nurse anesthesists and nurse midwives. The replacement contarct will, in addition, exclude coverage when the insured is

functioning as a nurse practitioner.

Furthermore, premium rates were substantially increased from 3 to 5 times present rates. There was little or no cooperation from insurance companies in providing evidence to substantiate the need for these changes.

In July 1987, a movement was underway to repeal the McCarran-Ferguson Act. This act provides an entitrust exemption for the insurance industry. In other words, the government could not intervene if the insurance industry was involved in anticompetitive activities.

Nursing was facing a crisis. Nurse practitioners were without liability coverage, "high risk" areas were paying exorbitant rates, and the rest of us were wondering when our turn would come.

Nursing in Action

The ANA took immediate action to counteract the crisis. ANA's House of Delegates took the first step toward forming its own liability insurance company by approving a resolution to fund a study of claims against nurses. The association intends to collect and analyze malpractice claims made against nurses in all types of practice. The results of this study will be used to determine the feesibility of forming a self-insured risk retention group or a captive insurance company. Tillinghest was again employed to gather and analyze the data. This task force participated in the survey on behalf of the IAET.

In September 1987, Maginnis released information that they had obtained a new underwriter and were rescinding many of the proposed changes. The new policy included:

The Insuring Clause - Under the proposed new plan, the insuring clause will be broadened to restore the program to a plan of "Professional Liability". Coverage will once again include losses due to "rendering or failing to render professional services". This is a key point to consider because the number of liability exposures covered is increased by this new wording.

Personal Liability - The new plan will once again offer personal liability coverage (including Medical payments) for employed insureds, just as was available prior to 6/15/87.

Limits of Liability - Under the new proposed plan, those limits available prior to 6/15/87 will be reinstated (\$1,000,000/\$3,000,000).

Nurse Practitioners - Possibly the most significant change is that, under the new plan, coverage will once again be available for nurse practitioners for new business as well as renewels, 11 at considerably lower rates than are currently available on a renewal basis only. In addition, coverage will continue to be available to self-employed nurse practitioners.

Self-Employed insureds - The new plan will once again allow the RN who is employed or self-employed full or part time to pay premiums based on an average of time spent in each setting.

Other insurance companies followed, and, although premium rates were higher than previous, coverage was available and affordable for most.

In January 1988, ANA announced the formation of the National Nurses Claims Data Base. The urpose of this project is to create a centralized system to monitor professional liability claims and assure that insurance is available to nurses at reasonable cost. It will also provide a valuable resource for nurses to draw on in defending against liability suits.

Although it may appear that the crisis is over, the future is uncertain. ET Nurses barely missed being involved. Those of us in private practice were especially vulnerable.

The purpose of this task force will be to monitor activity in the insurance industry, disseminate information to the membership, and implement action if need be. The insurance survey included with IAET membership renewals will help us determine where we stand in our own organization. More concrete information should be available at the Annual Meeting.

SHARE PROJECT

The Share Project, under the guidance of Maria Siegl, I.O.A. co-chairman, is seeking basic educational material suitable for professionals. Maria has a roster of professionals, both nurses and physicians, in South America seeking assistance. A list of textbooks, journals, charts, and diagrams was developed. The list identified the source and expense involved. This list has been forwarded to Nancy Faller, RN ET, Rutland, YT. Nancy will be expanding the list before sending to Glenda Motta, RN, ET, IAET President. Glenda will then present this "wish list" to each region in the hope that each region will adopt a country.

Annual BOARD MEETING Dallas, Texas Jum 27, 1988

The meeting was called to order by Shirley Alltop, President (5:10 p.m.)

Quorum determination was made.

Minutes from the February 6th meeting held in Columbus, Ohio, will be mailed to each Board Member

Treasurer's Report was accepted as presented by Betty Petrey, subject to audit. The MidEast Region's net worth, from June 1 - May 30 is \$17,963.04. #See attached report.

The proposed budget was presented for June 1. 1988 - May 30, 1989. Final determination was tabled until committee reports were presented.

Regional Trustee report was provided by Joyce Hawley. Reference was made to the May, 1988. Mid-Ess Dropper with her response to the Board's questions which were presented at the February Board meeting. A special "Task Force" is requesting that all IAET members fill out a questionnaire and turn in to them while at the conference in Dallas. National discussed concerns they have re: sales reps. presenting themselves in many hospital settings as "wound care experts". Concerns expressed re: AMA training a new level of "care-givers". A \$1,000,000 grant has been awarded to train these individuals. Discussion was held about the possibility of the Mideast Region addressing the IAET with our position statement regarding this issue, and the ramification this will have on the future of health care. This concern will be presented to the general membership. Attendance at the Dallas Conference is as follows: 780 ET Nurses, 650 Exhibitors, 155 Booths. Next year's conference will be held in Washington, D.C. Location for the conference is based on good meeting rooms, easy access, reasonable prices. Concerns were expressed by National re: any individual serving on more than one committee on the National Board. IAET opinion was there are enough qualified individuals to not have duplication. Suggestion was made by National for ET's to submit manuscripts to our own professional journal rather than to one of our competitor journals.

IAET Membership report was given by Joyce Hawley. The intended purpose of the IAET

Membership chairperson is to serve as a liaison for the various membership chairmen on the Regional levels. A question was raised as to whether this position has been utilized effectively. Discussion was held about National hiring someone to handle membership, and the possibility of the IAET membership person becoming a part of the Public Relations Committee. The Mideast Board discussed the proposed change and reached the following position: The Mideast Region elects to keep the present framework due to the following identified factors: 1) Regions wouldn't have a direct voice on National level regarding specific membership concerns, 2) no "check & balance" at National level to handle the membership day-to-day concerns, 3) Fact we aren't receiving prompt results for membership requests now, and don't see how this addition to National's staff would be of benefit to us.

Jouce H. reported that recommendations had been made for the following changes to the IAET Membership Directory: 1) update every 2 years, use 3-ring notebook, color-code according to State with an alphabetized listing in the back of the book.

A letter has been developed inviting "stome nurses and ostomy nurses" to become Associate members of the IAET. The membership drive will be an ongoing effort, with Hospice nurses being high on the list of those to contact.

COMMITTEE REPORTS

Finance/Fundraising: (Barb Montgomeru) Presented items that will be sold and raffled.

GAC: (Karen Granby) *see report. An itemized expense list will be provided by Olga Cameron so we can better project a reasonable amount to set aside in budget for future Nurse Internship in Washington candidates. Committee goals were presented. A need was identified to add \$1.00 per legislator per brochure in the proposed budget. Effective February, 1988, the GAC was made a Standing Committee of the Mideast Region.

Nurse Internship in Washington: (Olga Cameron) Experiences she had while in Washington were shared. The "networking" opportunity was stated to have been a tremendous experience. A recommendation was made by Natinoal, to allow funds in the budget to send another representative to the Nurse Internship program. Suggestion was made to rotate candidates from various States who want to attend the special program. A letter will be

prepared by Olga, the new GAC Chairman for the Mideast Region, to encourage GAC committee members to consider attending the Internathip program.

Meeting adjourned at 7:00 p.m. to allow Board to attend Key-Note speaker address

Meeting re-convened at 8:10 p.m.

COMMITTEE REPORTS

Membership: (Marilun Spencer) *see report. We have 234 members, 56 non-renewals and 20 new members were recruited between November 1987 - June 1988. The committee purpose, goals and objectives were shared. *see report Marilyn reported that the list of non-renewals received from National indicated 62 names from our Region, manu of which were not valid names. Fifty-seven letters were sent to those members who were listed as deleted or non-renewal on the list. Fourteen have renewed, but 23 haven't resonded to the letter. Concerns were expressed re: the discrepancy in recording of data on National level. The importance of retention of members was shared. Marilun stated the the new Mideast Region is not available for distribution due to the above circumstances/obstacles.

Nominations: (Brenda Kerschbaum) *see report She is seeking representation in West Virginia, Indiana and Kentucky due to the fact that these States are not represented on the Board.

Operations Manual: (E. Pryor) Suggested that the minutes from the past 4-5 years be reviewed to see if decisions that were made at those meetings are reflected in the policies written. The Secretary, D. Peters will provide copies of the minutes to E. Pryor for review.

Publications: (Sandra Duda) Reported that she needs a reporter for Indiana, Ohio (Toledo), and Kentucky. All other states have assigned reporters. Approval has been given by the Board for the editing and deletion of duplicated information submitted for publication. September 1st is the next newsletter deadline. Post card reminders will be sent out.

Delegates: (E. Pryor) Announced we will have a full compliment of Delegates at this meeting.

SPECIAL COMMITTEE REPORTS

Project Share: (M. Spencer) Requested teaching aids be provided. It was suggested that each Region adopt a country and thereby supply them with requested items. Countries proposed for our Region are Thailand and India. Shipping charges will be covered by the UOA. "Cancelled stamps" are still being accepted and are being used for innoculation for children in 3rd World countries.

Mewaletter Funding: (Sharlene Kennedy) Three hundred letters have been sent to DME representatives soliciting advertisements. Only 11 responses have been received.

Youth Raily: (Sue Brady) Announced that 5 children will be attending the Raily on July 28 - August 1. Three scholarships were received, and we are providing funds from our Region to send two. Sue stated that her application to attend the Raily as an ET nurse has been placed on file for next year's Raily. Sue requested additional funds be provided for each youth we are sending, in the amount of \$25.00, so they will have spending money available.

UNFINISHED BUSINESS

1988 Regional Conference: Charleston, West Yirginia, on October 27th (Board Meeting from 12:00 - 4:00 p.m.) and meeting and program on the 28th and 29th.

Scholarskips: (S. Alltop) Concerns were expressed re: lack of response from National office to confirm recipients selected. Shirley reported that no one from our Region had applied that met the criteria set for the scholarships, and therefore there was not a qualified candidate that had applied. Shirley announced that the Bernstette Smith Scholarship hadn't been awarded for the past two uears, therefore \$1,000 is available for distribution. This allocation is to be made to an individual from within our Region. Shirley announced that a vote will be required each year if the Region decides to allocate \$500 for furthering the education of an individual for an advanced degree. A recommendation was made by Karen Granby for the Mideast Region to support the Advanced Nursing Scholarship for the 1988-1989 year in the amount of \$500. This was seconded by S. Kennedy. This recommendation will be presented to the membership for approval.

Recommendation came from the Regional Presidents to use a "peer review" system utilizing area ET nurses, to evaluate the level and quality of care delivered to patients. This recommendation was made out of concerns expressed about all ET's needing to follow the established Standards of CAre.

Bylaws: (R. Yen Ingen) Mentioned that the proposed changes were in the newsletter and will be voted on by the membership on June 28th. The committee was encouraged to make allowances in the Bylaws to provide for "affiliates." Examples of "sample wording" will be presented in a future meeting.

IAET display opportunity was available in Detroit at the Association for Retired Persons conference and the application to display was denied by National. R. Yan Ingen will follow-up with Nation re: why this opportunity was denied.

HCFA codes: B. Montgomery and S. Alltop assisted in establishing a list for use by Medicare (Nationwide). The Board commended them on their contribution.

Preposed budget changes were discussed and will be presented to the membership for approval on June 28th.

Motion was made by K. Granby, seconded by S. Brady to adjourn the meeting. Meeting adjourned at $10:00~\mathrm{p.m.}$

Respectfully Submitted, Deanna Peters RN, CETN

Linu

Annual Membership Meeting June 28, 1988 Dallas, Texas

Meeting was called to order at 12:45 by Shirley Alltop.

Introductions of Officers, Trustees and Delegates were made.

Recognition of Past Presidents from the Mideset Region made.

Quorum determination made by Shirley Alltop. Fifty-five in attendance. (Sign-in sheet on file)

President Alltop asked that all members fill out the $\frac{1}{14}$

Mideast Membership Questionnaire and turn in at end of today's meeting. *see copy

Secretary's report submitted by Deanna Peters in the February issue of the *Mid-Ess Dropper* was approved.

Treasurer's report was accepted as presented, subject to audit.

Regional Trustee report was given by J. Hawley. Mentioned that the response to the memberships' previous concerns were addressed in the last newsletter. Mention was made of the AMA development of a new category of health care workers. A \$1,000,000 grant has been given to the University of Chicago to train these individuals. The IAET has proposed a position statement in dealing with persons with AIDS. CETN is the accepted credentials, following our signatures if the individual has passed the certification exam. A question was presented to the IAET Board ... Can an ET Nurse be a National Board member if they work for industry? The concensus of opinion from the manufacturers is not to allow those individuals to serve as National officers due to the possibility of a conflict of interest. Announcement was made that the next IAET conference will be held in Washington, D.C. All IAET members are encouraged to submit articles for publication to the JET. The Mideast membership, as reported by IAET is as follows: 224 Active, 20 Associate, 3 Retired, 3 Honorary Life, and O Honorary. Joyce explained her role as Membership Chairman on the National level. Recently she was told by National that the position was to be discontinued and would be replaced by paid staff. By hiring this individual, this would eliminate the liaison of the Regions to National. Joyce reported that such a change would involve a Bylaw change that deletes Membership as a Standing Committee. This proposed change will be voted on at the House of Delegates. Concerns were expressed by the Mideast membership about losing this Standing Committee representation. Concerns regarding the lack of accuracy on National level already, and if a decision is made to do away with this position, then we will lose our "direct link" with our members related to the membership concerns. Concerns were expressed re: lack of follow-up by National with membership non-renewals. Concensus of Mideast membership was: if we relinquish this position on National level, that the "check & balance" would be lost. A show of hands of the membership indicated our Region supported keeping the Membership Chairman at the National level.

MID-EAST REGION I.A.E.T. FINANCIAL REPORT JUNE 1, 1988 - May 30, 1989

REVENUE:	
Newsletter Ads Interest Dues Seminar Fund Raising Mist.	\$ 675.00 1367.99 3309.62 6423.23 986.12 20.00
TOTAL	\$12781.96
EXPENSES:	
Newsletter Printing \$ 1128,80 Typing 200.00 Postage 583.13 Assembly 35.00 Ads Expense 116.00	\$ 2062.93
General typing & Printing	\$ 92.30
Scholarship IAET BSN -1 time 500.00 NACOG- Nurse in 1000.00/ Washington	\$ 1500.00
Conference Expenses Travel to Hotel \$ 2112.45 Conference Misc. 620.23 (Perdiem, refreshments, copies Delegates 250.00	\$ 2982.68
Youth Conference	\$ 1031.00
Fund Raising Expense	\$ 443,42
Misc. (ARCA Fee)	\$ 250.94
TOTAL	\$ 8363.27
Balance in Interest Drawing Checking Acc	t. \$ 10413.04
Security Positions 400 Units LL&E Royalty Market Valu 304 Shares Putnam High Yeild Trust	2550.00 5000.00
TOTAL WORTE	\$ 17963.04

COMMITTEE REPORT

Membership: (M. Spencer) Cheryl Yan Horn and Crina Floruta were appointed by Marilyn Spencer to assist with Mideest Region membership committee responsibilities.

Bylaws: (R. Yan ingen) The proposed changes appeared in the May, 1988, newsletter.

Article III-Membership

Section I-E

R. Van Ingen moved that we accept the Bylaw as was presented in the May 1988 newsletter. Motion seconded by E. Pryor -- defeated.

M. Spencer moved that Article III, Section I-E be re-investigated, clarification be made and then brought to the membership for final approval. Seconded by K. Granby -- motion carried.

Article Y-Officers

Section II

Requirements for Office

R. Yan Ingen moved the the Bylew be accepted as presented in the newsletter. Seconded by J. Hawley — motion carried.

Section X-Treasurer's Duties

"1 (Care & Custedy ...)

R. Yan Ingen moved that the Bylaw be accepted as presented. Seconded by J. Hawley -- motion carried.

#8 (at expiration of term ...)

R. Yan Ingen moved that the bylaw be accepted as presented. Seconded by J. Hawley -- motion carried.

Article YIII-Delegates Section II Appointment

D

R. Yan Ingen moved that the Bylaw be accepted as presented. Seconded by M. Spencer -- motion carried.

Section IY-Election

Á.

B.

C.

n

R. Yan Ingen moved that the Bylaw be accepted as presented. (Section IY-Election---A., B., C., D.) Motion seconded by S. Kennedy -- motion carried.

Article XIII

Section I-Fiscal Year

R. Van Ingen moved that the Bylaw be accepted as presented. Seconded by J. Hawley -- motion carried.

Article XIV-Dissolution

Section I-Dissolution

Adrian Miller moved that the Bylaw be 16

approved with the following change: Upon dissolution or termination of activity of the Region, all remaining assets after payment of the legal debts and obligations of the Region shall e returned to the Treasurer and Secretary for the IAET. If IAET is non-existent, any assets would be distributed to a non-profit organization as the Board in charge of liquidation shall determine. Motion seconded by M. Spencer -- motion carried.

Fundraising: (B. Montgomery) Reported that \$490 had been sold at the Midesst table between 9:00 - 12:00 today. Requests for persons to work at the booth was solicited.

Continuing Education: (Petrice Sprung) Introduction was made of self with no formal report.

Governmental Affairs Committee: (K. Granby) presented the committee goals and purpose. Explanation was given re: The Nurse Internship in Washington. Representation from each State is being sought to rotate through the Nurse Internship program. Discussion re: funds needed for mailing brochures and for GAC printing and expenses were outlined and will be included in the proposed budget for membership approval.

Olga Cameron expressed the need for the ET's to develop a position statement on the AMA training program for alternative health care workers. An explanation of "Project Muscle" and the purpose and function was outlined.

Mominations: (B. Kerschbaum) Explanation made re: offices that will need to be filled in November. Encouraged people to let it be known if interested in becoming involved.

New Member introductions made of Judy Warner (Saginaw, MI) and Diena Sullivan (Ft. Wayne, IN)

Public Relations: (B. Montgomery) no report

Publications: (S. Duda) Stated the goal is to have the newsletter have a more professional look and increase the editing of content to prevent duplication of reports. Announced that the July issue this year will be elimated due to the closeness of the IAET conference. September 1 is the next deadline to submit items for publication.

Delegates: (E. Pryor) Introduction of Delegates was made. Announced that we have a full compliment of Delegates at the conference. Encouraged the general membership to attend the House of Delegates as an observer this Thursday. Mentioned that no proxy votes are allowed.

SPECIAL COMMITTEE REPORTS

Cancelled stamps are still being accepted for innoculations in 3rd World countries. Two hundred cancelled postage stamps can be exchanged for one TB innoculation. The stamps may be given to M. Spencer.

Newsletter Funding: S. Kennedy reported that 300 letters have been sent out with only 11 responses. The price of the ad is based on the size of the ad. Ad income goal is \$1,500 this year.

Youth Rally: (S. Brady) Five youths will be attending this year. Two of the youths are ones we have sent in the pest and will be counselors next year. Decision was made to provide each youth we're sending with \$25.00 for spending.

Fall Conference Planning Committee: (Phyllis Brown) Location will be in Charleston, West Yirginia. Date is Octiber 28th. 6.6 CEU will be awarded. The registration fee is \$40.00.

Scholarships: (S. Alltop) Reported that Margaret Minoux is chairman at National level. She's submitted names of individuals who've applied. S. Alltop will talk with National re: concerns about individuals who have applied for a scholarship and did not meet criteria set bu the Mideast Region. If a Mideast Region member applies for a scholarship, this application is reviewed by individuals outside of our Region, to assist in an un-biased selection process. E. Pruor recommended the the National Scholarship Committee share with our Region, the criteria set for applicants, and the information then be printed in the newsletter. Along with this, a list of available scholarships will be requested. An explanation was given of our present allocation of funds for the N. Gill Scholarship, B. Smith Memorial and the Advanced Degree.

J. Hawley moved that the \$500 scholarship for an RNET in the Mideast Region to pursue a BSN be a yearly scholarship. Seconded by Helen Arend -- motion carried.

appointed to provide long range/short term planning for allocation of our Region's funds. A committee will be selected by the President.

Proposed Sudget was presented by Betty Petrey. *see copy. Explanation was made re: changes and increases in amounts. S. Brady proposed that the Region increase the amount of Youth Rally allocation to \$1,500 for youth, which represents a \$1,000 increase in the proposed budget.

*Betty Petrey moved that the Mideest Region increase funds for the Youth Rally to \$1,500 to be spent on youth and keep the \$500 for sending an ET nurse to the Youth Rally, thus increasing the total for the program to \$2,000. Motion seconded by A. Miller -- motion carried.

* S. Brady moved that we accept the changes in the proposed budget. Seconded by T. Blied -- motion carried.

Suggestion was made by E. Pryor, for our Region to develop a policy to deal with **Memorial Domations**. Discussion was held re: ways in which to recognize the death of Joyce Stroom, ET, from St. Lukes Hospital.

A recognition letter will be sent to the Louisville ET's for their efforts in raising \$6,000 at the conference lest Fall.

Marge Wessels volunteered to assist in being a checker when ballots are counted for the IAET voting.

Motion was made by J. Hawley and seconded by B. Petrey to adjourn the meeting. Meeting adjourned at 3:40 p.m.

Respectfully Submitted, Deanna Peters RN, CETN

MEDICARE COYERAGE GUIDELINES Update and Correction

Ostomy Category: Not otherwise classified "ostomy supplies". Ex: NuHope, " Perma Type, Marlen or any other appliances not listed with a specified code.

Any item not covered with its own code will, or should be, entered into "not otherwise categorized" code category and it will be paid 80% of the actual or submitted charge after the \$75.00 yearly deductible is met.

Sandy Duda Editor

WINTER /SPRING GRADUATES FROM THE R.B. TURNBULL JR. SCHOOL OF ENTEROSTOMAL THERAPY

Patricia I. Barrett, BSN, ET Westlake, OH 44145

Fairview General Hospital 18101 Lorain Avenue Cleveland, OH 44111 (216)476-7225

Debbie Bradley, BSN, ET Pacific Paltsades, CA 90272

University of California 10833 LeConte Avenue Los Angeles, CA 90024 (213)825-9111

Sandra L. Bruns, BSN, ET Westerville, OH 43081

St. Ann's Hospital 500 East Cleveland Avenue Vesterville, OH 43081 (614)898-4000

Marilyn I. Cormier, BSN, ET Bedford, Nova Scotia Canada B4A 1SB

Hollister Co. Ltd. 95 Mary Street Aurora, Ontario, Canada (416)773-1811

Brenda S. Goodson, BSN, ET Clarksville, IN 47130

Humana Audubon Hospital 1 Audubon Plaza Drive Louisville, KY 47210 (502)636-7111

Mary T. Hinckle, BSN, ET Orange, CA 92666

St. Joseph Hospital 1100 W. Stewart Drive Orange, CA 92668 (714)633-9111

Patricia Hoge, BSN, ET Columbus, OH 43214

Riverside Methodist Hospital 3535 Olentangy River Rd. Columbus, OH 43214 (614)294-1360

Judith C. Landis-Erdman, BSN, ET Cleveland Hts., OH 44118

Cleveland Clinio Foundation, ET Dept. 9500 Euclid Avenue Cleveland, 0H 44106 (216)444-6677

Linda A. Landmann, BSN, ET Feirborn OH 45324

Miami Valley Hospital
1 Wyoming Avenue
Dayton, 0H 45409
(513)223-6192

Alda A. Visnauskas, BSN, ET 2681 Norris Avenue Parma, OH 44134 (216)845-7725

TRI-STATE NEWS (SE OH, WY, KY)

The Tri-state ET Meeting was held at Pleasant Yelley Hospital, Point Pleasant, West Yirginia, on June 21, 1988.

With the information received from Dr. Burton and Yictor Alterescu, the program outline for the conference was finalized. Course objectives will be written by Glenna Altizer.

Job assignments for the conference were tentatively set. Chris Porter and Maryanne Capp will close the conference on Friday with their cartoon teaching tools.

The Saturday program will include a talk by Dr. White on pseudomembranous colitis followed by the business meeting.

The cost of the conference was set at \$40.00. Contact hours will be applied for from the IAET who is a provider through the ANA.

We decided it would be nice to have a reception on the Thursday evening before the conference. A sponsor is needed.

Phyllis Brown took information on the conference to the national conference in Dallas.

Maryanne Capp, RN, ET

CINCINNATI AREA

Eight ET nurses from the Cincinnati area attended the IAET Conference in Dallas. Judy Schafer who recently moved to California joined us and it was a great reunion. Kelly Wells from Fort Hamilton Hughes Hospital has successfully completed M.D. Anderson's Enterostomal Therapy course, May 20,1988.

Linda Ruter, Margie Dreffer, Jackie Deugler and Chris Weutler have participated in Convetec's ostomy and wound care educational programs for local nurses.

The Cincinnati area ET's meet monthly and are currently focusing on more networking within the group. We are utilizing our own ET's with expertise in special areas of interest as monthly speakers. We have also shared audio/visual programs and individual slides. Several ET's are trialing the Kylie Incontinence ped and would appreciate any input from other Mideast members.

Nancy Rioux, RN, ET Mercy Hospital 100 Riverfront Plaza Hamilton, OH 45011

SOUTHWEST MICHIGAN AREA

The Southwest Michigan area ET nurses met April 20 in Battle Creek at Community Hospital, hosted by Jackie Sheldrick. Ethel Pryor presented slides on problem stomes and unusual pouching techniques. This was followed by a sharing session and discussion of ET nurse day activities.

Our group met again June 20 in Grand Rapids at St. Mary's Hosital, hosted by Rose Rice. A local gestroenterologist reviewed enteral feeding routes, with a focus on P.E.G. tubes. Following this, a representative from NFI Grand Rapids Satellite asked for our input regarding hospital visitation and support groups. The hospital visitation program is now a reality and has met with good resonse from patients and physicians. The National convention was also reviewed. Several of our ET nurses are due for recertification within the next year and we are exploring the possibility of an alternative site for testing.

Both meetings were well attended and enabled us to grow in our roles as ET nurses. Thanks to Jackie and Rose for their hard work in setting up these programs!

Carol Hepp, RN, CETN

SOUTHEASTERN MICHIGAN NEWS

The SE Michigan ET nurses and ostomu specialists were fortunate to have Linda McGee, RN, ET, Midland Hospital Center, host our symmer educational meeting and post IAET conference update for those ET's unable to attend. Linda had arranged to have Dr. William Cline, a gastroenterologist, present a video/alide presentation on edoscopic procedures of the esophagus, stomach and colon that ill ustrated various diseases ۵f the system...cancer, polyps, varices and ulcers. Dr. Cline also discussed E.R.P.C. (x-ray of the pancreatic and bile ducts) in relation to a new scope being developed for endoscopic exam of the small intestine.

Olga Cameron, RN, ET spoke to the group regarding her "Nurse in Washington Internship", as the Mideast Regional Representative last spring in Washington, D.C. She distributed ANA's statement about AMA's proposal for a Registered Care Technologist for group discussion.

Marilyn Ehrlich, RN, ET, began our first group journal report with three excellent articles:

"Classification and Treatment of Chromic Non-Healing Wounds" (*Annels of Surgery*, Vol. 204, No. 3, September, 1986) Beaumont Hospital. Royal Oak will be the center in this area for a program using PDWHF.

"Comparative Evaluation of the Aloe Yera in Management of Burn Wounds in Guinea Piga". (Plastic and Reconstructive Surgery, Yol. 81, No. 3, March, 1988). This study demonstrated the decreased healing time with Carrington as well as lowered bacterial counts in the wound.

"Update on Clinical Experience with Different Surgical Techniques of the Endorectal Pull-Through Operation for Colitis and Polyposis." (Surgery Qun/08 Vol. 165, Oct. 87)

Terrie Boyd, RN, ET, reported that she has had excellent results using the Cymed Pouch on a patient with a urinary stoma. This pouch, unlike others trialed, held 8 days and molded well to this patient's deep skin folds.

Our Autumn meeting will be held October 5th from 12 noon to 4:00 p.m. at Macomb Hospital Center, Warren, Michigan and hosted by Joyce Billingsley. RSYP for luncheon by September 30, at 573-5731.

B. Diene Singer, BSN, RN, CET

REPORTERS

Susan Brown Nancy Rioux Sandy Duda Cheryl Yan Horn Phyllis Brown Dianne Singer Carol Hepp Columbus, OH
Cincinnati, OH
Elyria Area, OH
Cleve/Akron, OH
Tri State Area
Southeastern MI
Southwest MI

Reporters are needed for the indiana, Louisville, and Toledo areas.

U.D.A. YOUTH CONFERENCE

The Mansfield-Ashland Chapter of U.O.A. is Planning a youth conference for June 16, 17, and 18, 1989. The location will be Hidden-Hollow Camp, Mansfield, OH. We are asking for support and help of ET Nurses and other U.O.A. Chapters in the Great Lakes Region in our effort to reach out to the youth in our Region. We are open to and seeking suggestions, help, donations, ideas on how to contact the youth and those who have had experience in working with the youth.

Please contact Chairperson: Ted Hartman

1247 Rosedale Drive Mansfield, OH 44906 (419)756-5269

IN MEMORIAM

This is to inform the Mideast Region of Jouce Stroom, EN ET's expiration on May 17, 1988, from cancer at Henry Ford Hospital in Detroit, MI. Jouce was an ET Nurse for 4 years and graduated from Rupert J. Turnbull School of Enterostomal Therapu, She set up the ET program at St. Luke's Hospital, Seginaw, Michigan. She was a member of the IAET, Tri-City Ostomy Association, and Southeast Michigan ET Nurse and Ostomu Specialists Group. She also set up the NFIC, Tri-City Satellite, and the mastectomy education program at St. Luke's. She guit St. Luke's last summer to move to West Bloomfield Hills, MI. She moved in order to follow her husband who was involved with the new General Motors Saturn Yenture in Tennessee. Jouce dearly loved or ET Nurse role and touched many patients by her compassionate, caring manner. We will all miss her.

Sincerely, Linda McGee, RN, ET

NOTEWORTHY AND HEARTY CONGRATULATIONS!!

Norma Gill Thempson (a double congrats!!)
The I.O.A. presented her with a special award at their May meeting in Paris, France. The award was for being the first ET. Also, she has been included in Who's Who in American Nursing.

Phyllis Brown, RN, ET, of Holzer Medical Center, Gallipolis, OH, Received the IAET ET Day, (PR Comm.) award, 1st Place.

Paula Toth, RN, BSN, ET (Akron)
Presented an article entitled "Teaching Ostomy Care
to the Pediatric Client: A Developmental Approach"
published in the May/June JET.

Marilyn Spencer, RN, ET, was elected President of the WCET in May, 1988.

Poster Abstracts were accepted by the IAET Education committee and were presented at the June, 1988, IAET Conference in Dallas.

1. "Prevention, Early Detection, Treatment the Key"

- Phyllis Brown

Holzer Medical Center Gallipolis, OH

- Carol Happ Blodgett Memorial Medical Center Grand Rapids, MI

2. "Home Stabilization Program"

- Barbara Blaylock St. Charles Hospital Oregon, OH

3.. "Parastemal Ulcers: Medified Nonedherent Appliance"

- Sandy Duda
 ET Nurse Consultants of Ohio
 Avon Lake, OH
- Pam ela Payne Cleveland Clinic Foundation Cleveland, DH
- Olga Ramos-Wilson Claveland Clinic Foundation Claveland . OH

Barbara Montgomery, RN, ET, has received an undergraduate nursing scholarship from the Oncology Nursing Foundation, through support from Burroughs Wellcome. Barb has also received scholarship montes from Mid-Ohio District Nurses, Pilot Club of Columbus, Ohio, inc., and Bexley Woman's Club.

Crina Floruta, RM, ET, . was elected President-Elect for the Western Reserve Chapter of A.U.A.A. at their June meeting (Cleveland, OH).

Mideast Scholarship: The B. Smith and Norma Gill Thompson Award Recipient: Robert James Trout

IMPORTANT DATES

Quality of Life Association (Continent Ostomates) will hold conference in St. Petersburg, FL, October 21-22, contact Yelma Bragg,RN, ET, for further information (404) 554-4435.

MIDEAST FALL SYMPOSIUM: "SKIN IS IN: INJURY, INSPECT, INFORM, IMPLEMENT AND IMPROYE" October 28-29, 1988. Mariott Inn, Charleston, West Yirginia.

Spring Update, 1989, Cleveland Clinic Foundation. Further information in next newsletter.

A.U.A.A. - National: May 7-11, 1989, Dallas, Texas

IAET Conference "The Third Decade: Building on Strengths, Creating Opportunities", June 6-10, 1989, Washington Hilton and Towers, Washington, D.C.

U.G.A. - National - August 3-6, 1989, Fontainebleu Hotel, Miami, FL.

BOARD CERTIFICATION EXAM IN NOVEMBER FOR COLUMBUS

If interested, contact:

Nancy McClees, RN, ET 6953 Macgregor Court Worthington, 0H 43085 (614) 431-9073

Cleveland has been designated an official testing site beginning with the November 1988 exam.

REMEMBER: APPLICATION DEADLINE IS SEPTEMBER 30, 1988, FOR THE NOVEMBER 12 TEST.

Send application and fee to:

Professional Testing Corporation 1211 Avenue of the Americas 15th Floor New York, NY 10036

Next scheduled testing dates: June 3, 1989; November 11, 1989; June 9, 1990; and November 10, 1990.

ET NURSES ON THE MOYE

Linda Landmann, RN, BSN, ET
Miami Yalley Hospital
Dayton, OH
Suciane Hannok
211 Batesview Drive, #123
Greenville, SC 29607
Judith Powell, RN, BSN, MSN, ET
Washington County Hospital Association
Hagerstown, MD 21740

CHANGE OF MAILING ADDRESS

Shirley Alltop, RN, ET 802 East Church Street Marion, OH 43302 Betsy Heximer S. 709 Rhodes Hall O.S.U. Columbus, OH 43210

JOURNAL OF ENTEROSTOMAL THERAPY REPORT

There will be a new theme issue to the JET. For the next one to one and one half years, that theme will be incontinence. The table of contents will change according to title, author and sunopsis. That will be in the front of the journal. There has been a 27.3% increase in revenue for the JET, 6.7% growth of subscription rates and 34.8% advertising revenue. There are 457 nonmembers that subscribe to the JET, 455 institutions and 2076 members. There has also been a designated associate editor to help an author rewrite an article. If any of you have questions about publishing, it should be easier for you to write an article for the JET. If you have any questions about an idea that you think is good, Joan Halpin, the editor, would give you quick feedback on whether your idea for an article is one you would want to publish in the JET.

CONGRATULATIONS

To Steven and Barb Boylan-Lewis, RN, ET
On the birth of a baby boy - Thomas Keith Lewis
Born June 1, 1988
5 lbs., 8 oz.
Barb is an ET at St. Joseph Mercy Hospital, Ann
Arbor, Mi

INTERNATIONAL ASSOCIATION FOR ENTEROSTOMAL THERAPY

Indiana

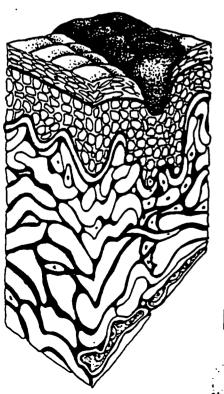
Kentucky

Ohlo

Michigan

West Virginia

PRESENTS



SKIN IS IN...
INJURY
INSPECT
INFORM
IMPROVE

FRIDAY, OCTOBER 28, 1988
MARRIOTT HOTEL
CHARLESTON, WV.

Program - Schedule

Friday, October 28, 1988

• •	total and total
7:30 AM - 8:30 AM	Registration and continental breakfast
8:30 AM - 8:45 AM	Welcome and announcements - Nancy Martin, RN, ET.
8:45 AM - 9:15 AM	Contemporary Leg Ulcer Management - Claude Burton, MD.
9:30 AM - 10:30 AM	Physiology of the Skin - Victor Alterescu, RN, ET.
	Process of Dermal Destruction - Victor Alterescu, RN, ET.
	Lunch - Provided by Hollister, Inc.
12:30 PM - 1:30 PM	Process of Epidermal and Dermal Wound Healing, Prevention and Wound Description and Staging - Victor Alterescu, RN, ET.
1:30 PM - 2:00 PM	Break - Exhibits
2:00 PM - 3:15 PM	Principles of Topical Therapy Clinical uses of Specific Products Financial and Legal Aspects of Treatment - Victor Alterescu, RN, ET.
3:15 PM - 4:00 PM	Getting Involved in Legislative Issues - Olga Cameron, RN, ET.
	Questions and Answers
4:15 PM -	Evaluation
4:15 PM - 5:00 PM	Exhibits

Faculty

Claude Burton, MD.

Assistant Professor, Department of Medicine, Duke University Medical Center Board certified in Dermatology Director - Leg Ulcer Clinic Staff Dermatologist - Durham Veterans Administration Hospital.

Victor Alteresu, RN, MDA, MTH, ET

Founder and partner of Ostomy Therauptic
Project Coordinator, Utilization Management of Acute Care Affiliates.

Olga Cameron, RN, ET

Enterostomal Therapy Nurse, Grale Hospital, Detroit, Michigan.

Program Description

This conference is designed for nurses who are involved in the prevention and treatment of skin and wound care.

Objectives

- 1. Discuss making a differential diagnosis relating to leg ulcers.
- 2. Describe treatment of leg ulcers.
- 3. Explain the structure and function of the dermis, epidermis, and accessory structures.
- 4. Describe the steps which normally occur when the dermis is destroyed through prolong loss of circulation.
- 5. Describe the steps which normally occur in the healing of a partial or full thickness skin defect.
- 6. Describe pressure ulcers in terms of wound healing concepts and the commonly accepted stages.
- 7. Identify three primary causes of pressure ulcers and select those patient population which are at high risk.
- 8. Enumerate three categories of pressure relieving devices and know their relative effectiveness.
- 9. Discuss the financial and legal aspects of treatment of pressure ulcers.

For further information, contact Juanita Jenkins, RN., ET. Phone: 304-348-5432.

10. List four ways of getting involved in the political process on national and/or local levels.

		 Registrs	ation Form		
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Registration Fee: \$ deadline - October	40 00 (Fee inclu	doe lunch t		uts.) No refunds after regis	stration
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☐ Check here if you the Convatec Dir	will be attendin	g Track	Nancy Martin, C.A.M.C Gener Brooks & Washing Charleston, W	RN., ET. al Division iton Streets	

QUESTIONNAIRE

1. What is your geographic location?
2. Do you routinely meet with your closest peers?
If so, how often?
3. If you do not meet with other ET nurses, what is the main reason you don't?
4. Do you meet with other nurse support groups?
5. If you do have a regular ET nurse group, would they be willing to serve as a committee to the Mideast Region if asked?
6. In your opinion, what would be the best way to enhance communication between
already organized ET nurse groups?
7. What would be the best way to communicate these "ET nurse groups" to those who do not attend?
8. How do you feel the Mideast Region can improve?

Please return to:

Deanna Peters, Secretary

Box 652

Schoolcraft, MI 49087