Objectives

- Provide Home Health Providers a review of wound-related quality measures to include new regulatory changes (OASIS C2), etc.

- Provide Home Health & Hospice Providers a roadmap for developing a standardized wound management program to include:
  - Standardized evidence-based wound protocols
  - Standardized wound supplies
  - Wound-related clinical and financial metrics

- Educate Home Health & Hospice Providers on the use of available Telehealth and mobile technology tools to improve wound management outcomes.
The US Wound Problem

- Not Enough Experts to Meet Need
- Millions of Patients in Need
- Massive Cost to Providers

Post-Acute Wound Problem

Home Health
- 39% of home health patients have a wound on admission
  - 30% - surgical wound on admission
  - 7% - pressure ulcers
  - 2% - venous wound

Hospice
- 35% of hospice patients have wounds
  - 50% - pressure ulcers
  - 20% - vascular ulcers
  - 30% mix of surgical, skin tears, & tumors

The Problem – High Costs

Wound Supplies
- Dressings
- Advanced therapy modalities
  - Negative Pressure Wound Therapy
  - E-Stimulation
  - Enzymatic debridement (Santyl)

Labor
- Dressing change frequency
- Number of wounds
- Associated wound documentation time
The Problem – Quality

Wound/Ostomy Related 30 Day Re-hospitalizations

- 29.1% Ileostomy & enterostomy
- 23% Amputation of lower extremity
- 19% Colostomy
- 7.8% Surgical wound issues

5-Star Ratings/ Home Health Compare

- Wounds impact on quality of patient care star rating
- Wound-related outcome measures
  - Improvement in status of surgical wounds
  - % of patients with pressure ulcers that are new or worsened (1/19)

The Problem - Liability

Legal Liability Exposure

- There are 17,000 pressure injury related lawsuits filed annually
- Number of wound related lawsuits are increasing in the home health space
- Recent pressure injury lawsuits in acute & long-term had judgments as high as $312M
- Families take videos and photos

A Familiar Scenario?
Meet Jack. He has just been discharged from the hospital due to CHF exacerbation requiring increased bed rest.

Meet Kate. Jack’s home health nurse. She has limited wound care experience.

Meet Jack’s heel ulcer

Kate documents Jack’s wound as a Stage 2 Pressure Ulcer.

What is the wound type and stage?
Jack’s Heel Ulcer
Was Kate correct?

- **No.**
  - She *did not* accurately stage the pressure ulcer
  - It is a Stage 3
  - Mis-staging resulted in the loss of additional non-routine supply dollars

How do you tackle similar issues as a home health or hospice agency?

How to Win the War:
Development of a Standardized Wound Management Program

Develop a Wound Management Program

Wound Management Program Elements
- Wound/Skin Integrity Policies & Procedures
- Evidence-Based Wound Management
- Wound Formulary
- Wound Expertise
- Wound Competencies & Education
- Wound Metrics & Outcome Reporting
Review Wound Policies & Procedures

Ensure P & Ps:

- Promote an interdisciplinary approach to wound care:
  - Patient and Family
  - Nursing/CWS
  - Physician(s)
  - Dietician
  - Physical & Occupational Therapy
  - Medical Social Work

- Address:
  - Wound assessment and documentation
  - Wound management
  - Skin integrity
  - Skin risk assessment (Braden, etc.)
  - Ostomy assessment and documentation
  - Ostomy care/ Pt. self-care and management

- Reflect latest evidence based best practice
- Include wound and/or video photography policy if using wound imaging

The Evolution of Advanced Wound Healing and Evidence Based Practice

Dressing Evolution

Traditional dressings:
- Gauze
- Lint and fiber products
- Tape

Moist Wound Dressings:
- Foams
- Alginites/Hydrofibers
- Collagen
- Hydrogels
- Hydrocolloids
- Films
- Contact layers
- Composites
- Topical antimicrobials
Develop Evidence Based Wound Management Strategies

Good Resources for Current Information
- Cochrane Database
- Wound Healing Society
- Association for the Advancement of Wound Care
- Wound, Ostomy and Continence Nurses Society
- National Pressure Ulcer Advisory Panel
- Agency for Healthcare Research & Quality
- National Guideline Clearinghouse

Accurate & Complete Wound Documentation

Documentation Essentials:
- Wound Type/Etiology
- Stage only if PRESSURE related
- Wound Location
- Wound Measurements
  - Length, Width, Depth
  - Undermining
  - Tunneling
- Exudate Type and Amount
- Wound Edge
- Peri-wound Skin
- Wound Pain
- Wound Odor
- Edema, if extremity
Wound Documentation

• Date & time stamped
• Assess all wounds at least weekly
• Prompt interventions for wounds that show no progress
• Document rationale for delayed healing:
  - Potential complications
  - Comorbidities
  - Inconsistent with patient goals (Hospice)
• Contact MD when indicated
• Document communication with family
• Document all teaching and educational tools provided

Wound Photography

• Must have policy or guideline
• Must have patient consent
• Must be part of the medical record
• Must maintain HIPAA compliance for photo transmission

Serial Photos are VALUABLE!
Formulary Redesign

“What is The Most Expensive Wound Dressing?”

Formulary Redesign

The One That’s “Not Working” …

Formulary Re-Design

Goals:

- Improve Wound Healing Times
- Minimize Number of Unnecessary Dressing Options
- Align Formulary with Management Algorithms
- Optimize Time Between Dressing Changes
- Quality FIRST, Cost SECOND
Formulary Re-Design

Process:
- Review Existing Formulary
- Audit Current Use of Wound Dressings
- Inventory Existing Wound Dressings
- Develop New Formulary & Management Guidelines for Use
- Introduce & Train Staff on using New Wound Dressings
- Establish Approval System for Using Non-Formulary Dressings
- Educate Physicians and Referral Sources

Advanced Wound Dressing Priorities

- Minimize trauma to the wound bed
- Eliminate dead space (tunnels, tracts, undermining)
- Assess and manage exudate
- Support the body’s tissue defense system
- Use non-toxic wound cleansers
- Remove infection, debris and necrotic tissue
- Environment maintenance (thermal/moisture)
- Surrounding tissue, protect from injury and bacterial invasion

Using the Right Product the Wrong Way

- Consider Wound Product Standardization
  - More than one of the same thing is likely one too many
  - Reduces Risk
  - Minimizes incorrect use – change rates
  - Consider cost in use – not just overall cost
  - Consider patient satisfaction
  - If you are part of a larger group – ask for a voice
- Provide dressing selection templates or guidelines
- Assure that you receive education from your product representatives

How should we select dressings?

- Hydrating
- Absorbing
- Fillers
- Active
- Secondary
- Cleansing
- Non-adhesive

Balancing Wound Elements with AWC Products and Moist Wound Healing Concepts

- Etiology
- Tissue type
- Infection
- Pain
- Exudate
- Location
- Depth
- Goals
Principles: Formulary Development

The Principle of Categorization
Learn about dressings by generic category and compare new products with those that already make up the category.

The Principle of Selection
Select the safest and most effective, user friendly and cost effective dressing possible.

The Principle of Change
Change dressings based on patient, wound and dressing assessment, not on standardized routines.


The Principle of Evolution
As the wound moves through the phases of wound healing process, evolve the dressing protocol to optimize wound healing.

The Principle of Practice
Practice with dressing materials is required to learn their performance parameters and related tricks-of-the-trade.


Addressing the Wound Based on Tissue Type
Have Access to Wound Expertise

Home Health Agencies with a CWOCN:
• 2x’s as likely to improve PUs
• 20% as likely to improve lower extremity ulcers
• 40% more likely to improve surgical wounds

Access Options:
• Hire FT or PT CWOCN
• Contract with CWOCN
• Certify current staff
• Outsource wound expertise

Wound Expertise

Three Wound/Ostomy Certifications Available
1. Wound Ostomy Continence Nursing Certification Board (WOCNCB)
   - Est. 1978
   - Certifies only RNs
   - Requirements:
     ▪ Bachelor Degree (minimum)
     ▪ License RN (minimum)
     ▪ WOC Education at accredited program
     ▪ Precepted clinical hours with CWOCN
     ▪ Accredited board exam every 5 years
Wound Expertise

Wound Certification

2. American Board of Wound Management (ABWM)
   - Est. 1995
   - Certifies all healthcare professions
   - Requirements:
     - BS Degree (minimum)
     - Licensed healthcare professional
     - 3 yrs. direct wound care experience with patients
     - Accredited board exam every 10 years

Wound/Ostomy Certification

3. National Alliance of Wound Care & Ostomy (NAWCO)
   - Est. 2002
   - Certifies all healthcare professionals
   - Requirements:
     - No education minimum
     - Active license for past 4 years
     - Licensed healthcare professional or product representative
     - Complete Skin & Wound Management Course
     - 60 contact hours in skin & wound care

Limited Availability

- < 2% of all nurses are accredited
- Only 7000 RNs certified Wound, Ostomy and Continence Nurses

Expensive Resource:

- Nurse assessment time limits effectiveness:
  - In-home visits can treat 3-4 patients/day
  - Virtually can treat 15-20 patients/day
- Annual salary & benefits: $90K+
Regulatory Compliance

Criteria for Medical Necessity for Home Health Wound Care

- Open draining wounds
- Wounds requiring NPWT, irrigation, or packing
- Wounds with exposed arteries or veins
- Post-operative wound with high risk for dehiscence
- Post-operative wound with complications (dehiscence, infection, etc.)
- Complex wounds that require skilled care

Nursing Wound Care Competencies

For:
- New Hires
- Nursing Staff Annually

Competency Elements:

- Proper use and scoring of Braden Scale & subscales
- Proper identification of wound type/etiology
- Proper staging of pressure injuries
- Demonstration of proper wound measurement
- Demonstration of proper wound assessment

Wound Education

Wound Education Critical to Wound Management

- Education is critical to delivering excellent wound care
- Provide opportunity for additional wound education & accreditation
- Staff needs to be educated on:
  - Established evidence-based best practices and associated wound dressings by treatment
  - Proper application of wound dressings
  - Proper application of compression
  - Doppler use for ABI measurement
  - Performing accurate Braden assessment
Ostomy Education

Ostomy Education Critical to Ostomy Management

• Education is critical to delivering excellent ostomy care
• Provide opportunity for additional Ostomy education
• Essential Ostomy education elements
  • Assessment of Stoma and Peri-stomal skin
  • Observation for stomal complications
  • Local peri-stomal skin care
  • Assessment of normalized GI/GU Ostomy Function
  • Assessment of effluent and effluent volume
  • Ostomy appliance fitting and pouch changing
  • Supply and Professional resources: UOAA

Establish & Monitor Wound Metrics

Home Health Quality Metrics:

• Acute care hospitalization rates:
  - Ostomies
  - Surgical wounds
  - Chronic wounds
• ED visit rates:
  - Ostomies
  - Surgical wounds
  - Chronic wounds
• % of patients with stage 2-4 pressure ulcers that are new or worsened (M1313)
• % Wound healing
• Patient satisfaction

Establish & Monitor Wound Metrics

Home Health Financial Metrics:

• Skilled Nursing Visits for Wound Patients
  - # of wound-related in-home visits/episodic patient
  - # of wound-related in-home visits/non-episodic patient
• Wound Supplies
  - Wound costs/wound episode
  - Overall wound supply costs
Establish & Monitor Wound Metrics

Hospice Quality Metrics:

- Wound Symptom Management:
  - Pain
  - Odor
  - Heavy exudate
- % Acquired preventable pressure ulcers
- Wound infection rate

Hospice Financial Metrics:

- Skilled Nursing Visits for Wound Patients
  - # of wound-related in-home visits
- Wound Supplies
  - Wound costs/patient
  - Overall wound supply costs/month

Reduce Wound Related Legal Risks

Best practices to reduce liability:

- Pressure Ulcers:
  - Access risk for pressure ulcer development –
    - Norton
    - Braden
  - Institute standard interventions for those at risk
    - Support surfaces, heel lift boots
    - Seat cushions
    - Repositioning & pressure redistribution education
    - Dietician consult to address nutritional deficits
    - Address urinary and fecal incontinence
    - Physical therapy consult for mobility issues
  - Be knowledgeable about Assisted Living Facilities (ALF) regulations
    - Stage 2 pressure ulcers - must show improvement in 30 days
    - Stage 3 and 4 pressure ulcers - not allowed
Reduce Wound Related Legal Risks

Best practices to reduce liability:

- Pressure Ulcers:
  - Avoidable vs. Unavoidable
    - Some Pressure Injuries are Unavoidable and NOT Related to Quality of Care Received!
    - NPUAP 2014 Consensus Panel – confirmed some pressure injuries are unavoidable
    - Need to describe, document, and validate why a pressure ulcer that developed may have been UNAVOIDABLE
    - Current standard of care for pressure injury should be well documented
  - Be clear, concise, specific
    - Identify non modifiable risk factors that exist and interventions that were done to address
    - Document resident’s response/outcome
    - Notify MD and Family

Reduce Liability

- Wounds showing minimal progress
  - Require prompt interventions
- Follow standard of care
  - Selecting proper dressings
  - Adhering to recommended frequency of dressing changes
  - Consideration of patient’s situation & preferences
- Ensure staff is inspecting the patient’s entire body for skin breakdown

Become a Wound Center of Excellence

Many agencies:
- Do not actively market for wound care patients
- Make referral decisions based on the presence of a wound

The Opportunity:
- Become a wound center of excellence
- Leverage for increased referrals
- Partnering in value-based care delivery models
  - Bundled payment projects
  - Accountable Care Organizations

Requirements:
- Robust data driven wound management program
- Access to board-certified wound experts
The New Rules of the Game

Regulatory Changes

IMPACT Act & Wounds:
- Improving Medicare Post-Acute Transformation Act
- Requires use of Arabic numbers rather than Roman Numerals for pressure ulcer staging
- Requires standardized patient data for post-acute providers – SNFs, HHA, IRFs, LTCHs
- Requires 5 quality measure domains including skin integrity
  - 1/17 – HHA data collection begins
  - 1/19 – HHA penalties begin
- HHA Skin Integrity Measure (SIM):
  - % of patients with stage 2-4 pressure ulcers that are new or worsened

IMPACT Act

How to Improve Skin Integrity Outcome Measure:
- Ensure accuracy of pressure ulcer staging
- Ensure accurate wound measurements
- Implement a FORMAL pressure ulcer prevention program
- Use a multidisciplinary approach for wound patients and patients at high risk for pressure ulcer development
  - Consult dietician for nutritional interventions
  - Consult PT/OT for wheelchair seating
Why the Update to OASIS C2?

Reason for OASIS C2:
- IMPACT Act of 2014
- PAC measure standardization
- Pay for Reporting
- Star Ratings
- HH Value-Based Purchasing
- Quality Measure Update

OASIS C2 & Wounds

OASIS C2 changes include:
- IMPACT ACT Revisions
- NPUAP Changes:
  - "Pressure injury" replaces "pressure ulcer"
  - Arabic numbers replace Roman numerals
  - "Suspected" removed from Deep Tissue Injury
  - Updated definitions for staging
  - Additional definitions for Medical Device Related Pressure Injury & Mucosal Membrane Pressure Injury

Pressure Ulcers
- Accurately assess and stage pressure ulcer
- Accurately and consistently number all wounds
- Closed stage 3 & 4 pressure ulcers will no longer provide case-mix points
- Closed stage 3 & 4 pressure ulcers do not require skilled interventions
- Need to implement prevention measures
- NEVER reverse stage a pressure ulcer
- If pressure is not the cause of the wound, it is not a pressure ulcer
- Skin grafts are no longer classified as PUs but as surgical wounds
- Use OASIS WOCN guidelines to identify healing status

Stasis (Venous) Ulcers
- Educate staff on stasis ulcers

Surgical Wounds
- Educate staff what is and what is not a surgical wound
- Use OASIS WOCN guidelines to identify healing status
Palliative/Hospice Wound Management

- There are no definitive palliative/hospice wound care protocols...only guidelines
- Shift the focus from “what’s best for the wound” to “what’s best for the patient/family”
- Nurses heal wounds...but palliative management did not mention healing...
- However, every wound should be approached with the possibility of healing in mind!
- Palliative care does not mean wounds will not heal!
SCALE - Skin Changes at Life's End

SCALE Document
- April, 2008 in Chicago, IL
- Expert panel:
  - 18 internationally recognized opinion leaders
  - 52 international reviewers
- Skin Changes at Life's End (SCALE)
- Discusses the nature of SCALE
  - Kennedy Terminal Ulcer
  - Unavoidable pressure ulcer
- Skin (largest organ) subject to loss of integrity
- Not all pressure ulcers are avoidable
- Understanding of complex skin changes at life's end limited
- Additional research/expert consensus needed

Common Wounds Seen in Palliative Care Population
- Skin tears: Keep clean and covered without ADHESIVES! Manage drainage
- Pressure Injuries: Need to manage pressure, shear
- Malignant Wounds: Need to manage odor, exudate, bleeding (Dakin's, Flagyl, Charcoal dsgs.)
- Venous Wounds: Need to manage edema...compression
- Arterial Wounds: Manage necrotic tissue/bioburden and keep dry
  - Vascular assessment if consistent with goals for care

Palliative/Hospice Wound Management
Healing is always a goal until proven that healing is not feasible
- Benchmarking data on healing:
  - Diabetic Foot Ulcer: <50% reduction by week 4 less than 10% chance of being healed by week 12
  - Venous Leg Ulcer: <40% reduction in wound size by week 4 unlikely to achieve complete wound closure by at 24 weeks (Phillips, Gelfand)
  - Pressure ulcer:
    - 45% healing by week 2
    - 77% healing by week 4
Palliative/Hospice Wound Management
Recommendations for Palliative Management of Chronic Wounds

- Identify patients at risk
- Correct underlying cause of tissue damage if possible (manage pressure, shear, friction, moisture, co-morbidities, etc.)
- Ensure adequate perfusion
- Assess clinical indications to help determine healable vs. maintenance vs. palliative
- Determine wound etiology & implement appropriate management strategies
- Develop strategies for pain & symptom management
  - Pain
  - Odor
  - Exudate

Working with Wound Centers
A Home Health Pain Point

- The problem:
  - Orders for expensive wound supplies
  - Frequent order changes
  - Misaligned incentives
- Ways to address the problem:
  - Meet with wound clinic administrator / medical director
  - Present treatments and associated formulary
    ▪ Provide literature to support
    ▪ Have wound expert present
  - Agency decision not to deviate from formulary

Expand Your Arsenal of “Wound Weapons”
Leverage Technology

Wound Imaging Software:
• Auto measurements
  - Increase accuracy of wound measurements
• Color correction
• Overlay
• Documentation
  - Reduces in-home staff wound documentation time
  - Facilitates benchmarking healing/closure rates
• HIPAA Compliant

Conventional
- 44% Measurement Error
- ~60 seconds to measure

New Technology
- < 5% Measurement Error
- ~25 seconds to take photo & auto-measure

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Leverage Technology

Utilize Video Conferencing
• HIPAA Compliant
• Use for Access to:
  - Wound Expertise
  - Physician Consult
• Use for:
  - Triaging Ostomies
  - Triaging NPWT
  - Proper Application of Wound Dressings

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Tele-Wound Care

Tele-Wound Consultations
• Required technology:
  - Wound photography
  - Video conferencing
• Consultation includes:
  - Identification of wound etiology
  - Treatment recommendations
  - Formulary recommendations
  - Triage support:
    ▪ Negative pressure therapy
    ▪ Compression therapy
    ▪ Pain and symptom management

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Tele-Wound Success Story

- **Wound type:**
  - Mixed arterial & venous

- **Comorbidities**
  - PAD; venous insufficiency; cardiomyopathy

- **Non-ambulatory; Hospice**

- **Treatment:**
  - Multiple dressings
    - alginates; hydrofiber; Xeroform; silver dressings; etc.

Tele-Wound Protocol Initiated
- Monofilament Pad cleansing and mechanical debridement
- Antimicrobial dressing
- Nearly closed in 10 weeks (reduction of wound bioburden/biofilm)
Summary
Recommendations for Winning the War on Wounds

• Have access to wound expertise
• Use standardized evidence based best practice wound care treatments paired with evidence based best practice wound supplies
• Use standardized wound assessment documentation
• Develop, collect, and monitor clinical and financial wound metrics

Summary
Recommendations for Winning the War on Wounds

• Become a wound center of excellence
• Leverage technology to improve wound care
• Consider internal or outsourced tele-wound care delivery model

The Evolution of Advanced Wound Healing:
Evidence Based Practice and TECHNOLOGY!