Evidence-Based Practices for Improving Your Wound Management Program
Continuing Education Credits

• Nursing: 2.25 hours of Continuing Nursing Education
  – Approved by the Alabama State Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation (ANCC)

• Physical Therapy: 1.0 Continuing Competency Units (CCUs)
  – Approved by the Federation of State Boards of Physical Therapy
    https://pt.fsbpt.net/aPTitude/content/public/FSBPTCertification
  – To receive CE credit, participants must:
    • Watch the 2-hour webinar
    • Enroll in the corresponding course in HHQI University
    • Complete the evaluation (15 minutes)
  – Step-by-step instructions will be reviewed at the end of today’s webinar.
About Today’s Webinar

• Learning Objectives:
  – Identify six (6) key components to develop a standardized wound management program for home health patients.
  – State three (3) benefits of utilizing a home health interdisciplinary team approach for wound management.
  – Describe two (2) ways wound quality measures will affect the home health Patient-Driven Groupings Model for reimbursement.
  – Discuss two (2) wound management practices for palliative/hospice populations.

• Guest Expert:
  – Myra Varnado, BS, RN, CWON, CFCN
    Director of Clinical Services, Corstrata
Evidence-Based Practices for Improving Your Wound Management Program

HHQI Webinar
Myra Varnado, BS, RN, CWON, CFCN
May 16, 2019
U.S. Wound Problem

6.5 Million 

in the US with chronic wounds

Total Cost Burden of wounds in US is

$39B annually

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Post Acute Wound Problem

Home Health

- 33%\(^1\) of home health patients have a wound on admission
  - 30% - surgical wounds
  - 7% - pressure ulcers
  - 2% - venous wounds

Hospice

- 35% of hospice patients have wounds\(^2,3\)
  - 50% - pressure ulcers
  - 20% - vascular ulcers
  - 30% mix of surgical, skin tears, & tumors

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\(^2\)Tippett AW. Wounds at the end of life. WOUNDS. 2005; 17(4):91-98

Shortage of Wound Experts

• Only 0.2% of nurses are board-certified in wounds\(^1\)
• 900 patients for every wound nurse
• Only 10% practice in post-acute\(^2\)

High Cost of Wounds

Wound Supplies

- Advanced Dressings
- Advanced therapy modalities
  - Negative Pressure Wound Therapy
  - E-Stimulation

Labor

- Dressing change frequency
- Number of wounds
- Associated wound documentation time
Wound Quality Problem

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 injuries (ulcers) that are new or worsened

Liability Problem

Legal Liability Exposure

• 17,000\(^1\) pressure injury related lawsuits filed annually
• Number of wound related lawsuits are increasing in the home health and hospice provider space
• Recent pressure injury lawsuits with judgments as high as $312M\(^2\)
• Remember - families take videos and photos

\(^1\)Are we ready for this change?. Content last reviewed October 2014. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/professionals/systems/hospital/pressureulcertoolkit/putool1.html

He has just been discharged from the hospital due to CHF exacerbation requiring increased bed rest.
Case Scenario: Meet Kate

Kate is Jack’s home health nurse. She has limited wound care experience.
Case Scenario: Jack’s Heel Ulcer

• Kate documents Jack’s wound as a **Stage 2 Pressure Injury (Ulcer)**.
• Is the wound etiology correct?
• If so, is it staged correctly?
Let’s Hear From You!

What is the correct stage of Jack’s heel pressure injury (ulcer)?

A. Stage 2  
B. Stage 3  
C. Stage 4  
D. NA, it is not a pressure injury (ulcer)
Was Kate Correct?

• Yes, it is a pressure injury (ulcer).
• No, it is not accurately staged.
  • It is a stage 3 pressure ulcer.
  • Mis-staging results in the loss of additional non-routine supply dollars (through 12.31.19)
Development of a Standardized 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 to Ensure:

- Demonstrate an interdisciplinary approach to wound care:
  - Patient and Family
  - Nursing
  - Physician(s)
  - Dietician
  - Physical & Occupational Therapy
  - Medical Social Work
- Reflect latest evidence based best practice
Review Wound Policies & Procedures to Ensure:

- Include wound and/or video photography policy if wound imaging is utilized
- Address:
  - Wound assessment & documentation
  - Wound management
  - Skin integrity
  - Skin risk assessment (Braden, etc.)
Wound Management Program Elements

Wound Management Program Elements

• Wound/Skin Integrity Policies & Procedures
• **Evidence-Based Wound Management**
• Wound Formulary
• Wound Expertise
• Wound Competencies & Education
• Wound Metrics & Outcome Reporting
Evolution of Advanced Wound Healing & Evidence-Based Practice
Dressing Evolution

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

**Moist Wound Dressings:**
- Foams
- Alginates/Hydrofibers
- Collagen
- Hydrogels
- Hydrocolloids
- Films
- Contact layers
- Composites
- Topical antimicrobials
- SMART Dressings
Dressing Choice...Is Gauze the Answer?
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 & 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 obtain patient consent
- Must be part of the medical record
- Must maintain HIPAA compliance for photo transmission
Serial Photos are VALUABLE!
Wound Management Program Elements

- Wound/Skin Integrity Policies & Procedures
- Evidence-Based Wound Management
- **Wound Formulary**
- Wound Expertise
- Wound Competencies & Education
- Wound Metrics & Outcome Reporting
Formulary Redesign

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
Let’s Hear From You!

Think about your organization’s current formulary, could you benefit from a redesign?

A. Yes, we have way too many products that often expire.
B. Yes, it’s been a while since we evaluated ours.
C. I am not sure, but will discuss this with our team and leaders.
D. No, we have a process in place to evaluate regularly.
Formulary Redesign

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
Types of Wound Dressings

Photos courtesy D. Weir
Advanced Wound Dressing (AWD) 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

- Autolytic
- Fillers
- Hydrating
- Absorbing
- Cleansing
- Primary
- Non-adhesive
- Active
- Secondary
Balancing Wound Elements with AWC Products & Moist Wound Healing Concepts

- Etiology
- Tissue type
- Infection
- Pain
- Exudate
- Location
- Depth
- Goals

Appropriate Wound Product
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

Principles: Formulary Development

• 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

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Addressing the Wound Based on Tissue Type
Formulary Resources

- **WoundSource**: http://www.woundsource.com
- **Wounds**: http://www.wounds360bg.com
Wound Management Program Elements

- Wound/Skin Integrity Policies & Procedures
- Evidence-Based Wound Management
- Wound Formulary
- **Wound Expertise**
- Wound Competencies & Education
- Wound Metrics & Outcome Reporting
Let’s Hear From You!

Does your organization have or use a wound care expert?

A. Yes, one or more nurses
B. Yes, one or more nurses/therapists
C. Yes, we use a consulting company
D. Not at this time, but are considering it
E. Not at this time
Access to Wound Expertise

Home Health Agencies with a Wound Expert:

- 2 times as likely to improve pressure injuries (ulcers)\(^1\)
- 20% as likely to improve lower extremity ulcers\(^1\)
- 40% more likely to improve surgical wounds\(^1\)

Access Options:

- Hire FT or PT CWOCN
- Contract with CWOCN
- Certify current staff
- Outsource wound expertise

\(^1\)Westra et al., Effectiveness of Wound, Ostomy, and Continence Nurses on Agency-Level Wound and Incontinence Outcomes in Home Care, *J Wound Ostomy Continence Nursing*. 2013;40(1)25-33
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

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 Expertise

3. National Alliance of Wound Care & Ostomy (NAWCO)
   - Est. 2002
   - Certifies all healthcare professionals – RN, PT, OT, ST, LPN
   - 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
Wound Expertise

Limited Availability

• < 0.2% of all nurses are certified\(^1\)
• Only 8,000 RNs certified Wound, Ostomy and Continence Nurses\(^2\)

Expensive Resource

• Nurse assessment time limits effectiveness:
  - In-home visits – see 5-6 patients/day\(^3\)
  - Virtual visits – 15-20 patients/day\(^3\)
• Annual salary & benefits: $90K+\(^4\)

\(^2\)WOCN
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
Wound Management Program Elements

Wound Management Program Elements

• Wound/Skin Integrity Policies & Procedures
• Evidence-Based Wound Management
• Wound Formulary
• Wound Expertise
• **Wound Competencies & Education**
• Wound Metrics & Outcome Reporting
Clinical Wound Competencies

For:

• New Hires
• Clinical 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
- Clinical 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 (Ankle-Brachial Index) ABI measurement
  - Performing accurate Braden assessment
  - Particular to therapists:
    - Use of e-stim therapy
    - Debridement
Wound Management Program Elements

Wound Management Program Elements

• Wound/Skin Integrity Policies & Procedures
• Evidence-Based Wound Management
• Wound Formulary
• Wound Expertise
• Wound Competencies & Education
• **Wound Metrics & Outcome Reporting**
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
- % Wound healing
- Patient satisfaction

*CMS & OASIS-D no longer require reporting on this metric
Let’s Chat!

How is your agency collecting hospitalization and ED data related to ostomies and wounds?

Please share in the Chat Box.
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

• Overall cost of care per wound patient

*In agencies that utilize therapists for wound care, this number should relate to the total number of clinical visits for wound care.
Reduce Wound Related Legal Risks

Best practices to reduce liability for Pressure Ulcers:

• Access risk for pressure ulcer development
  - Braden

• 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

• 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
  - Leverage interdisciplinary team*
    ▪ Physical Therapy consult for mobility issues, provide advance wound care modalities (electrical stimulation, ultrasound), provide sharp debridement
    ▪ Occupational Therapy to improve ability to perform wound care
    ▪ Speech Language Therapy for assessment and treatment of swallowing issues to improve patient nutrition and hydration
    ▪ Medical Social Work for providing assistance for wound-related challenges – financial, psycho-social support

*See HHQI’s Wound Management BPIP (pp. 56 – 65) for more ideas for leadership & disciplines.
Develop a Wound Metrics Dashboard

Quality Metrics:
• Wound related
  - Hospitalization rates
  - ED visit rates
• New or worsening stage 2-4 pressure injuries (ulcers)
• % wound healing
• Patient satisfaction

Financial Metrics:
• Skilled nursing visits for wound patients
  - # of wound-related visits/episode
• Wound supply cost per patient
• Overall cost of care per wound patient
Reduce Wound Related Legal Risks

Best practices to reduce liability for Pressure Ulcers:

• 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
      o Identify non modifiable risk factors that exist and interventions that were done to address
      o Document resident’s response/outcome
      o Notify MD and Family
Reduce Wound Related Legal Risks

**Best practices to reduce liability all wounds:**

- 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
  - High functioning wound team
Questions?
5-minute Break
Regulatory Changes & Challenges
Regulatory Changes

IMPACT Act & Wounds:

• Improving Medicare Post-Acute Transformation Act
• Requires standardized patient data for post-acute providers (SNFs, HHAs, IRFs, LTCHs)
• Requires 5 quality measure domains including skin integrity
  - 1/17 – HHA data collection began
  - 1/19 – HHA penalties began for those not reporting
• 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, bed, or other surfaces
PDGM

• New reimbursement methodology – continued move to value-based care
• Effective 1/1/20
• Major changes:
  - Payment period changed from 60 days to 30 days
  - Eliminates therapy thresholds as a component of payment
  - Bases reimbursement on 12 Clinical Groupings – reflecting the primary reason for services
PDGM

• Wound Clinical Grouping
  - Description:
    ▪ Wounds-Post Op Wound Aftercare and Skin/ Non-Surgical Wound Care
  - Main reason for care:
    ▪ Assessment, treatment and evaluation of a surgical wound(s)
    ▪ Assessment, treatment and evaluation of non-surgical wounds, ulcers burns and other lesions
PDGM

Wound Care & PDGM

• Opportunity for HHA to:
  - Improve wound patient quality of care
  - Optimize wound patient revenue

• Significant clinical group (9-10% of all patients)

• Highest associated reimbursement
  - $2,400 per 30 day episode
  - 24.8% higher reimbursement than under current PPS
  - Higher reimbursement if referred from institutional setting vs. community setting

• Non-routine supply costs will be incorporated in to base cost – not added separately
PDGM

• Accuracy in wound assessment and coding is key to maximizing reimbursement
• Establish a wound center of excellence to:
  - Drive wound-related quality outcomes
  - Increase facility-based wound patient referrals
  - Optimize wound patient margins
Questions?
Palliative & Hospice
Wound Management
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 closing wounds is not always the goal in palliative management

• ...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

- Expert Panel convened in April, 2008, Chicago, IL
  - 18 internationally recognized opinion leaders
  - 52 International reviewers
- Skin Changes at Life’s End (SCALE)
- Discusses the nature of SCALE
- 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
Palliative/Hospice Wound Management

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 dressings)
• Venous Wounds: Need to manage edema….compression
• Arterial Wounds: Manage necrotic tissue/ bioburden and keep dry
  - Vascular assessment if consistent with goals for care
Patient Scenario

• B.D. is a 79 y.o. male patient with rapidly progressing metastatic, end stage prostate cancer.
• He no longer wants to get out of bed and he no longer tries to re-position himself in bed. He has a sacral Stage 4 Pressure injury and now refuses dressing changes. His goals for care are to be comfortable and to spend his remaining time with those he loves.
• B.D.’s family are not receptive to his personal goals and are aggressively encouraging him to continue wound care and the pressure injury treatment plan.
• Whose call is this?
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
   - Pressure ulcer:
     ▪ 45% healing by week 2
     ▪ 77% healing by week 4

1Sheehan P, Jones P, Caselli A, Giurini JM, Veves A. Percent change in wound area of diabetic foot ulcers over a 4-week period is a robust predictor of complete healing in a 12-week prospective trial. *Diabetes Care* 2003;26:1879–1882.
3van Rijswijk, L., Polansky, M., Predictors of time to healing deep pressure ulcers. *Ostomy Wound Management* 1994; 4040-2, 44, 46-48
Palliative/Hospice Wound Management

Recommendations for Palliative/Hospice 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
Leveraging Technology for Wound Management
Let’s Hear From You!

Which technology does your agency utilize with wounds (mark all that apply)?

A. Wound Imaging Software (measures & photographs)
B. Video Conferencing (visualizes wounds)
C. Tele-Wound Consults (wound experts provide remote consults in lieu of face-to-face visits)
D. Other: Specify in the chat box
E. None at this time
Leverage Technology

Wound Imaging Software:
• Auto measurements
  - Increase accuracy of wound measurements
• Color correction
• Overlay for consistent images
• Documentation
  - Reduces in-home 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
Leverage Technology

Utilize Video Conferencing

• HIPAA Compliant
• Use for Access to:
  - Wound Expertise
  - Physician Consult
  - Patient Monitoring

• Use for:
  - Triaging Ostomies
  - Triaging NPWT
  - Proper Application of Wound Dressings
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
    ▪ Ostomy appliance consultation
Outsourced Telewound Delivery Model

Patient’s Nurse

Patient

Complex Wound Care Platform

Wound Expert

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Summary for Improving Your Wound Program
Recommendations

- Build a strong interdisciplinary wound team with access to wound expertise
- Use evidence-based wound treatments and dressings for optimal outcomes
- Use standardized wound assessment and documentation
- Become a wound center of excellence
- Leverage technology to increase efficiency and accuracy
- Consider internal or outsourced tele-wound care delivery model
- Develop, collect, and monitor clinical and financial wound metrics dashboard to ensure **SUCCESS!**
The Evolution of Advanced Wound Healing: Evidence-Based Practice and Technology!
Contact Information

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Questions?
HHQI Resources

- Wound Management Best Practice Intervention Package (HHQI)
- Free nursing CEs for Wound Management in HHQI University
HHQI Resources (cont.)

- **Wound, Ostomy and Continence Nurses Society Guidance on OASIS-D Integumentary Items: Best Practice for Clinicians** (WOCNS)
- **Pressure Ulcer/Injury Staging System** (NPUAP)
- **Wound Infections information sheet** (Great Plains)
- **Home Health Infection Control/Prevention Tracker spreadsheet** (Great Plains QIN)
Continuing Education

- **Step-by-step flyer:**
  - In step #3, you’ll select the **Disease Management course catalog**.
  - Link is also included in the email you will receive immediately after the webinar.

- Forgot your username? Email us at [HHQI@qualityinsights.org](mailto:HHQI@qualityinsights.org)
Thank You!

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