Keys to Effective Wound Management in Long-Term Care

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3M Health Care

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Disclaimer

Lynn Peterson RN, CWOCN is an employee of
3M Critical & Chronic Care Solutions Division

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Objectives

- Describe essential elements of a successful wound management program
- Identify key steps to improve quality and consistency in wound care
- Define how a well executed wound management program improves clinical outcomes

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The Elderly
An “At Risk” Population

Long Term-Care (LTC) Statistics (2012)¹
- 8 million people received LTC services
- Adult day care centers
- Assisted living communities
- Home health agencies
- Hospice agencies
- Nursing Homes
- 1.3 million long-term care residents
- 79% ≥ 75 and older
  - 42% ≥ 85 y.o.
  - 28% 75-84 y.o.

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Additional Statistics

- **Pressure Ulcers**
  - Affect 3 million adults in the US (2006 statistics)
  - Prevalence 2-24% in LTC
- **Diabetes**
  - Leading chronic disease
  - 370 million people globally
  - 25% lifetime risk of diabetic foot ulcer development
- **Incontinence-Associated Dermatitis**
  - 5.6% - 22.5% of LTC residents
- **Skin Tears** – 1.5 million/yr

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Effective Skin & Wound Management Program

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Challenges

- Lack of:
  - Evidence-based practice standards
  - Resources (staff turnover, workload management)
  - Wound care specialist to direct care
  - Consistency in care
  - Staff education and training
  - Staff satisfaction

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Benefits

- Evidence-based skin and wound management
- Standardized treatment goals and plans
- Quality improvement
- Improved clinical outcomes
- Reduction in wound-related re-hospitalizations
- Cost containment
- Staff education/job satisfaction
- Patient safety/satisfaction

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Program Key Components

- Collaboration with Clinical Leadership
- Medical Director, Administrator, DON/ADON
- Wound Care Specialist
- Evidence-based protocols/policy and procedures
- Interdisciplinary wound care team
- Standardized Formulary
- Skin & Wound Product Guidelines
- Education Program

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Program Key Components

- Collaboration with Clinical Leadership
- Medical Director, Administrator, DON/ADON
- WOC nurse or Wound Care Specialist
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Wound Care Specialist

- Certification as a wound care specialist
- Important to success of program
- Expertise in full range of skin and wound issues
  - Pressure Ulcer Prevention
  - Incontinence Associated Dermatitis (IAD)
  - Tube site care
  - Ostomy related cares
  - Complex fistula management

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Role of Wound Specialist

- Coordinate and lead interdisciplinary team
- Consultant/Expert for evidence-based wound care
- Control wound related costs
- Educator – staff, patient, family
- Manage pressure ulcer prevention program
- Program coordination
- Quality improvement activities

Quality Improvement Activities

- Opportunities for:
  - Correction of deficiency from audit
  - Improve resident or staff satisfaction
  - Cost savings
- Examples:
  - Prevalence and incidence studies
  - Chart audits
  - Educational sessions

Considerations

- Assess the need – FT or PT
  - Number of facilities
  - Number of residents
- Options
  - Responsible for one facility or multiple facilities
  - Consultant arrangement
  - Wound “Champion”
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Evidence-Based Protocols⁶,⁷

- “The integration of best research evidence with clinical expertise and patient values to facilitate clinical decision making”⁸
- Use for prevention & treatment protocols
- Guidance for consistency in care
- Improve resident outcomes
- Improve staff satisfaction
- Assist with cost containment

Prevention & Treatment Guidelines

- Wound, Ostomy, and Continence Nurses Society
  www.wocn.org
- National Pressure Ulcer Advisory Panel, NPUAP
  www.npua.org
- National Guideline Clearinghouse
  www.guideline.gov
Policy and Procedures

- Guide delivery of care
- Meet standards for licensing bodies and state health departments

Examples:
- Skin assessment
- Pressure ulcer risk assessment
- Wound cleansing
- Wound assessment
- Wound treatment
- Pressure ulcer staging
- Documentation

Key Components

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Interdisciplinary Team

- What: A group of health care professionals from diverse fields who work in a coordinated fashion toward a common goal for the patient.
- Goal:
  - Collaborative communication and care planning
  - Ensure all aspects of care are represented
  - Fosters best practice
  - Improved resident outcomes
  - Cost containment
  - Improved staff satisfaction
Interdisciplinary Team

- **Critical:** “support” from administration
  - Invite administration to be a part of the team development
- **Team goal:** Identify wound prevention and treatment as a care priority
- **Determine mission and objectives**
  - Clearly stated roles & objectives for each team member
  - Establish meeting times and goals
  - Meeting format (onsite, virtual, conference call)

Team task/responsibilities

- Collaborate on prevention & treatment plan of care
- Education:
  - Clinicians/caregivers
  - Resident & family
  - Develop P&Ps and protocols
  - Member of a product/DME selection team
  - Plan and implement quality or process improvement activities
  - Rounding

Interdisciplinary team members

- Administrator/DON/ADON
- Medical director/primary care physician
- Wound Care Specialist/Wound Champion
- Nursing
- CNA
- Rehab staff (PT, OT, ST)
- Dietician
- Infection control
- Social Service/Discharge planner
- Nurse Educator
Certified Nursing Assistant (CNA)

- Extremely important team member
- Spends the most time with the residents
- “Eyes and Ears” of licensed professional
- Provides 90% of care
- May be the first to recognize a problem area
- Consider inclusion on wound round team

Implementing a Wound Care Resource Nurse Program

- “The overall goal of this program was to support a collaborative atmosphere among this group of nurses by promoting best practice and expertise in the prevention and management of Stage I and Stage II pressure ulcers and to develop a peer resource system.”
- Additional objectives:
  - Participate in research
  - Promote cost-effective practice
  - Remain aware of new developments in chronic wound care

Resource Nurse Program (continued)

- Designed and lead by the Skin and Wound Care Clinical Nursing Leadership Team (SWCCNLT)
- Obtained organizational support
- Built on Evidence-based, best practice recommendations
- Offered to nurses wanting to increase knowledge and skills in wound care
- Four 8-hour educational sessions, self study & reading
- Knowledge assessment pre and post
Resource Nurse Program\(^{10}\) (continued)

- The role of the Wound Care Resource Nurse
  - Function as a clinical expert, role model, resource and change agent
  - Collaborate with interprofessional team, patients and families
  - Participate in:
    - Quality improvement activities,
    - Pressure ulcer prevalence and incidence surveys,
    - Implementation of hospital pressure ulcer risk assessment tool,
    - Wound Care rounds

Breakout discussion

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Standardized Formulary

- Provide appropriate skin and wound care products
- Guide clinicians/physicians on product/supplies availability
- Provides for effective and efficient use of resources
- Foundation for Skin & Wound Product Guides
  - Guides care and clinical competence
  - Direct product utilization
  - Make wound care second nature for staff

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Steps to formulary development

- Consult with multidisciplinary team members
- Determine most common skin and wound conditions admitted or treated in facility
- Review and organize current supplies
  - Assemble into product categories (algines, foams, hydrogel)
  - Remove expired product (can use for education)
- Conduct a product evaluation

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Steps to formulary development

- Develop skin and wound care guidelines
- Staff Education
- Create an approval system for products not on formulary
- Review annually

Products on formulary should be labeled by product category not brand specific
- Antimicrobial
- Alginate
- Foam

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Skin Care Formulary

- Skin cleansers
- Therapeutic moisturizing products
- Liquid skin protectants
- Moisture barriers
- Antifungals and antimicrobials (topical)

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Wound Management Formulary

- Alginate Dressing
- Antimicrobial Dressing
- Collagen Dressing
- Composite Dressing
- Contact Layer
- Foam Dressing
- Hydrocolloid Dressing
- Hydrogel

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Wound Formulary (continued)

- Gauze, ABD pads, gauze wraps
- Debriding agents
- Growth factors
- Topical steroids
- Superabsorber Dressing
- Tapes
- Transparent Film
- Wound cleansers

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Additional Formularies

- Lower limb immobilizers
- NPWT systems
- Other therapy devices
- Support surfaces (bed, chair)
- Wheelchairs

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Skin & Wound Product Guide

- Who
  - WOC Nurse / Wound care specialist
  - Skin & wound care team
  - Vendor supported
- What
  - Evidence-based dressing recommendations to promote wound healing
  - Options based on wound characteristic and clinical assessment
Product Guide (continued)

Why

- Improve:
  - Clinical competence
  - Consistency
  - Clinician comfort
  - Resource efficiency and effectiveness

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Staff Education
- Critical component to successful program
- Delivery of staff education challenging
  - Providing care to residents
  - Work long hours, difficult to sit in class room setting
- Successful LTC staff development improves:
  - Clinical outcomes
  - Consistency in care
  - Staff job satisfaction
  - Resident satisfaction

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Thoughts on education
- Engaging & stimulating
- Everything You Need to Know about Learning®
  - You remember approximately ...  
    - 10% of what you read
    - 20% of what you hear
    - 30% of what you see
    - 50% of what you hear and see
    - 90% of what you do

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Staff Competencies

- Upon hire and annually.
- Retained written documentation of competency for each employee
  - Skin assessment and care competencies
  - Wound assessment and care competencies
  - Accurate pressure ulcer staging or descriptive and correct identification of skin and wound
  - Risk assessment
  - Facility skin and wound care guidelines, understanding and implementation

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Staff Competencies (continued)

- Mechanisms for CNA and staff nurses to train and round with wound care specialists
- Introduction of critical thinking exercises
  - Staff nurses to contact primary care providers and their extenders for skin and wound care orders
  - CNA staff to report significant findings to nursing staff for follow-up

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Educational Recommendations

- Patient Safety
- Skin Care
- Pressure Ulcer Prevention
- MARS – Medical Adhesive-related Skin Injury
- MASD – Moisture-Associated Skin Damage
- Skin Tear Prevention & Treatment
- Topical Wound Management

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Styles

- Class room style
- Web-based
- Webinar
- Pre-recorded on Intranet
- At the bed-side

Program Example

“Making Bedside Wound Management Decisions in Long-Term Care”, Pearls for Practice, OWM, 2010
- Interdisciplinary, hands-on, bedside education
- Optimal resident outcome – nurses and CNAs must
  - Focus on pressure ulcer prevention
  - Provide accurate and timely wound assessment
  - Initiation appropriate interventions

Bedside education

- Interdisciplinary, hands-on, bedside education:
  - Wound assessment/characteristics
  - Pressure ulcer staging
  - Identification of anatomical structures
  - Possible treatment options
  - Support surface selection
  - Other important skills
Results

- Staff reported increased comfort managing complex wounds
- Improvement in:
  - Outcomes in nursing documentation
  - Wound product selection
  - Wound healing times
  - Incidence in facility acquired pressure ulcers
- Teamwork skills
  - Improvement in resident satisfaction
  - Staff communication

Additional resources

- Wound Care Text Books
  - Wound Care Essentials, Practical Principles, Third Edition
    Sharon Sananeski, and Elizabeth A. Ayello
  - Clinical Guide to Skin & Wound Care, Seventh Edition
    Cathy Thomas Hess

- Website resources
  - NPUAP - www.npuap.org
  - WOCN - www.wocn.org
  - National Guidelines Clearinghouse -
    http://www.guideline.gov/

Additional resources (continued)

- Vendors
  - Customized wound/product guides
    - Illustrated pocket guides i.e. Pressure Ulcer Staging Cards
    - Wound measuring guides
  - In-services and educational offerings
    - Web-based
    - Webinar
    - On-site
Breakout discussion

One additional program example

Pressure Ulcer Reduction Program
- LTACH Corporation – Pilot program
- Identified problem:
  - 22 facilities had higher than corporate target HAPU rates
  - Rates 4.40
- Goal:
  - Determine causative factors
  - Reduce HAPU occurrence
  - HAPU rates < 0.75
PU Reduction Program (continued)

- 1.5 day session root cause analysis
- Participants: VP of Clinical Services, Facility Certified Nursing Office (CNO), 2-3 staff RNs, WOC Nurse, 2-4 CNAs, and members of the 3M team.
- Process Map
  - Admission to discharge
  - Pressure ulcer prevention process
  - Identified disconnects
  - Developed improvement plan

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PU Reduction Program (continued)

- Prevention policies updated
- Developed multidisciplinary teams
- Improved communication from shift to shift
- Education modules created
  - Not on My Shift – Skin Saver Program
  - Prediction and Prevention; Avoiding Pressure Ulcers: Braden Risk Assessment Tool
  - The Importance of Pressure Ulcer Prevention
- Updated Policies and Procedures - Pressure Ulcer Prevention

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PU Reduction Program (continued)

- Data collection to evaluate program and changes
- 67% decrease in HAPU rates
- Identify ongoing needs for continued improvement

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Thank You

- Did I meet the objectives for this session?
  - Describe essential elements of a successful wound management program
  - Identify key steps to improve quality and consistency in wound care
  - Define how a well executed wound management program improves clinical outcomes
  - Questions

References

References

Additional Resources
- Become a specialist: wound care specialists are highly valuable, but in short supply (Aug 1, 2009). Retrieved from www.mcknights.com

Additional Resources
Additional Resources (continued)


Lynne Potemski, RN, September 2014