ADVANCING WOUND CARE
DOCUMENTATION: ROADBLOCKS TO RESULTS

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OBJECTIVES:
Discuss challenges of wound care documentation.
Describe implementation of point care technology to improve documentation
Explain ICC – Integumentary Command Center and it’s impact on agency outcomes.
24 Branch offices
Family owned since 1970

Services Provided
• Home Health- 1972
• Hospice- 1994

ADC
• 4500 Home Health
• 600 Hospice

Annual Admissions
• 17,550 Home Health
• 2900 Hospice

OUR WORKFORCE…..

1000 Employees

Birmingham Business Journal Best Places to Work Top 10
for 9 years running.

Business Alabama, Best Companies to Work For, in
Alabama Top 10 for 3 years running.

Alacare nurse was awarded the Caring Magazine’s Top
Home Care & Hospice Nurse in the Nation
CHALLENGES OF WOUND DOCUMENTATION

1200-1400 patients daily average receiving wound care
60+ NPWT patients daily
CWOCN on staff
Complex wounds

OUR MUTUAL CHALLENGES

Assessment tools
CMS
OASIS
Staff Education
Terminology
Cost of Care
WHAT WE WERE FINDING…

- Mysterious vanishing wounds
- Mysterious body parts
- Mysterious moving wounds
- Orders or lack of orders…
- Audits
- State Survey issues
- Nurse compliance

SURVEY EXPERIENCE

- Top Survey issues resulting in citations
  - Migrating locations
  - Inconsistent measurements
  - Improper or absent orders
  - Response to change in condition of wound
PI FINDINGS

Routine Performance Improvement Chart Audits

• Wound care documentation #1 issue
  • Orders
  • Notification of MD
  • Complete assessment
  • Measurements

WHAT OUR DATA TOLD US
OUR SOLUTION

Approached by our vendor – Homecare Homebase™
Beta tester for new ICC program
Agency decision
Approach to implement

INTEGUMENTARY COMMAND CENTER

Bates-Jensen Wound Assessment Tool
  • issue of Closed vs. Open Wounds
Validated/tested tool
Standardized documentation
Improved reporting/tracking
Wound care intervention in a “template” and prepopulates each visit
No more narrative entries and increased risk of discrepancy in the record
HOW DO WE IMPLEMENT?

Old habits die hard!

Staff engagement

Design of education roll out

- 24 offices
- 1 CWOCN
- Need for clinical education to accompany user information
- Follow up challenges
PLAN OF ACTION

Education Sessions
1 ½ - 2 hours

- Photos to correspond with questions
All staff present
Power-point
One on one assist
Post implementation audits

PLAN OF ACTION

Started slow!!
Initial branch in February 2013
Slow progression till completion with all 23 offices in October 2013
Follow up sessions as needed
OPPORTUNITIES

1. Opportunity to include wound care/assessment education
2. Relate questions/assessment to real wound photos
3. Scenarios

EDGES OF WOUNDS
HOW WOULD THIS IMPACT OUR CLINICAL CARE?

- Standardized /valid wound assessments
- Scoring of wounds
- Improved clinical assessment skills
- Improved patient care
- Staff Satisfaction

IMPROVED ASSESSMENT

1. We went from 9 general questions to 19 specific and validated questions
2. System names the wound ..not the nurse!
3. Over 600 locations
ROADBLOCKS REMOVED

1. No more disappearing wounds….locked and present for each visit!
2. No more name changing visit to visit!
3. No more care provided without a VO!
4. No more lack of care provided…
5. Improved wound tracking
6. Improved case management
7. Reduction in Documentation time!!
8. Staff Job Satisfaction!!
### Wound Record Report

#### IN FOLLOW-UP

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<th>Hospice</th>
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#### Wound Data

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<th>11/16/13</th>
<th>11/19/13</th>
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#### Effective Date

CARE PROVIDED:

1. Original 11/12/13, CSW 11/12/13
2. Updated 11/16/13, CSW 11/16/13
3. Updated 11/19/13, CSW 11/19/13
4. Updated 11/21/13, CSW 11/21/13
5. Updated 11/26/13, CSW 11/26/13

**INFORMATION**

- Wound cleaned with normal saline, patied dry with gauze, packed with 3 inch x 3 inch foam, covered with wound contact pad and saline secured, patient tolerated well, no complaints.

#### INFECTION

- Cleanse daily with soap and water, pat dry with gauze, pack with 3 inch x 3 inch foam, covered with wound contact pad and saline secured, patient tolerated well, no complaints.
STATE SURVEY EXPERIENCE

- Recent survey
  - 0 (Zero) survey citations related to wound care
  - Surveyors response

AREAS OF IMPROVEMENT

- Staff ability to see the big picture
  - Recognize changes more easily
  - Alerts of changes to workflow
  - Reduced frustration

- HOWEVER...
  Nothing takes the place of the nurses clinical expertise/judgment
CONTINUED IMPROVEMENT…

Areas which are still a challenge:
- Verbal order verbiage
- Correct wound type identification and pressure ulcer staging
- Correct “template” formation
- Starting ICC at the right time

What is our staff saying?
- They “love it”!
- “It’s faster”!
- It has made the subsequent visits easier!
- It is so much easier to manage the patient.
- The information is easier to find re: patient/wound status.
THANK YOU!

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HOME HEALTH & HOSPICE™
Questions?