Sunday, October 13, 2019         4:00 PM

201 Wound Management Collaborative for Operational, Financial and Clinical Outcome Success in a PDGM World
Wound Management Collaborative for Operational, Financial, and Clinical Outcome Success in a PDGM World
Room 6A, Session 201
October 13, 2019
4pm-5pm

Collaborative Team

Lynette Godhard RN, MGA
Chief Clinical Officer/Associate Vice President
Adventist Home Care Services

Kathleen Parcelles BSN, CWOCN
Wound, Ostomy, Continence Nurse
Adventist Home Care Services

Joanne Labiak MSN, CRNP, CWOCN, CWS
Former VP of Clinical Services
Medline Industries, Inc
Learning Objectives

• List operational strategies to implement for a successful wound management program
• Identify financial indicators for measuring an effective wound program
• Verbalize resources that can be applied to support and elevate clinical practice for successful wound management

Agency Profile

• Not for profit
• Faith based
• A part of a health system with 3 acute care hospitals and 1 acute rehab hospital
• Serving the community since 1973
• Service area—Maryland Suburban area (3 Branches)
• Active census 950
• Patients with wounds 40%
• EMR—HCHB
• Medicare Percent of payor Mix 74%
• Private Insurance, Medicaid and other 26%
• One WOCN to support agency
PDGM Business Case to Change

• Beginning to learn about PDGM and identified that Wound Management is a big opportunity as well as a potential risk for reimbursement
• The agency identified a need for more intentional wound care management, recognizing that currently, 40% of active patient census had wounds
• Identified an opportunity to further collaborate with our medical supply vendor

Wound Management Prior to Collaboration

• Wound competency by educator at orientation
• Annual wound training (with supply vendor)
• Wound formulary
• Supervisors approve off formulary supplies
• Supervisors approve supply requests exceeding parameters
• Most wound supplies provided to patients by patient home direct (PHD)
• WOCN provide joint visits on complex wounds
• Identified that many wound orders did not have an appropriate dressing change frequency for the wound intervention ordered
• Very casual use of the SHP Smart Supply Report
How it began..

• 2010 funded research project
  “A Comprehensive Pressure Ulcer Prevention Program across the Continuum of Care” was the impetus of design
  – A $100,000 grant to investigate the factors impacting pressure ulcer prevention in acute care, homecare, long term care, and rehab.
• Utilizing the concepts learned, focus on a 3 tier approach regarding skin health and its impact in home health

What the research taught us

A three tiered approach impacts operational, financial and clinical success
A Holistic Definition

...characterized by comprehension of the parts of something as intimately interconnected and explicable only by reference to the whole

Oxford dictionary

A Holistic Approach...

What is the Whole?

- Patients are people
  - People are not their diseases
- Nurses are people
  - People have different attitudes and knowledge that affect their care of patients
- Organizations are people
  - People within organizations need standardized processes
A Holistic Process

• Look at the patients
  – What are the clinical outcomes related to skin and wound challenges?
• Look at the nurses
  – What are their attitudes about skin and wound care?
  – What is their knowledge base about skin and wound care?
• Look at the organization
  – What is the operational process for supporting patients and nurses related to skin and wound care challenges?
  – What are the clinical outcomes related to skin and wound care?
  – What is the financial impact of the care of patients with skin and wound care challenges?
  – What products are being utilized to care for patients with alterations of skin integrity?

The Journey Begins..

• Define the team
  – Organizational /Adventist CWOCN
  – Organizational/ Adventist Clinical Leadership
  – Organizational/ Adventist Nurses
  – Vendor/Medline Clinical and Sales leadership
• Develop the process
  – Evaluate attitude and knowledge of staff
  – Define process of patient care, product usage, clinical outcomes, financial impact pre-implementation
• Implement the plan
  – Educate staff related to attitude and knowledge needs
  – Implement standardized formulary
  – Implement evidence based clinical guidelines for care
• Evaluate results
  – Evaluate the process of patient care, product usage, clinical outcomes, financial impact, operational efficiency
    • 3 months
    • 6 months
    • 12 months
Guidelines for Care…
A roadmap to operational, financial, and clinical success

The Journey Continues…
PDGM: Key Elements for a Successful Wound Care Program

• Wound/skin integrity policies and procedures
• Evidence based wound treatment
• Standardized formulary
• Access to wound expertise
• Ongoing evaluation of staff competencies for wound care
• Wound metrics and outcome monitoring

“Establishing an Effective Wound Care Program Under PDGM,” McBee & Corstrata, 2019

Visits to Wound Care Centers

• “Clinical partner” (Medline)
• Collaborate care and put a face with the name/ build a relationship
• PDGM overview/impact on home health
• Wound care supplies vs dressing change frequency
• Wound healing guideline
• Plurogel overview
• Adventist Home Health has 2 wound centers in our hospital system, 6 other local hospitals with wound centers that refer to our agency
A Clinical Case Study

- 68 year old female with past history of diabetes, lymphedema, peripheral vascular disease with chronic stasis ulcers to bilateral lower extremities. Patient was admitted to agency on 10/29/18 and has been on service for 6 consecutive certification periods. Patient spends the majority of daytime hours sitting in a power scooter which enable her to move around her home. She has lymphedema pumps, but is non-compliant with use. She is seen weekly at the wound care center.

- Original wound care orders: BLE- contact layer, calcium alginate, kerramax, ABD pad and 4 layer compression wrap. Change both legs 3 times weekly.

- Revised wound care orders: Right leg (intact)- change once weekly by wound center. Left leg- Plurogel, foam, ABD pad for cushioning and 4 layer wrap. Change twice weekly (once by wcc/once by HHA)

Clinical Case Study (con’t)

Left pretibial venous stasis ulcer
Clinical Case Study – con’t

<table>
<thead>
<tr>
<th>Episode date</th>
<th>Supply Cost</th>
<th>Skilled Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/27/19-6/25/19</td>
<td>$980.67</td>
<td>17</td>
</tr>
<tr>
<td>6/26/19-8/24/19</td>
<td>$813.60</td>
<td>10</td>
</tr>
</tbody>
</table>

Outcome: $167.07 Supply cost savings, 7 skilled visits, WAT score improved from 37 to 32 in this time frame.

Challenges

- Resistance to change- from nurses and providers
- Family concerns with supplies – utilizing max wear times
- Constant reinforcement needed in all areas
Clinical Focus

• Continuing with small incremental changes
• Continuing to educate until it becomes the “culture” of our organization- with demonstrated behavioral changes with our nurses
• Developing nurses who are business savvy and have a strong wound foundation
• Working towards 1 year of data to see substantial results

Operational Changes

• Reviewed and updated formulary
• Changed process for off formulary requests
  – Approval by WOCN
• Modified Supply Request Alerts
  – Reduced alert from $150 to $100 for alert
• Modified EMR Alerts
  – Significant Wound change report going to WOCN
• Implemented Analytic Data for WOCN Review
  – Weekly summary of active wounds
Operational Changes – con’t

• Implemented a standardized wound care guideline for clinicians (RN’s and LPNS) to use for selection and recommendation of best wound dressing/care for the specific wound need
  – At each assessment visit, the tool can be used to help evaluate the wound status at each visit
  – Educated clinicians for confidence in using wound care guideline to allow maximum wear time for advanced wound products
  – Coached clinicians in their confidence with physicians to obtain dressing change frequency to support maximum wear time for advance wound products

Operational Changes – con’t

• Modified Orientation for increased time with Wound Management
  – WOCN conducts a 4 hour wound management session
  – WOCN validates each nurse for hands on competency
• Weekly Utilization of EMR Referral Report to track all new wounds and wound orders
• Established clear guidelines for what was to be ordered for supply rooms at branches
• Implemented a rescue dressing kit available for clinicians and patients
  – Hydrogel
  – Gauze
  – Tape
  – Saline
• Intentional utilization of the SHP Smart Supply Report
Operational Changes – con’t

• Clinical guidelines template added to clinicians documentation device for immediate access to all guidelines and teaching materials
• WOCN joins case conference to reinforce 2 week supply order and wound guidelines for best wound outcomes
• Increased supervision for home observation visits—went from annual to quarterly home observation visits

PDGM Impact on Financial Dollars – Business Case

• Reduced Wound supply spend by 22%
• Reduced skilled nursing visits with wound patients by 13%
• Clinical Wound Outcomes--
• Patient Satisfaction
QUESTIONS?