

LACK OF STANDARDIZATION IN HOME HEALTH WOUND CARE

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PROBLEM:

Wound care is one of the most common skilled services rendered by nurses in the home health environment. There are few mechanisms in place to monitor effectiveness of treatments and time to healing.

METHODOLOGY:

Our practice performs weekly oversight with three home health agencies. A retroactive review of 50 patients was completed for the past year to examine

- numbers of pressure ulcers vs. other skin injuries
- treatment and treatment goals
- frequency of intervention
- wound progress
- time to healing

We involved the wound care division in our existing practice as a resource to our own providers, to assist in the ongoing education of our affiliates in home health care, and to maximize outcomes for our patients.

RESULTS:

- Some agencies use a worksheet to monitor wound progress, but they are inconsistently completed.
- "Time to healing" may equate to "time of certification period ending".
- There are specific criteria for determining if a wound treatment qualifies as "skilled" for home health purposes.
- Inappropriate treatments lead to delays in healing.

This can necessitate additional periods of certification, or an abrupt end to treatment without complete healing of the wound. Treatment orders are not reflective of cost-effectiveness and staffs are poorly trained in the use of these products.

Home Health certification periods are for 60 days. If the client continues to meet skilled criteria for services, a recertification assessment is completed and treatment continues uninterrupted.

- 9 of the 50 charts reviewed included recertification.
- 30 clients were discharged without resolution of the wound.

Discharges may be unavoidable due to death, hospitalization, hospice, a move to another setting, client is no longer homebound, or a caregiver is trained for ongoing therapy.

16 discharges however, were unclear as to the reason for stopping services when the wound was not resolved.

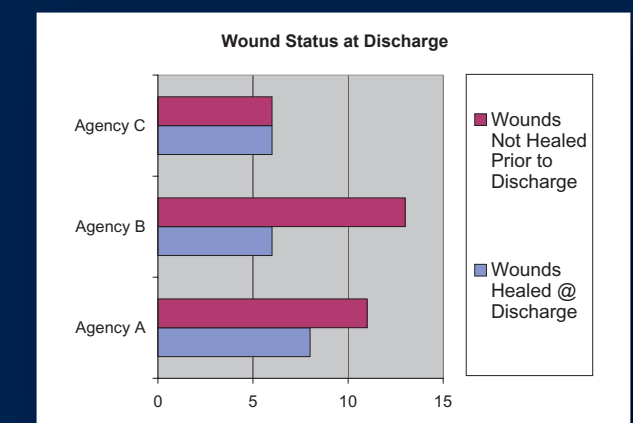
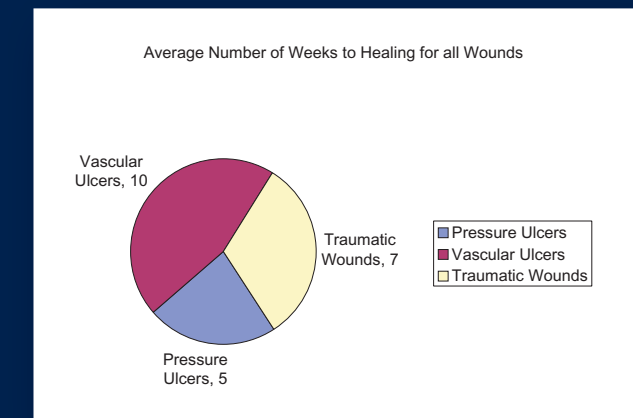
- Time to healing varies from one week to 31 weeks
- Number of treatment changes does not correlate to number of weeks of service
- Frequency of intervention varies from daily to weekly, with the most common treatments done every other day
- Daily dressing changes are not cost-effective for a Home Health agency, yet 30 of the 50 clients reviewed had daily dressing changes ordered for at least a period of time within their certification period

DISCUSSION

Agencies that have access to a wound care clinician have the potential to manage wounds more efficiently and effectively. Measuring the numbers will substantiate staffing needs, aid in product selection, and guide the agency to provide appropriate education for better outcomes in wound management and/or healing.

- dedicating time to interact with home health nurses
- making sound and practical treatment choices
- providing ongoing, individualized wound care education.

Standardization through weekly meetings is one suggested method of improving care of wounds in this setting.



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