

THE VARIABILITY OF TREATMENT ORDERS FOR WOUND CARE IN HOME HEALTH

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PROBLEM:

Wound care is the most common reason for skilled nursing services in the care of homebound patients. Few home health agencies have nurses with extensive wound care experience. Products abound, but orders are often inappropriate and monitoring inadequate.

METHODOLOGY:

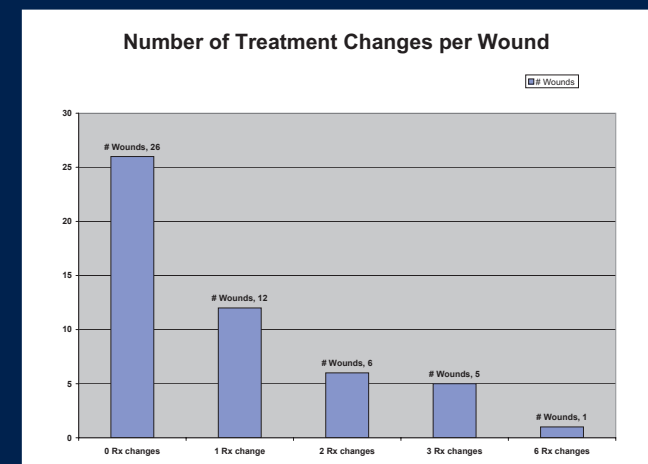
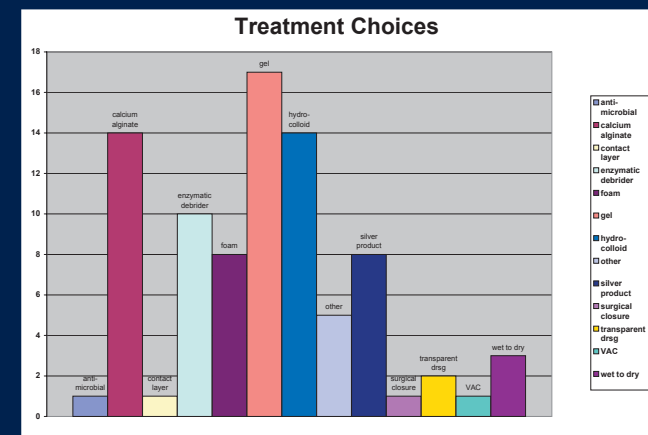
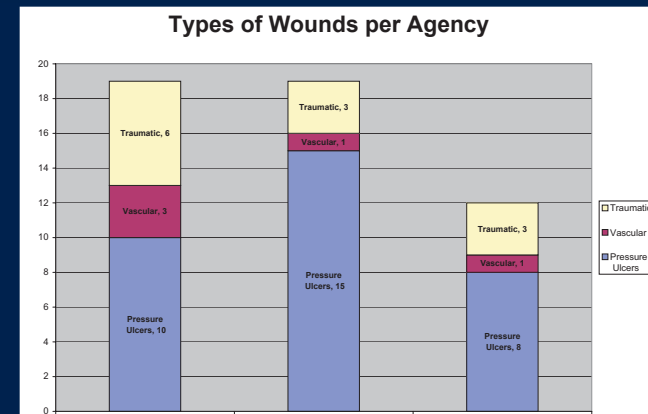
Our long-term care practice has provided weekly oversight to three home health agencies for the past year. Wound status is discussed, education is provided, and treatment orders are adjusted based on the data reviewed. Consideration is given to the patient's compliance and the competence of the home caregiver who will be providing care between home health nurse visits. A retroactive review of 50 records from the past year was completed.

RESULTS:

Documentation of wound progress was limited and inconsistent. It is difficult to determine the effectiveness of the current treatment when the individual completing the assessment is unfamiliar with the process of wound healing and the language used to describe and characterize wounds.

Common documentation problems found were:

- NO measurements recorded
- MEASUREMENTS transposed week to week (example: 2 x 3; then 3 x 2)
- DECIMALS misplaced when recording size (example: 2 x 2 x 2.5 cm one week, then 2 x 2 x .25 the following week)
- MEASUREMENTS in inches instead of centimeters
- DESCRIPTORS such as 'dime-sized', 'pea-sized', 'no change', 'fairly deep'
- MINIMAL documentation of the wounds being treated
 - ◆ 44% with missing information
- TREATMENT orders changed frequently
 - ◆ 23 wounds with 45 treatment changes
- INCONSISTENT use of products
- INAPPROPRIATE goals for healing
 - ◆ chronic wounds or fragile skin with re-injuries may require palliative measures and extra caregiver training
- NO clear way to measure improvement or "time to healing"
 - ◆ 60% of clients were discharged prior to healing



The products recommended for treatment may be based on the preferences of one individual or may be related to the reimbursement source for the individual client. Either way, the agency is responsible for the cost of the products used and the cost of providing staff to perform these treatments.

Some examples of product-related issues include:

- 30 of the 50 charts reviewed indicated daily dressing changes were needed for at least a portion of the duration of treatment
- One particular product, preferred by one nurse, was used for 3 weeks, although the documentation indicated the wound was "not improving"

DISCUSSION

Wound care in the home health arena is chaotic and inconsistent. Active participation by the provider group (physician, nurse practitioner, physician assistant) is necessary to successfully treat and maximize the potential for wound healing.

This means:

- 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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