HOW MUCHNURSING TIME DOES WOUND CARE TAKE? A TIME STUDY Barbara Viggiano, RN, WCC; Paige Hector, LMSW; Scott M. Bolhack, MD, MBA, CMD, FACP, FAAP; Mountain View Care Center, Tucson, Arizona

PROBLEM

Pressure ulcers are viewed as a measure of substandard care in long-term care facilities. They are costly to treat, impact a patient's quality of life and constitute a growing area of litigation. Some facilities market themselves as wound specialists attracting patients with complicated wounds.

RATIONALE

Staffing should reflect the acuity of the residents which includes the number and types of wounds in the facility and ultimately the time and materials required to care for those wounds effectively. The facility in this study employs a Registered Nurse for 36 hours/week, dedicated to wound care.

METHODOLOGY

A time study was completed at a 120 bed skilled nursing facility (SNF) to evaluate the nursing time spent providing wound care. Details of the activities that required time before, during and after the actual wound care are described qualitatively. An episode of wound care includes gathering supplies and ends with documentation.

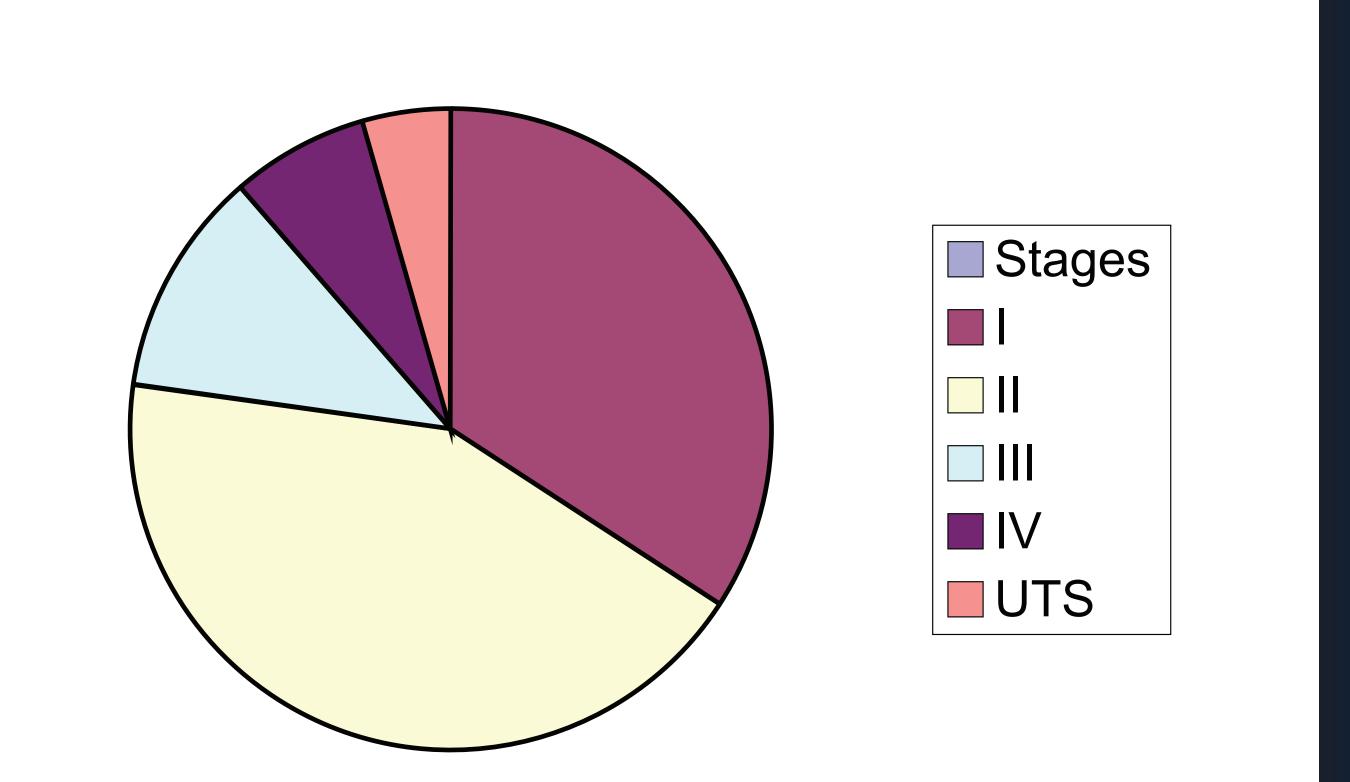
RESULTS

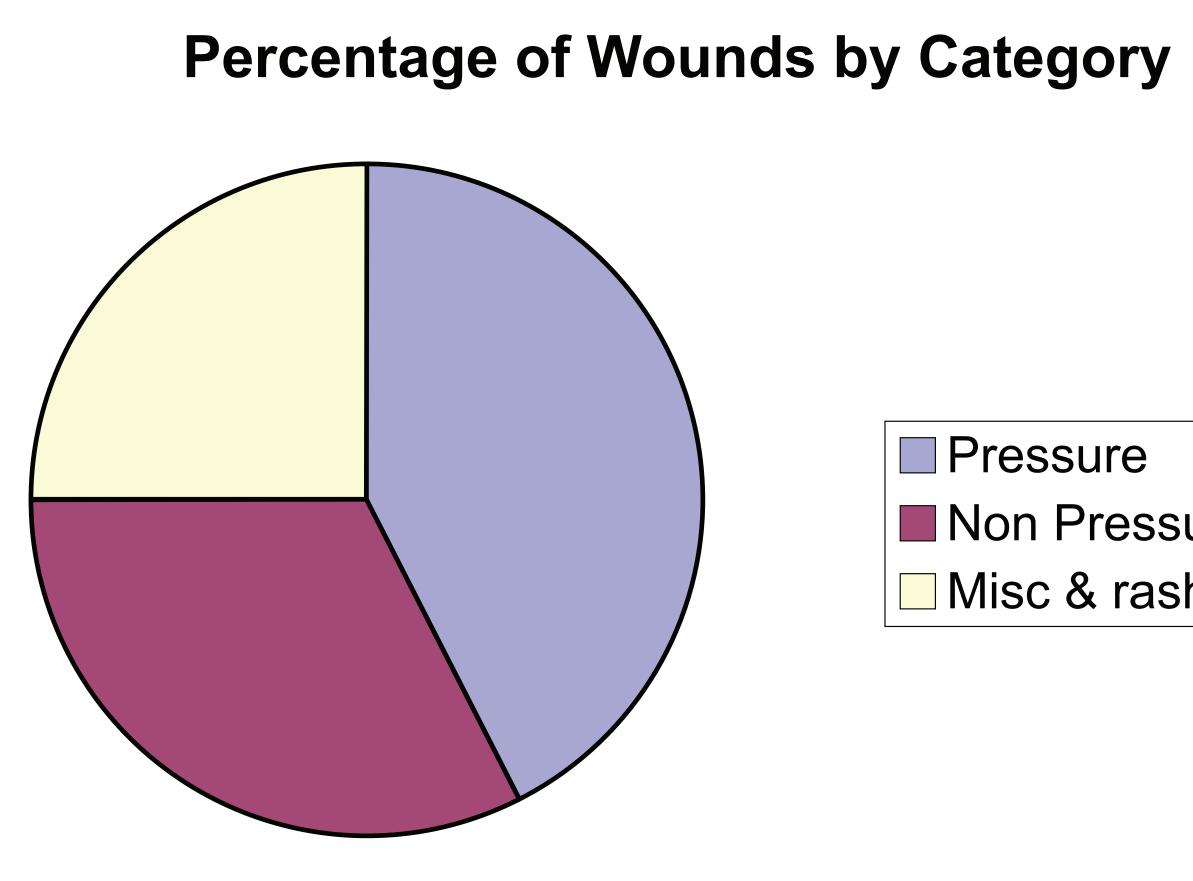
Time spent on wound care was measured per resident encounter over a two month period. The data collected reflects preparation time, assessment, wound care and documentation.

- Number of pressure ulcer treatments observed = 88 or 43%
- Number of treatments observed for non-pressure wounds = 67 or 32%
- Number of treatments observed for rashes and/or preventative care = 52 or 25%

An individual resident may have one to six areas requiring treatment. Interruptions are not calculated into treatment time.

- Average treatment time per resident = 12.26 minutes
- Average treatment time per wound = 7.44 minutes





Pressure Ulcer Prevalence

Pressure Non Pressure Misc & rash

CONCLUSION

Optimal wound care delivery is a multi-step process requiring a commitment of time. The efficacy of a successful program depends upon having a dedicated nurse or wound team, use of an adequately sized and properly stocked supply cart, and documentation tools that are created for accuracy and completeness without unnecessary duplication of effort. There are additional factors that prolong the time it takes to complete wound care that include providing personal care due to incontinence, assuring that pain is addressed, and locating additional supplies. Although we can teach efficiencies in the delivery of wound care (i.e. decreasing treatment time from 7 minutes to 3 minutes), can we create efficiencies in those time consuming 'additional factors'?

There are many things that facilities can do to save time. Some suggestions are: • Clearly written treatment orders using an established formulary of wound care

- products.
- the last page of the treatment book.
- interruptions are avoidable, but they can be limited.

An operational wound care program requires commitment from the facility's administration to allot the necessary time and resources for staff to provide this vital aspect of resident care.



• Emphasis on prevention performed at the caregiver/CNA level will decrease the time spent by licensed personnel on assessment and treatment of new wounds.

Flexibility of the treatment nurse results in less wasted time; i.e. If Resident A is eating breakfast and Resident B is in the bathroom doing ADLs, Resident C may be the first to receive wound care even though he/she may be at the end of the hall or on

Interruptions can add from 4 to 17 minutes for each occurrence. This additional time is not accounted for in the above treatment time graph, but it is a reality. Not all

Weekly documentation of pressure ulcers is a requirement. In our study facility with a dedicated wound nurse and established forms, this took 7 minutes per person.

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