

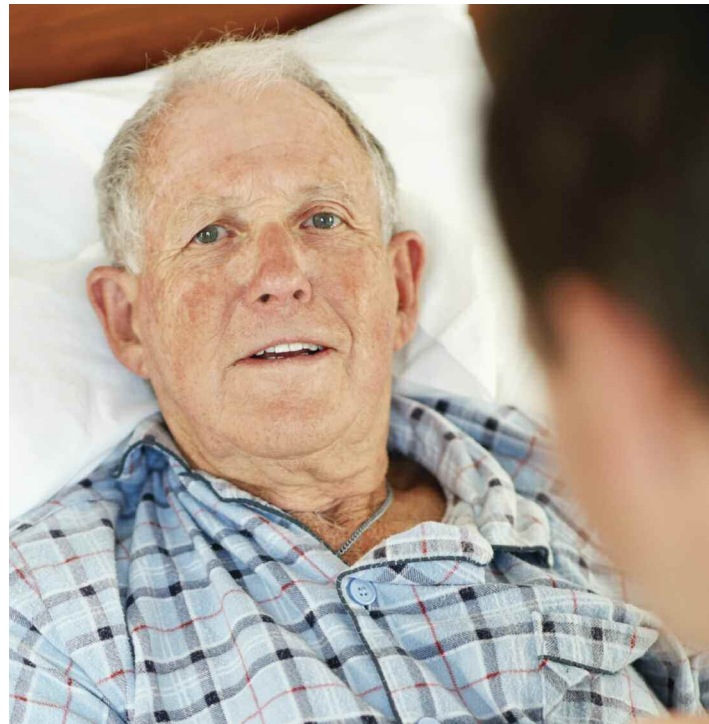
Providing wound care in the home: An option to explore

Working with patients in the home setting creates challenges and brings rewards.

By Connie Johnson, RN, BSN, WCC, LLE, DAPWCA

Jim, a 52-year-old patient with colon cancer, received a new ostomy. He needed a custom fit for his appliance, which took 10 days. During this time, trying to obtain a good seal and treat the peristomal area wasn't easy. Despite my best efforts, Jim's skin was denuded from contact with stool. Although he was in great discomfort, he wanted to wait until my next visit to tell me about the problem. Fortunately, his wife was worried and contacted me directly.

Jim lives in a neighborhood with a low crime rate, so I'm able to see him within a few hours of his wife's call, even though it's late at night. As it turns out, I make extra visits to help him manage his stoma until the customized appliance is ready. As with any home care situation, I'm ready to do my best for my patient.



Many home-care patients like Jim benefit from the interventions of a wound care clinician (WCC). More than one-third of all home-care admissions are wound related, and home wound care has become one of the fastest growing needs and skills in home-care services. So if you're a WCC, you may want to consider home care as a practice option.

Delivering wound care in the home differs dramatically from delivering it in the hospital. Given the complexity of wound care and the multiple factors that affect healing, home wound care is a challenge.

Some patients have chronic conditions, such as diabetes or wounds or open sores that don't heal easily. In other cases, the patient or caregiver is unable to change dressings. That's where the WCC comes in.

Special needs of home-care patients

Like other patients across the continuum of care, home-care wound patients require accurate and thorough wound assessment, as well as documentation that provides information about wound status and aids development of a plan that supports healing. Of course, the plan of care must address

the whole patient, not just the “hole” in the patient. The WCC must take into account comorbidities, individual wound-care requirements, assistance the patient may need due to physical or mental deficits, and nutritional support. Additional factors that affect wound-care strategies include wound characteristics, family support, and insurance guidelines and reimbursement.

Role of the WCC

The WCC’s role in home care includes providing clinical expertise, working with other healthcare team members, and providing education.

- The WCC provides *clinical expertise* regarding wound and ostomy care to ensure delivery of the highest quality of care. This expertise helps reduce the need for readmissions to the emergency department (ED) for wound-related complications. The WCC also plays a vital role in product awareness, formulary development, and maintenance of cost-effective, evidence-based practice in the agency.
- *Working with other healthcare team members*, the WCC serves as patient advocate, strengthening the relationship between patient and healthcare team members while promoting care coordination to help the patient achieve goals. Effective communication with the patient’s primary care provider is essential to delivering the best-quality, research-based wound care. A tool for strengthening such communication is the SBAR (Situation-Background-Assessment-Recommendation) technique. SBAR structures conversations so all parties provide complete yet concise information. (See *SBAR wound and skin provider communication record*).
- The WCC *educates* patients and family members about wound healing, dressing applications, and other interventions. Teaching families allows them to be involved in the patient’s care and start to take ownership of it. The WCC also edu-

cates home health aides, who can play a vital role in preventing such problems as pressure ulcers and may be responsible for ensuring staff members are aware of the products, procedures, and dressings available.

Challenges of home care

If you’re a WCC and considering home care as a career option, know that practicing in the home can be a real eye opener. For starters, consider geography. Shortly after I started as a wound care nurse/consultant in home care, I was visiting patients all over New Jersey, some days driving 200 miles. As I quickly discovered, once you enter the home, don’t assume you’ll simply change a dressing and then be on your way. Instead, you may find you are, in essence, the family case manager who’s expected to “fix everything.” This role requires equal doses of planning and creativity.

What’s more, expect to do some improvising. In acute-care settings, all the supplies you may need to prevent infection—gowns, gloves, masks—usually are within arm’s reach. But in home care, these supplies may be absent, meaning you’ll need to set up the cleanest environment you can under the circumstances. That might mean using

You may find yourself
in the role of family
case manager.

disposable drapes and dressings. Be sure to carry large amounts of hand sanitizer.

Dressing selection is perhaps the biggest challenge in home wound care because it involves not just wound-specific issues but financial and practical considerations. The ideal dressing in the home is one that needs to be changed only every other day, at most. Evidence shows it’s not practical to try to change dressings two or



S	<p>SITUATION</p> <p>I am calling about _____</p> <p>The problem I am calling about is: <input type="checkbox"/> Wound treatment <input type="checkbox"/> Wound infection <input type="checkbox"/> New wound <input type="checkbox"/> Incision line <input type="checkbox"/> Skin problem <input type="checkbox"/> Consultant recommendation <input type="checkbox"/> Other _____</p> <p>I have just assessed the patient personally: Vital signs are: Blood pressure _____ Respiration _____ Pulse _____ Temperature _____</p>
B	<p>BACKGROUND—Wound Info</p> <p>Type: <input type="checkbox"/> Pressure <input type="checkbox"/> Venous <input type="checkbox"/> Diabetic <input type="checkbox"/> Arterial <input type="checkbox"/> Surgical <input type="checkbox"/> Other _____</p> <p>Location: _____ Measurements: Length _____ cm Width _____ cm Depth _____ cm</p> <p>Wound base: % _____ Granulation % _____ Slough % _____ Eschar % _____ Epithelial % _____ Other</p> <p>Drainage: Amount: _____ Color: _____ Odor: _____</p> <p>Surrounding tissue: <input type="checkbox"/> Color _____ <input type="checkbox"/> Edema <input type="checkbox"/> Firmness <input type="checkbox"/> Intact <input type="checkbox"/> Induration <input type="checkbox"/> Pallor <input type="checkbox"/> Lesions <input type="checkbox"/> Staining <input type="checkbox"/> Macerated <input type="checkbox"/> Callused <input type="checkbox"/> Epiboly <input type="checkbox"/> Undermining <input type="checkbox"/> Tunneling <input type="checkbox"/> Weeping</p> <p>Indicators of infection: <input type="checkbox"/> Fever <input type="checkbox"/> Streaking <input type="checkbox"/> Redness <input type="checkbox"/> Increased drainage <input type="checkbox"/> Odor <input type="checkbox"/> Warmth <input type="checkbox"/> Induration <input type="checkbox"/> Malaise <input type="checkbox"/> Pain</p> <p>Past treatment: _____ Current treatment: _____ Lab results: _____ Other: _____</p>
A	<p>ASSESSMENT</p> <p>The wound seems to be: <input type="checkbox"/> healing <input type="checkbox"/> worsening <input type="checkbox"/> remaining stagnant</p> <p>This is what I think the problem is: _____ (Say what you think is the problem.)</p> <p><input type="checkbox"/> I am not sure what the problem is, but the patient is deteriorating. <input type="checkbox"/> The patient seems to be unstable and may get worse; we need to do something.</p> <p>Other: _____</p>
R	<p>RECOMMENDATION: Say what you think would be helpful or what needs to be done.</p> <p><input type="checkbox"/> Change treatment to: _____ <input type="checkbox"/> Start interventions: _____ <input type="checkbox"/> Obtain labs: _____ <input type="checkbox"/> Obtain consult for: _____ <input type="checkbox"/> Have the patient come in to see you at your office today or within 24 hours _____ <input type="checkbox"/> Transfer the patient to: _____ <input type="checkbox"/> Other: _____</p> <p>_____ _____ _____</p>

Notes:

three times daily at home unless the family is providing care.

Develop a checklist

Because the home environment may lack all

the resources you need, remembering everything you need to do before you leave the patient's home may be challenging. To help keep things on track, develop a checklist of reminders that covers these points:

- Have necessary medical appointments been arranged? Does the patient have transportation to appointments?
- Are there sufficient supplies in the home?
- Is there enough medicine? If not, who will pick up the medicine?
- Are consults needed, such as social worker or physical therapist?
- Who will help with any activities of daily living that the patient is unable to do?
- Does the patient with diabetes have a glucometer?

Hours and safety concerns

Typical home wound-care hours are 8:30 A.M. to 4:30 P.M. But realistically, expect variations. For instance, as you're about to leave, the patient might say, "My wife isn't feeling well. Could you take her blood pressure?" This means you'll stay a little longer.

When planning home visits, be aware of safety concerns. If visiting after hours could put you in danger, it's safer to instruct the patient to call an ambulance and go to the local ED.

Reimbursement

Reimbursement is an important factor in wound care in the home. To be eligible for home care through Medicare, patients must be homebound—meaning they don't routinely travel to run errands or visit or they're not able to obtain or receive needed medical services. (With private insurance and workers' compensation, eligibility requirements may be less restrictive.)

Know that a Medicare patient receives home care as an "episode." Episodes are 60-day periods; within each 60-day episode, a \$592 cap is allotted should a patient require supplies for wound or ostomy care needs. Except for negative-pressure wound therapy, a home care agency can't bill Medicare for products used; instead, the home-care agency is responsible for the cost of all topical wound-care products and dressings. Agencies may keep patients on service even if they exceed the allowed

amount, although patients reaching maximum benefits commonly are discharged from service. Home-care agencies have no choice but to discharge Medicare patients they find aren't truly homebound.

Also, be aware that Medicare views home health service as an interim service. When a patient is no longer making progress, Medicare expects that the family

Medicare views home health service as an interim service.

will provide the patient's care or the patient will enter a skilled care facility. So it's important to work hard to obtain good outcomes—not just for the patient but to maintain Medicare reimbursement. Like many private insurance companies, Medicare reimbursement is based on pay for performance; if an agency doesn't deliver optimal outcomes, it receives lower reimbursement, increasing its financial burden.

A worthwhile option

WCCs use their knowledge and clinical expertise to improve patient outcomes and teach patients, families, and other healthcare team members. They also give the agency recommendations for care and supplies that are evidence based and reflect current best practices in wound care. Accomplishing these goals in a timely fashion under various constraints can be challenging. But if you choose to work in the home, try to keep a smile on your face and joy in your voice for each patient and family. If you like challenges and want a job where you can apply your creativity and function independently, becoming a home-care WCC might be the right choice for you. ■

Connie Johnson provides wound care in the home and in acute-care settings.