

## Avoid surprises when connecting between care settings

By Jeri Lundgren, BSN, RN, PHN, CWS, CWCN

**A**s wound care clinicians, we know that an interdisciplinary, holistic approach to prevention and management of a wound is crucial to positive outcomes, no matter where the patient is being seen. Yet too often when a patient transfers from one care setting to another, the only wound information that's communicated is the current topical treatment. Most transfer forms only include generic spaces for "any skin concerns" and "treatments," with no prompts for obtaining additional information. In fact, clinicians in many care settings frequently report they had no idea the patient had a wound until he or she was admitted.

Here's how you can get the information you need to best care for the patient being transferred.

### Ask the right questions

The more information you can obtain before the patient is transferred to your setting the more prepared and proactive you can be. Many intake questionnaires only ask if there is a "skin concern" and, unfortunately, the nurse providing the transfer information may not know that a wound care clinician is managing the wound. Even if the nurse states there are no skin concerns, ask if the patient is receiving any treatments—this question may reveal that a clinician is managing a wound.

If the patient has a wound or skin prob-

### Bundling for transition success

Information about wounds is just one part of a successful care transition. "**Care Transition Bundle: Seven Essential Intervention Categories**" is helpful for identifying key interventions for care transitions.

lem, ask more questions to determine the current interventions and what has been attempted in the past, so you don't repeat strategies that weren't effective. It only takes one "They already tried this and it didn't work" experience for the patient to lose confidence and become frustrated.

### The essentials

Whether you're gathering information for a patient to be admitted or providing information to someone in the next care setting, you should obtain or provide at least the following:

- location and type of wound
- current description of the wound
- current topical treatment
- treatments previously tried and their results
- procedures or surgeries
- nutritional support
- type of support surface for the bed
- type of support surface for the wheelchair
- turning and repositioning program
- any positioning devices (for example, heel-lift boots, foam wedges)
- incontinence management program.

Knowing this information will promote continuity of care and help reduce the number of "surprise" patients with wounds you didn't know about. ■

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