

Fifty shades of wound care at home

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Fifty shades of wound care at home refers to treating the whole patient and the patient's caregiving supporters—not just the wound. Only by understanding the nuances, or shades, of a patient and his or her environment can clinicians best achieve desired outcomes.

Wound healing in home care depends on teamwork. Members of the team must

understand the unique situation of delivering care in the home and how to help patients adhere to the plan of care.

Differences between home and facility

Both a home and a facility create an environment that focuses on healing, but how each accomplishes that task differs.

In a facility such as a hospital, clinicians direct patient care, from the timing of meals to the delivery of medications. The expectation is that the patient/caregiver relationship follows the established plan of care in an environment that is controlled 24 hours a day. Access to ancillary support such as pharmacy, radiology, dietary, and laboratory is easy. All equipment, products, and staff conform to established standards, which promotes consistency in care.

The home, on the other hand, is an uncontrolled environment where care is delivered on a short-term, intermittent basis, as directed by the patient's insurer and based on Medicare guidelines. The expectation is that either the patient or caregiver will learn the treatment plan. Clinicians are expected to be self-reliant with the understanding that immediate clinical support will be via a phone call.

The patient is living in his or her chosen home environment, whether that is an assisted-living apartment, under a bridge, or in a mansion. This means that clinical staff never know what they will face at the patient's home: Will there be a large dog, running water, working lights, feuding family members, or durable medical equipment? In addition, the patient or caregiver may or may not follow the practitioner's plan of care.

Another important difference is patient



options. In a facility, healing is directed by controlling the setting and patient options. If a patient chooses to ignore the practitioner's directions, that individual can be asked to leave the facility. In the home, the patient can choose to ask the clinical staff to leave. That's why it's important to know that healing in the home is directed by understanding how the individual and caregiving constellation—friends, community, and family—function within the living situation. The home care staff works within those parameters to promote healing.

Delivery of care in the home

How are 50 shades of wound healing performed in home care? Care is provided based on the mandated Medicare/Medicaid Outcome and Assessment Information Set (OASIS) and includes assessment, evaluation, and observation.

The first action taken by the clinician is to assess the patient and caregiver's life skills. The clinician determines the patient's, family's, and caregiver's life skills and how they handle change in their lives. Next, the clinician evaluates the patient's understanding of the clinician's role in promoting wound healing.

The knowledge from these two steps guides the clinician's development of a plan of care based on the patient's coping mechanisms and personal goals. In developing the plan of care, the clinician observes the home setting and resources available to the patient or caregiver, including both material (for example, chairs and beds) and people (caregivers) that will be helpful in implementing the plan. See *Care delivery in the home* for a summary of clinician actions in delivering care in the home.

Care delivery in the home

Here is a summary of key questions clinicians should ask so they can deliver better care in the home.

Assessment

Does this patient or caregiver:

- run from problems
- accept changes and work through them
- expect others to take over
- listen only to their own advice
- use drugs or alcohol
- procrastinate?

Evaluation of client understanding and relationship to healing

- How does patient or caregiver see their relationship to wound healing?
 - Are they dependent or independent thinkers?
 - Do they believe they are responsible or not responsible for the success of their healing?

Observation of home setting and resources

- What are the resources found within the home setting, both material and human, that could be used to promote wound healing?
For example:
 - wood to make risers for bed/chair
 - memory foam for offloading
 - heavy chairs for bed rails
 - friends, family, church members, or club members who can assist with physical care.

When the patient is nonadherent

Nonadherence occurs for multiple reasons, including treatment costs; mobility restrictions; diet limitations; mental health issues, such as feeling depressed, helpless, or hopeless; and inappropriate use of wound treatment products. Reasons for nonadherence that are specific to the home setting include declining to adapt the home to promote healing (such as offering a commode when the only bath-

room is not available to the client), refusing to remove trash, and unwillingness to use durable medical equipment to promote turning and repositioning because of the effect of the equipment on home décor.

The multidisciplinary team, with representation from nursing, rehabilitation, social work, and nutrition, meet to uncover reasons for nonadherence and develop interventions to promote compliance. The team also evaluates the wound assessments, comorbidities, and lab results.

One of the primary interventions is to promote empowerment. Empowered patients feel valued, and people who feel valued become active in their lives. Physical activity increases nutrition, endorphin release, oxygenation, and blood flow, all of which promote wound healing at the tissue and cellular level.

Techniques to promote empowerment include:

- Teach the patient or caregiver how to do the wound care.
- Deliver information in small packages; don't try to cover too much at once.
- Offer genuine praise.
- Restructure thoughts by rephrasing negative statements. For example, a patient says, "I'm not skilled enough to do the wound care." You can say, "You may feel that way, but look how you have been helping me with the care." Another example is the caregiver who says, "I'm not good enough to help my husband." In this case, you might reply, "You have been making his bed, making sure he has nutritious meals, and calling the nurse when there is a problem. These things demonstrate how worthy you are to help him heal."
- Let the patient and caregiver do what they can.
- Help patients and caregivers to work through any issues encountered and learn skills to promote healing.

Encouraging patients

Fifty shades of wound healing will occur when clinicians encourage patients to maintain their individuality and when clinicians adapt wound care to fit an individual's personality and caregiving support system. Clinicians should be non-judgmental, use positive humor, and promote independence. They should continually seek methods to adapt the plan of care as needed. Through this process, the patient receives quality care and healing time can be reduced. ■

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