How to do it...
Wound care

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Done haphazardly, wound care can cost a provider dearly in terms of resident health and liability. From proper initial assessment and ongoing monitoring to 24/7 quality care and treatment, wound care is one of the most important functions for any long-term care operator. Experts advise how to do it well here.

1 Having a point person in charge of wound care at your facility is critical, says Jeri Lundgren, RN, BSN, PHN, CWS, CWCN, director of Wound and Continence Services, Pathway Health Services.

"Most facilities have a designated wound care nurse," she adds. "The goal is to ensure consistency and accuracy of wound care assessment and treatment."

Rosalyn Jordan, vice president, Clinical, RecoverCare, LLC, adds, "Along with this responsibility, this person has the commitment of the administration to provide a culture to promote good wound prevention and treatment interventions."

2 Performing a thorough risk and skin initial assessment as soon as a resident is admitted not only launches a treatment plan, but also provides critical documentation of the resident's condition upon admittance.

Perhaps the most important issue in attributing wounds is to collect accurate information upon admitting the patient, says Glenn Paul, vice president for marketing at wound care provider Gentell.

"When the original condition of the wound can be disputed, then it's hard, if not impossible, to make the case that 'This didn't happen on our watch,'" he said.

3 Documenting visual evidence also can provide liability protection down the road, says Joseph Milestone, an attorney specializing in long-term care reimbursement issues.

"Photographs of wounds serve to document the condition of the patient upon admission, help to properly classify and categorize the patient for reimbursement purposes, demonstrate the effectiveness of treatment protocols and the provider's quality of care and serve to justify the need for additional treatment and/or other interventions," he says. "If a patient is suffering severe bed sores, it's highly likely that the family has already taken plenty of pictures using their cell phone cameras. I'd like the facility to have its own pictures."

4 Ongoing detailed documentation, assessment and following policies and procedures is perhaps the best wound care advice. And that means effectively using your wound care nurse, says Lundgren.

"When the wound nurse makes rounds, the floor nurse, at a minimum, should always be at the bedside with her," she explains. "This ensures the floor nurse understands treatment goals and protocols and is involved with the assessment process. Also, if the wound nurse is not there when the assessment is due, the floor nurse will be capable of completing the assessment."

Moreover, regular chart auditing will quickly discover adverse changes that need to be addressed, Lundgren adds. Documentation also critically protects against potential litigation, Jordan says. "When a comprehensive program is instituted with triggers, intervention and documentation, adverse events should be minimal and exposure of liability is dramatically decreased," she says.

Mistakes to avoid

- Assuming transferring-facility wound care notes are thorough and accurate
- Waiting until a resident "settles in" before performing initial assessment
- Leaving wound care monitoring responsibilities to one person
- Appointing wound assessments to non-wound care certified nursing staff

5 Any proactive wound care program should include an active skin integrity program.

"A skin integrity program should focus on preventing wounds in the first place," says Lundgren. "Ensure your team meets regularly and moves past simple evaluations to wound prevention, supply, equipment and other concerns."

And constant monitoring is critical. "Any wound can go bad quickly," Paul notes.

6 Finally, transition issues when transferring or discharging a resident should be handled with the utmost of care, especially with frail individuals.

"There absolutely has to be a standard 'hand-off' process between facilities, floors and shifts," adds Jordan. "One successful method used for transition has been on-site interviews with the patient, the family and the discharge planner from the transferring institution." ■

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