

Background

There are 6.5 million people in the U.S. with chronic wounds costing \$39 billion dollars annually: 33% of home care patients and 35% of hospice patients have wounds.¹ As the pendulum of patient care shifts to post-acute care so will the labor and cost.

Post-acute care services such as home care and hospice are already challenged with rapid expansion due to an aging population, rising healthcare costs, limited clinicians, and changes in reimbursement.

This challenge of rapid expansion combined with the large number of patients with wounds, presented an opportunity for our organization to evaluate our wound management program. We identified a need for a standardized program that would enhance clinical and financial outcomes and maximize nursing time and talent.

CommonSpirit Health at Home is a national post-acute care provider consisting of 41 home care locations, 20 home hospice locations, and 3 inpatient hospice units. We have approximately 1200 nurses in employment across 13 states. We began the project in October of 2019. Our rollout date was September 1, 2020 which was in the midst of the COVID pandemic and two new integrations with home care and hospice organizations.

Purpose

The purpose of this Quality Improvement Project was to standardize the wound care formulary, enhance clinical outcomes, improve financial outcomes and maximize nursing time and talent.

CommonSpirit Health at Home clinical leaders examined our existing wound care program and determined areas of opportunities. Group discussions highlighted where we wanted, and where we needed to be, as a post-acute health care provider in the delivery of wound care. We wanted a program that would not only meet patient and clinician needs but we wanted to be the post-acute care solution for our communities and health care partners.

Methods

Step One: Organized team of wound care champions.

Our team consisted of existing employees with WOCN/WCC certification or that specialize in wound care. Their expert knowledge was invaluable.

Step Two: Scrutinized existing wound care formulary.

The team identified high cost/low utilized, redundant, obsolete, and inappropriate sized items for removal from formulary.

Step Three: Partnered with Advanced Wound Care (AWC) manufacturer and developed evidenced-based wound management protocols.

Additional adjustments made to the formulary based on the protocols and periodic automatic replacement (PAR) levels using Medicare Utilization Guidelines. This was very exciting. Clinicians would now have standardized protocols and a formulary supporting evidenced-based practice. This would streamline wound supply ordering, enhance clinical practice, and provide an effective way to train new/existing employees.

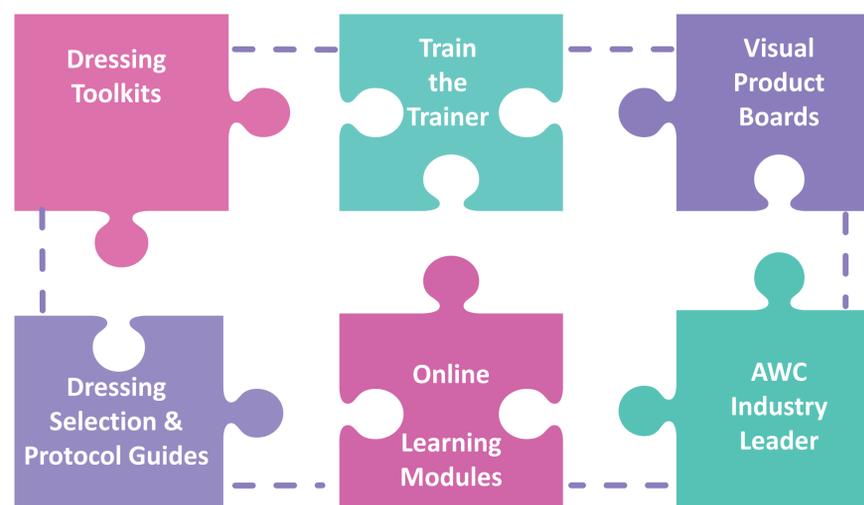
Step Four: Educate and facilitate adoption.

Our challenge was reaching 1200 clinicians across 13 states. We thought it was important to ask the clinicians what they needed, at time of implementation and beyond. Our clinical tools and resources were developed out of collaboration with clinical managers, educators, the wound care team, and AWC Industry partner.

Step Five: Monitoring to determine success.

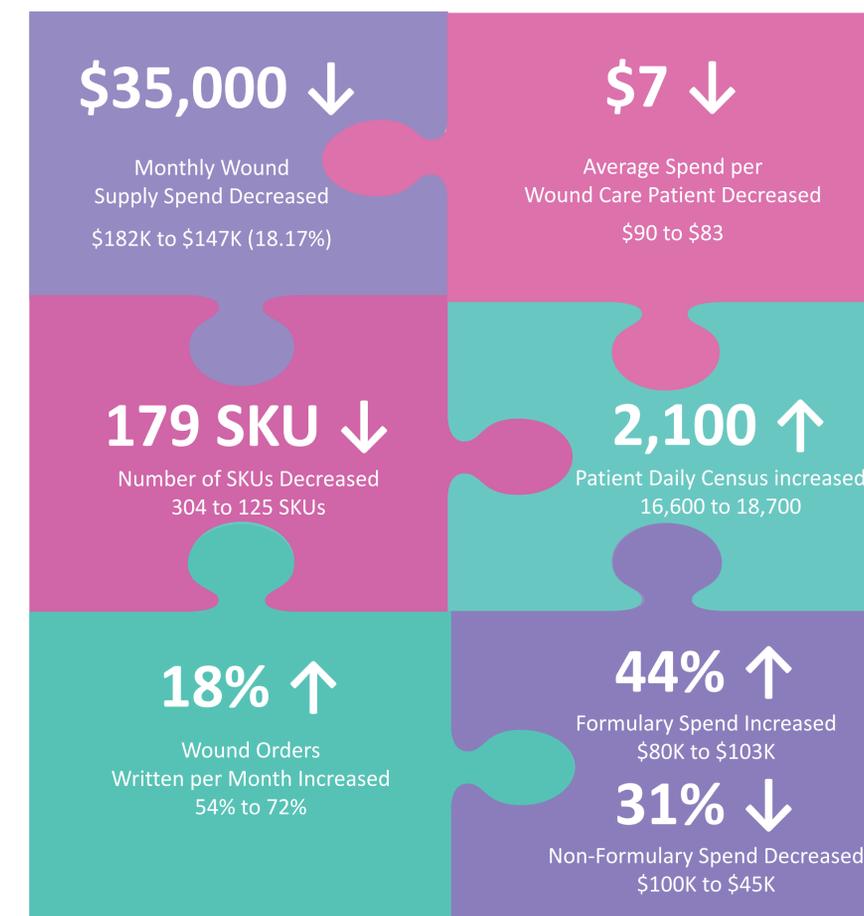
Clinical and financial metrics were determined. Data was retrieved for a time period of six months prior to implementation and six months post implementation.

Clinical Education & Support

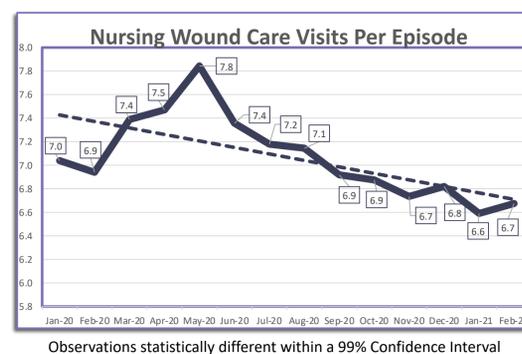


- **Dressing Toolkits** – Wound dressing toolkits to provide a hands-on, interactive learning experience.
- **Train the Trainer Event** – Managers, educators, wound care nurses, & case managers
- **Visual Product Boards** – Tri-fold presentation boards for each agency displaying wound dressings, descriptions, & manufacturer order numbers.
- **Dressing Selection/Protocol Guides** – Decision tree guiding identification of wound type/characteristics and determination of evidenced based wound dressing selection and protocols.
- **Online Learning Modules** – Standardized learning resources for on demand education for existing and new staff: Dressing Selection & Application, User Guides, & Video Clips.
- **Advanced Wound Care (AWC) Industry partners Online Resource Center** – Web based clinical support/education at the point of patient care.

Results



Results



↓ # of Nursing Wound Visits performed per episode of care (↓ 7.7%)



↑ # of Wounds Healed at end of episode of care as evidenced by a 8.3% ↓ in wounds present

Discussion

When CommonSpirit Health at Home embarked on this mission, we wanted a program that supported evidenced-based wound care practices. We wanted clinicians to gain knowledge and skills to be efficient & effective in the accurate delivery of wound care. We wanted to improve patient satisfaction through improved healing rates and to do all of this while reducing cost.

Our initial six month post implementation results shown on this poster are very encouraging! With a decrease in total monthly wound care supply spend, a decrease in spend per wound care patient, an increase in formulary spend, and a decrease in non-formulary spend, we are meeting financial goals and showing initial clinician adoption. It is even more exciting to note that the results are despite an increased patient census and an increase in wound care orders written.

We are even more encouraged to see an increase in wounds healed at the end of the home care episode and a decrease in nursing wound care visits per episode. These initial results point to efficiency and effectiveness of our nursing care with the use of the new evidence-based wound care formulary.

We are excited with our initial results and are dedicated to continuing this momentum forward. Thank you for the opportunity to share our story.

Correspondence & Acknowledgement

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Reference: 1. Home Health Quality Improvement (2019). Evidenced-based practices for improving your wound management program. Retrieved from http://www.homehealthquality.org/getattachment/Webinars/Wounds/EVB-Practices-Wound-Mgt-slides_final.pdf.aspx
Puzzle Graphics: Retrieved from www.presentermedia.com, account # 166165, accessed April 7, 2021,

Points of Reference
• Sep-20: Wound Management Program Implemented
• Mar-20: COVID-19 National Pandemic named