

### Introduction

Through quality monitoring, it is estimated that 40-50% of all patients admitted to acute rehabilitation care at HealthSouth Rehabilitation Hospital of Erie have a disruption in skin integrity. The prevalence and complexity of the wounds include venous stasis and pressure ulcers, surgical, diabetic and arterial wounds, skin tears and incontinence associated dermatitis. While addressing the continued demand for evidenced-based and costeffective wound care management, positive patient outcomes have been achieved. A multidisciplinary professional clinical team approach was developed for the purpose of establishing clinical guidelines using current research findings.

The systematic team approach focuses on prevention and treatment of pressure ulcers, comprehensive wound documentation, skin risk-assessment scoring, staff education and enhancing multidisciplinary team communication including hand-off communication. Through aggregation of wound data, the outcomes revealed a decrease in wound incident rate and an increase in wound healing with the implementation of the multidisciplinary wound care program.

## Objectives

The purpose of developing a multidisciplinary clinical Wound Team is to impact the continued demand for evidenced-based, cost-effective wound care management that leads to consistent positive patient outcomes.

### Six areas to focus on when shaping a successful multidisciplinary wound care program:

- Coordinate a multidisciplinary skin care team.
- Interdepartmental communication.
- Develop a Wound Medication Administration Record (Wound MAR).
- Define equipment and supplies process.
- Resources and education for staff and patients.
- Use the Braden Scale to determine risk of patients developing a pressure ulcer.

# Impact of Multidisciplinary Wound Care Program on Patient Outcomes in Wound Healing HealthSouth Rehabilitation Hospital of Erie

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## Methods

#### Wound Team

- Clinical guidelines established for consistent evaluation of patient wound care interventions
- Team Members: Physicians, Chief Nursing Officer, Certified Wound Ostomy Nurse (CWON), infection control nurse, certified nutritionist, rehabilitation liaison, case managers, unit managers, CRRN<sup>®</sup> and charge nurses from each unit
- Meets weekly to discuss each patient's present condition, barriers to discharge, wounds, diet and progress in therapy
- Charge nurse communicates concerns to physician, receives new orders and adjusts plan of care (POC).

#### Interdepartmental Communication

- A wound care spreadsheet was developed as a multidisciplinary communication tool.
- A weekend handoff is communicated to the wound team, supervisory staff and charge nurses.
- Consult sent to CWON by physicians.
- Pre admission communication from liaisons to case managers, wound department and central supply.

#### Wound Care Spreadsheet

#### Wound MAR

The pharmacy, in conjunction with the wound care coordinator and wound team, developed an individualized wound MAR specific to documenting treatments completed by the nursing staff. This provided a concise and accurate document for the clinical team to review the implemented wound care interventions. The focus on the development of the individualized wound MAR consisted of the following:

- Streamlined documentation of prevention and treatments associated with wounds.
- Provided consistent nursing documentation of wound treatments using the wound MAR.
- Increased efficiency for clinician review of medications and skin care treatments for all clinical departments.
- Facilitated consistent updates to the plan of care.

#### **Equipment and Supplies**

- Wound care carts stocked with basic dressings for daily use are provided in each unit.
- Specialty wound care supplies are available in the wound care office centrally located to each nursing unit.
- Photographing wounds for accurate documentation.
- Wound care hotline is provided for direct communication to the wound care coordinator.

### **Resources and Education for Staff and Patients**

- Yearly clinical competency for all clinical staff on pressure ulcer prevention.
- Specialized clinical wound competency required for the designated wound clinicians. Designated wound clinicians serve as key resources to the nursing and therapy team. • Online resources for individual advancement are available. Krames<sup>©</sup> individualized patient education packets are provided for pressure ulcer prevention and wound care for patients, families and caregivers.

- Vendor fairs for updated products.

#### Use of the Braden Scale

The Braden Scale is a scoring system for predicting the risk of developing a pressure ulcer (PU).

- Nurses score the patient on admission and weekly in six categories: sensory perception, moisture, activity, mobility, nutrition and friction/shear.
- The Pressure Ulcer Prevention/Treatment Protocol form was developed to implement preventative measures for all patients with a Braden score of 18 or less on admission and anytime during patients stay. Included are treatments for urinary and fecal incontinence and treatments for all stages of PUs.
- The protocol includes: incontinence barrier products, wound dressings and treatments, off-loading products, therapy interventions for specialty wheelchairs, cushions, pressure mapping (a clinical tool used to assess pressure distribution) for coccyx/Ischia tuberoses PUs, nutritional supplements, and consulting of wound care and nutrition for evaluation.

### Results

#### Wound Incident Rate (WIR)

(Number of pressure ulcers acquired or worsened/number of patient days x1000)

#### Wounds Improved and Healed at Discharge

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### **Positive Impacts**

- There was a total of approximately 8,023 patient admissions in four years. Of those patients admitted, 53.7% had wounds. Of those 53.7%, 10.6% had PU, 25.1% had surgical wounds and 18.1% were admitted with other skin breakdowns.
- 3,885 wounds were treated in four years. 1,643 showed improvement at discharge and 1,091 were healed at discharge.
- 70.4% of patients admitted with wounds had improved or were healed at discharge.

### Conclusion

A multidisciplinary Clinical Wound team used continuous communication, evidence-based tools and processes to improve patients wound healing rate and decreased the rate of PU development.

### References

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