



Operationalizing: The Key to Achieving Successful Skin and Wound Care Programs

Exploring the Facility Leadership Role



Proudly Presented through a Partnership between:

- **Louisiana Department of Health**
- **Louisiana Nursing Home Association**
- **LSU Health Sciences Center-Shreveport**

LDH/LNHA Collaborative on Improving Skin Care

Objectives

- Recognize the impact of Pressure Ulcers/Injuries on your facility's success.
- Define the term “operationalizing” and how this applies to a successful skin and wound care program.
- What is the Long-Term Care facility leadership's role in a successful skin and wound care program?
- What are the Operational Opportunities and Pitfalls to securing a successful skin and wound care program?

Impact of Pressure Ulcers/Injuries on your Facility's Success

- ▶ Mismanagement of Pressure Ulcers/Injuries or skin issues can lead to
 - Stakeholder dissatisfaction (resident/staff/family/physicians/referral sources/preferred partners)
 - Legal issues
 - Survey tags and fines
 - Poor Quality Measures
 - Lower 5 Star Rating
 - Impression of poor quality of care

Impact of Pressure Ulcers/Injuries on your Facility's Success

- ▶ Proper management of Pressure Ulcers/Injuries should lead to
 - Stakeholder satisfaction (resident/staff/family/physicians/referral sources/preferred partners)
 - Reduced Legal concerns
 - Potentially Clinical Deficiency Free Surveys
 - Excellent Quality Measures Outcomes
 - Higher 5 Star Rating
 - Perception of good quality of care leading to increased preferred partnering

Defining “Operationalizing”

- ▶ To put something into working order
- ▶ To set something up so it can be measured
- ▶ A term intended to describe procedures required to implement narrowly defined company strategies and goals

“The LTC Facility leadership can singularly dictate the success or failure of a skin and wound care program. By operationalizing the program, success can be attained and maintained.”

What is Operationalizing Skin and Wound Care?



What is Operationalizing Skin and Wound Care?

...An organized, consistent plan and commitment to a stream-lined approach to skin and wound care with

- Empowered competent and confident staff
- Services that are adequate, timely and advanced and a
- Program success that can be duplicated.

Excerpt-The 3 Cs of Skin and Wound Care: Facility Competence

How would you answer these questions?

- Does your organization have competent clinicians?
- Does your organization utilize competent vendors for resources?
- Does your organization have proof of competence of your clinicians and vendors?



Barriers to operationalizing skin and wound care programs:

- Too few Competent skin and wound care champions
- Too much variation in product offerings
- Too little orientation and or lack of consistent training



The key to successful operationalizing...

Controlling variables is key!

Operationalizing

- removes barriers,
- controls costs and
- helps you achieve desired outcomes.

So where do we start?....



Excerpt-The 3 Cs of Skin and Wound Care: Clinician Competence and Confidence

Clinician competence and confidence is



- paramount to the success of your skin and wound care program
- achievable through consistency of a well organized program
- achieved with the support of facility administration



Strategies to achieve Clinician Competence and Confidence

- Commit to thorough orientation practices
 - (prepares staff to apply policies and procedures)
- Provide repeat trainings
 - (reinforces consistent behaviors)
- Task clinical supervisors to perform unannounced skills check offs
 - (example: Non-sterile dressing change)

Strategies to achieve Clinician Competence and Confidence

- Avoid making changes to formulary unless systematically rolled out;
- Expect and explore quarterly trainings to your staff by your formulary vendors;
- Don't forget the night shift!

Strategies to achieve Clinician Competence and Confidence

- Create a meaningful reward system
- All employees (including administrators) need to be knowledgeable of the program
- Empower your staff to follow/recommend formulary as a first line approach



Strategies to Achieve Clinician Competence and Confidence

Seek specializations or advanced training for staff members

- Studies show that specialization and advanced training not only improves resident quality of care but also increases employee retention.¹

¹ Stromberg, et al 2005; Bolton, et al 2004; Zulkowski, et al 2007

THE FORMULARY ADVANTAGE

- Choosing the right dressing can be a daunting task:
 - Thousands of products/scores of vendors stating they are the best in skin and wound healing.
- A formulary approach
 - Minimizes the confusion
 - Empowers your clinicians to act upon discovering a skin issue

The Formulary Advantage

- Helps your facility realize savings by
 - more tightly negotiating pricing,
 - simplifying order trends and
 - managing adequate par levels
- Breeds opportunities to demonstrate competence to your referral sources and physicians
- Allows for reducing waste and most applicable dressing choice for type of wounds encountered
- Secures better quality of care and wound healing opportunities for our residents



ADVANCED MODALITIES AND TREATMENTS

- Therapeutic Support Surfaces/Cushions/Positioning Devices- offer valuable prevention and healing
 - Develop clinically based algorithms
 - Narrowing your choices create savings opportunities and ensures quality upfront
- NPWT- Negative Pressure Wound Therapy
 - Expensive but often times reasonable and necessary
 - Can expedite wound healing which mitigates additional upfront costs and helps with stakeholder satisfaction
- Debriding Agents/Techniques
 - Consider clinical wound care algorithms and formularies that support an aggressive approach to deal with necrotic wounds when possible
 - Can expedite wound healing which mitigates additional upfront costs and helps with stakeholder satisfaction

PART B WOUND CARE SUPPLIES

- Medicare Part B covers the costs of varied categories of wound care supplies when a resident is not under Medicare Part A services.
- There are vendors who can manage the entire Part B wound care supply opportunities.
- Other insurance savings opportunities exist as well
 - Hospice
 - Commercial Insurances
 - Etc.



Part B Wound Care Supplies

Be mindful of

- Vendors who get too involved in dressing choice decisions
- Vendors who recommend certain product choices that also influences dressing changes to daily
- Vendors who are not willing to visit your facility at least monthly and work with your team to maximize supportive documentation and responding to “in between” order changes



Part B Wound Care Services

For reimbursement by Medicare Part B a wound must be:

- Stage II-IV
- Pressure or Non-Pressure
- Surgical, Stasis, Vascular and/or Diabetic

Before Sending Order:

- Make certain all needed products are listed for resident's treatment
- Wound information (including wound notes) is sent
 - Face Sheet is included
 - The order is signed under authorization of benefits (physician signature not necessary)

**IMPORTANT
RULES!!!**

Part B Wound Care Services

Medicare Part B will

- Pay for a set number of dressings per 30 days per dressing category
 - Ex hydrocolloid 12 pieces per month
- Allow for additional orders in same month if dressing is in a different category
 - Ex adding a collagen
- Cover the dressing costs as long as
 - Resident is not skilled under Part A and has Part B or other approved insurance
 - Wound description matches with dressing criteria
 - Ex Adhesive Foam-wound must have moderate to heavy drainage

Staffing Models

Needs to fit your admit trends for skin and wound conditions

- Treatment nurses
- Certified Wound Care Specialists
- Lead CNA
- Physical Therapist



Outsourcing Pitfalls

Relying **solely** on outsourcing to solve and manage your skin and wound care programs **CAN** potentially create pitfalls.

- Every facility has different needs and demands
 - There are balanced and appropriate ways to “In”source and Outsource
 - There are external demands that dictate this need time to time
 - Resident choice
 - Referral preference

Choose your outsourced partners wisely and never give up on pursuing your own clinician’s competence and confidence.

“In”sourcing vs. Outsourcing

Focus on the “IN”

- “In”-house skin and wound care services
 - “In”terdepartment and “In”terdisciplinary team approaches to skin and wound care
 - “In”terest vs disinterest in your own clinician ownership of skin and wound care
 - “In”creasing knowledge and “In”ternal expertise
- And finally
- “In”cluding quality assurance and quality improvement
 - “In”fluencing improvements related to care coordination, care communication and best practices

The 3 Cs of Skin and Wound Care: Final Advice for Operationalizing Skin and Wound Care Programs

Explore the 3rd C: Continuous Quality Assurance-Evaluate, Re-evaluate and Validate your skin and wound care program operations.

Consider a 4th C: Consistency...

- ▶ Your staff will benefit most by your support and approach to a skin and wound care program that is **CONSISTENT!**

Consider a 5th C: Creativity...

- ▶ As long as your residents' needs are met there are no other rules! Make it fun, be unique and connect with your team's creativity.

Test Question 1-True or False

Clinician Competence and Confidence have no affect on your ability to operationalize your skin and wound care program.

False

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Test Question 2-True or False

Successfully operationalizing skin and wound care programs can improve your quality measures, 5 Star rating and stakeholder satisfaction.

True

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Test Question 3-True or False

Controlling variables in skin and wound programs is key in operationalizing and success.

True

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Test Question 4-True or False

Medicare will pay for wound care supplies while a resident is on Part A services.

False

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Test Question 5-True or False

Studies show that specialization and advanced training do not improve resident quality of care or increase employee retention.

False

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Testimonial

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“*“It always seems impossible, until
it is done.”*

-Nelson Mandela

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***Operationalize to Realize
Success!***