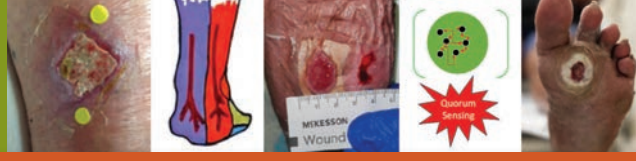


Wound Care Practice Protocols

These help to prevent delays in treatment, provide consistency in patient care, and ensure reimbursement.

BY NATALIE DOMEK, DPM

Practice Management Pearls is a regular feature that focuses on practice management issues presented by successful DPMs who are members of the American Academy of Podiatric Practice Management.

The prevalence of lower extremity wounds in the United States is already staggering and unfortunately a rising figure. With the country's exponential growth of comorbidities such as diabetes (11% of adults) and obesity (nearly 50% of people) the rate of lower extremity wounds will only continue to rise.

As podiatric physicians, we are in a unique position to treat the various wounds that come along with these diseases, including neuropathic wounds, venous, arterial, or lymphatic ulcerations, pressure induced ulcerations, surgical wounds, and more. Given the prevalence of lower extremity ulcerations it is imperative that every podiatric practice have a wound care protocol in place.

When determining what wound supplies will be available in the office, make sure you obtain input from your staff and physicians.

When creating a wound care protocol for your practice, it is important to keep in mind that this is inherently different from a wound management algorithm. There are a multitude of well-thought-through wound care paradigms published to give guidance to wound care specialists about wound closure. For the purposes of this article, the discussion is about wound care practice protocols. Just like your practice has various protocols for payroll, training, and billing, it is a wise practice management decision to also have a wound care protocol.

Begin with a Goal

Every office protocol should start with a well-defined goal. By establishing a goal, everyone knows the reason the protocol was created and why it should be followed. This goal will vary from practice to practice but may read something like this: The goal of (insert of practice name)'s wound care protocol is to establish a standard set of rules for wound care patients in order to reduce errors, prevent unconscious bias, and ensure the best potential clinical outcomes for our patients.

Which Wound Care Patients?

Once you have defined the goal of your practice's wound care protocol, the next step is to decide what subsequent sections to include to reach that goal. This will start by defining what wound care patients your practice will and will not see based on the staffing, equipment, space, and capacity you have available. Once you have defined what the practice is able to treat, then you will need to determine the preferences and capabilities of each physician within your practice.

Just like you would not expect a non-ankle trained podiatric surgeon to treat complex ankle fractures, you should also not expect every physician in your practice to be comfortable and capable of treating every wound type. By defining what wounds both the practice as a whole and each individual physician will treat, you will reduce confusion and frustration for your schedulers, physicians and patients, and ensure there is no delay in care.

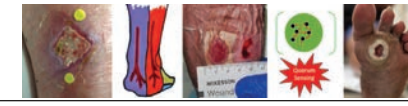
Scheduling

The next section to include in your wound care protocol is scheduling. There are three subsections to consider for scheduling of wound care patients:

1) Triage Questions—these are the questions that your schedulers will use to determine the urgency of the wound care appointment.

2) Appointment Timing—create a standard for how quickly (acute vs. chronic) wounds will be appointed in your practice.

Continued on page 88



Practice Protocols (from page 87)

3) Length of Appointment—decide how much time your wound care patient appointments will be booked for (15, 20, 30 or 45 minutes).

Supplies

The next section in your protocol should focus on wound care supplies. Given the abundance of wound care supplies available for treating patients, it can be overwhelming and potentially costly to the practice if wound care supplies are not carefully discussed and written into your wound care protocol. This section is also beneficial to break up into three subsections:

1) Office Instrumentation—Here are some questions to help define this subsection:

a. What special wound products or instruments will you stock for treating your wound patients (think wound cleaning solutions, lidocaine gel, biopsy tools, etc.).

b. Will you be creating sterile wound debridement trays? If so, what standard instruments would you like included in them?

2) Dressing Supplies

a. List of dressing supplies to be stocked in the treatment rooms

b. List of dressing supplies for sale

c. List of dressing supplies that will be prescribed

3) Off-loading Devices—from felt offloading pads to total contact casts, your office will need to decide what offloading supplies it will stock. It is also imperative to define how each offloading device will be billed to the patient (cash, insurance charge, or freebie).

When determining what wound supplies will be available in the office, make sure you obtain input from your staff and physicians. There may be varying preferences on wound supplies and compromising on items that will be ordered, used, and inventoried may need to occur.

Documentation

The next area of the office wound care protocol to explore is the documentation section. Wound care is an increasingly expensive area of medicine and insurance companies are becoming pickier about the required documentation for reimbursement. By including a documentation section in your protocol, you are helping to ensure compliance with insurance standards and will effectively increase the rate of reimbursement. Here are some questions to help determine what to include in the documentation section of your protocol:

1) What physical examination elements do you want every wound note to include?

2) What treatment plan elements do you want every wound note to include?

3) Who will create the templates in the practice's EMR system for wound care?

4) What other physicians will you want wound notes sent to for each patient? Who will be responsible for sending a copy of the wound notes to these physicians?

Follow-Up

The last section of your office wound care protocol should be on follow-up. This section will be different for each office depending on the availability of clinical appointments. In my practice wound care patients are seen on a weekly basis until wound healing is achieved. Once wound healing occurs, we use a rule called "double the time" for re-appointing. What this rule means is since the active wound patient was being seen on a weekly basis, once healed, their next appointment will be double the time out from the last appointment, so we start with two weeks. If they remain healed at two weeks then they are pushed out to four weeks, then eight weeks, and so on until they get to a length of time that they can stay at indefinitely.

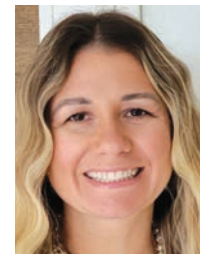
Like any protocol in your office, it will need to be reviewed periodically and updated to reflect any change in practice.

It is a shrewd patient care and practice management strategy to think of wounds as not being healed but instead in remission. Ingraining this concept in the minds of your staff, physicians, and patients will help them understand the risk of re-occurrence, and the need for long-term follow-up and surveillance.

Implementation

Once your practice wound care protocol has been drafted, the next step is to implement the protocol. This requires distributing and reviewing the protocol with employees and fielding any questions they may have about its contents. Protocol implementation is something that takes time and constant reinforcement in order to be effective. Bringing up any variation from protocol in-the-moment or at staff meetings will help to ingrain the protocol into your employees' minds so that they can follow it as intended. Lastly, like any protocol in your office, it will need to be reviewed periodically and updated to reflect any change in practice.

Creating and implementing a wound care protocol is vital for every podiatric practice. The incidence of lower extremity wounds is on the rise secondary to the increasing rates of comorbidities such as diabetes and obesity. By having a wound care protocol in place for your practice, you will help to prevent delays in treatment, provide consistency in patient care, and ensure reimbursement for the limb-saving wound care services rendered. **PM**



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