

# Wound Rounds and Assessment

A coordinated effort of the interdisciplinary  
team



# Components of an Interdisciplinary Team

- ▶ CNAs/MAs
- ▶ Wound care nurse
- ▶ Unit/floor nurse
- ▶ Physical Therapy/Occupational Therapy
- ▶ Dietary
- ▶ Director of Nursing (DON)/Admin
- ▶ Physician/Wound care physician
- ▶ Maintenance/IT/others



# Quality Assurance Performance Improvement (QAPI)

- ▶ Combination of 2 familiar processes
  - Quality Assurance–Monitoring of existing processes to identify areas that need addressed, (retrospective)
  - Performance Improvement–examination of the “process” and correction of flaws that are monitored for effective change, (prospective)



# Wound Care Rounds

- ▶ Occur weekly
- ▶ Appropriate team members present
- ▶ Assessments and measurements may be taken at that time
- ▶ Involve families and patients in care and decisions
- ▶ Effective rounds require preparation (supplies, treating nurse input, patients available, etc)



# Wound Assessment

- ▶ Required elements may be determined by LCD
- ▶ Various methods exist, just be consistent week to week with the method used
- ▶ Continued improvement is expected in most wounds
- ▶ When improvement is not occurring, a change OR reason for no improvement must be documented
- ▶ Should at a minimum include: length, width depth, tissue type, exudate, odor, and peri wound description



# Measuring Wounds



**My way is better than yours!!!**



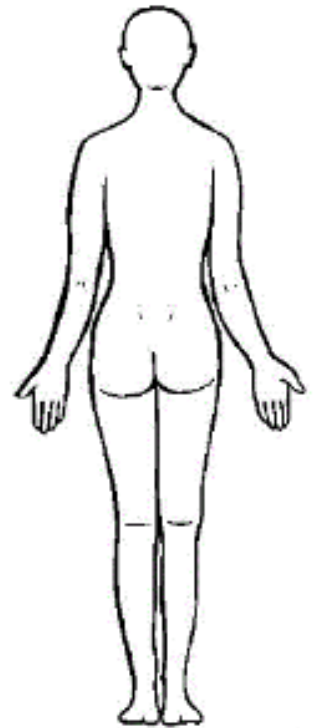
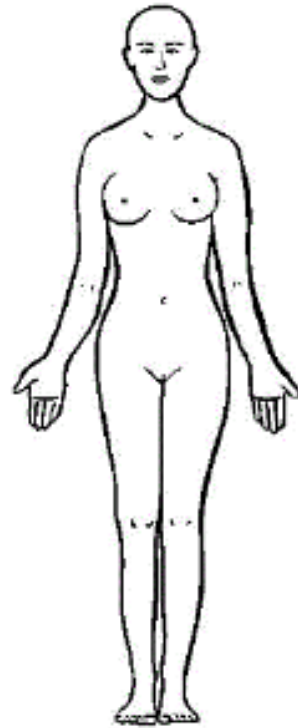
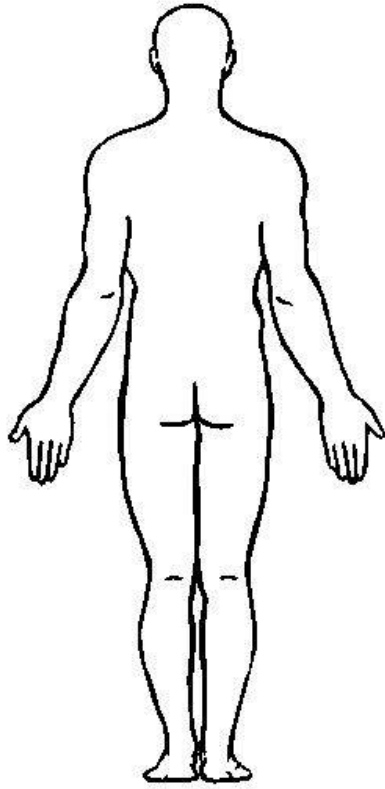
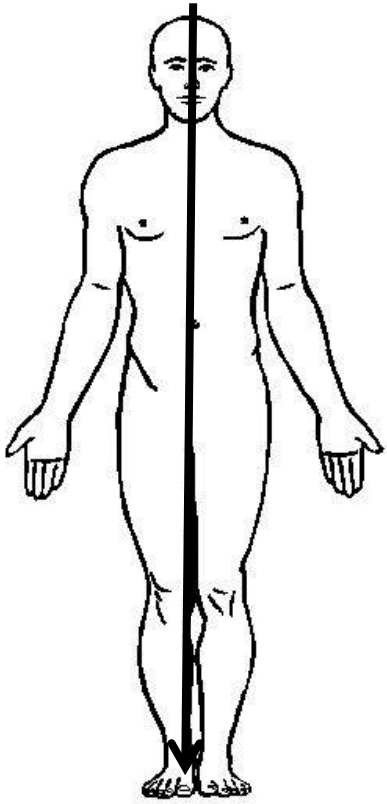
# LCD Requirments

- ▶ Local Coverage Determinations (LCD) are put forth by the Medicare payor for your area (WPS).
- ▶ Woundcare is only reimbursed if care provided demonstrates improvement or value
  - Dainage
  - Inflammation
  - Swelling
  - Pain
  - Dimensions
  - Necrosis/slough



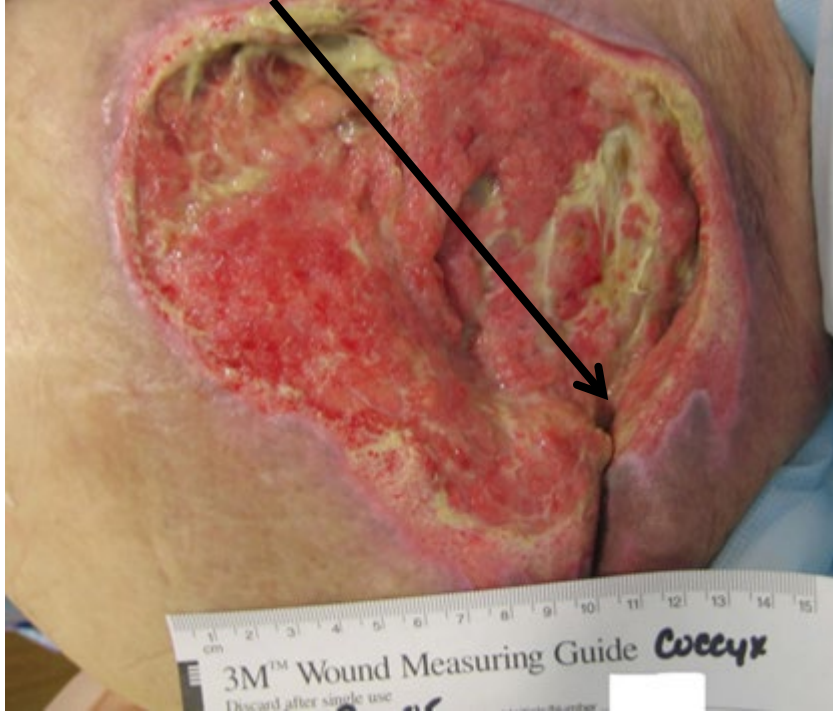


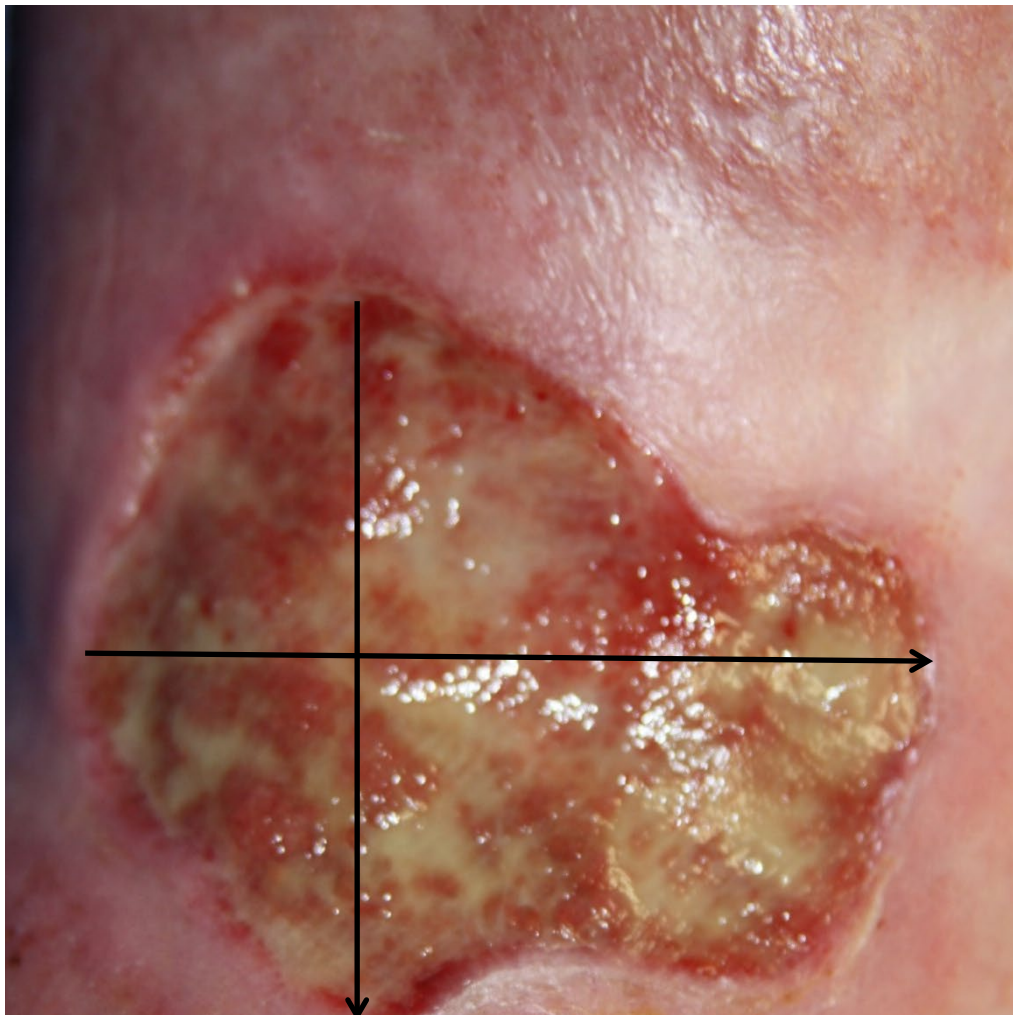
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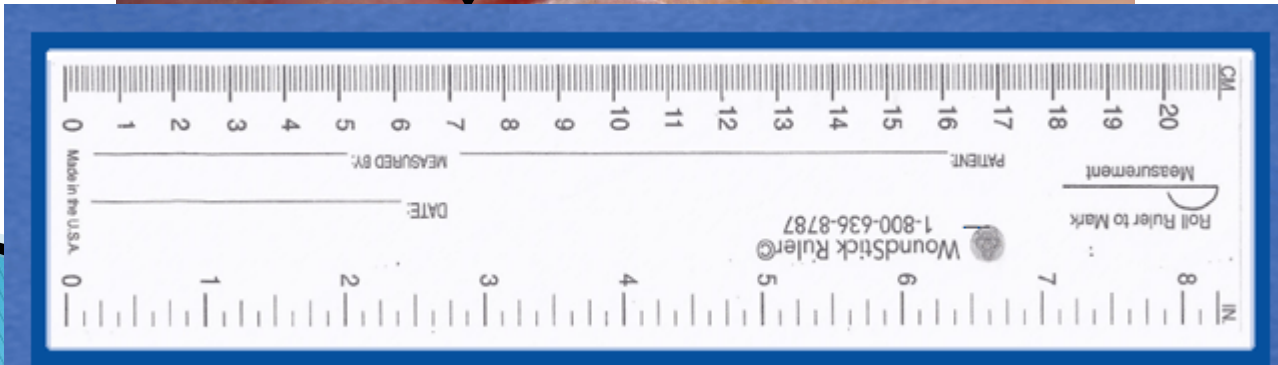
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Length = 13.3mm  
Width = 15.2mm

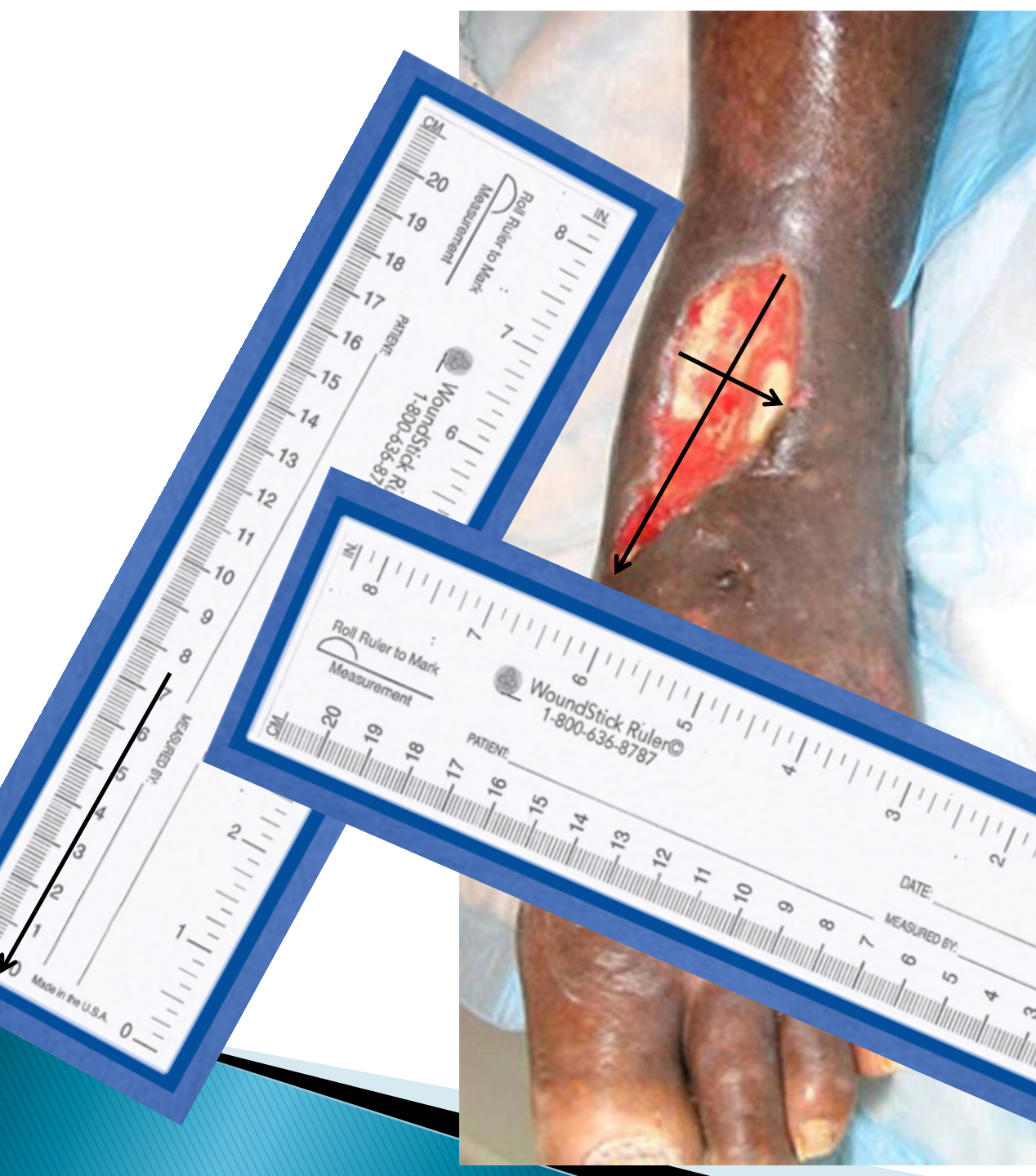






Length 5.1 mm  
Width 2.4mm

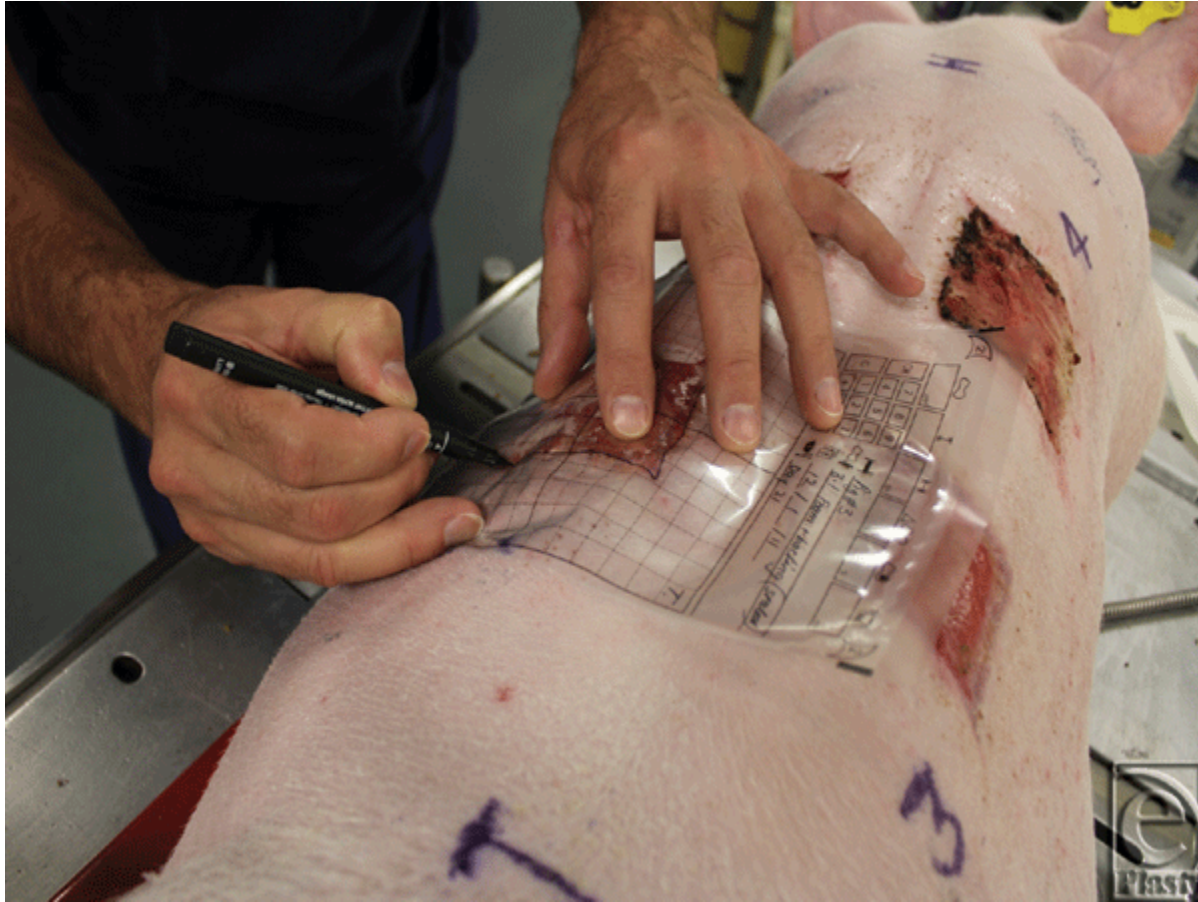




Length 7.6mm  
Width 2.6mm









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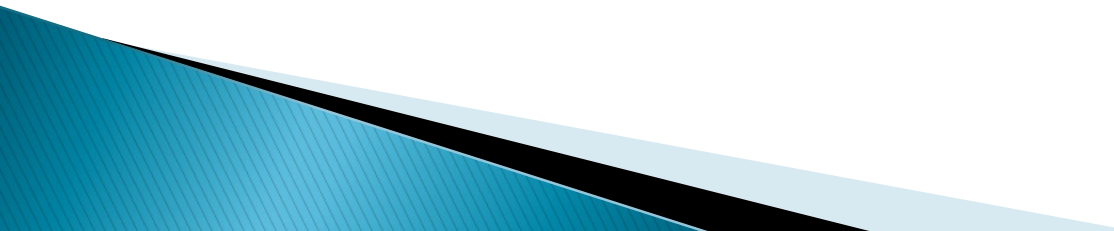
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# Photo Assisted Measurements

- ▶ Uses either a supplied device or your smartphone
  - ▶ Can be beneficial to have pictures of wound progress
  - ▶ May be inflammatory
  - ▶ Difficult for wounds that are not fully visualized in the photo (hill/valleys, circumference)
- 



AT&T

83%

A control panel containing four circular icons: an airplane mode icon (grey), a Wi-Fi icon (green), a Wi-Fi icon (blue), and a Bluetooth icon (blue).

A music control panel with the text "Not Playing" at the top, a play button in the center, and skip back and skip forward buttons on either side.

A circular icon with a lock and a curved arrow, representing the rotation lock control.

A circular icon with a crescent moon, representing the night shift control.

A vertical slider control with a sun icon at the bottom, representing the brightness control.

A vertical slider control with a speaker icon at the bottom, representing the volume control.

A control panel with an icon of two overlapping screens and the text "Screen Mirroring".

A circular icon with a flashlight, representing the flashlight control.

A circular icon with a circular arrow, representing the screen refresh control.

A circular icon with a calculator, representing the calculator control.

A circular icon with a camera, representing the camera control.

A circular icon with a car, representing the car connectivity control.

A circular icon with a remote control, representing the universal control for other devices.

A circular icon with a red ring, representing the screen recording control.

# PUSH Tool

<b>LENGTH X WIDTH</b>  (in cm <sup>2</sup> )	<b>0</b> 0	<b>1</b> < 0.3	<b>2</b> 0.3 – 0.6	<b>3</b> 0.7 – 1.0	<b>4</b> 1.1 – 2.0	<b>5</b> 2.1 – 3.0	<b>Sub-score</b>
		<b>6</b> 3.1 – 4.0	<b>7</b> 4.1 – 8.0	<b>8</b> 8.1 – 12.0	<b>9</b> 12.1 – 24.0	<b>10</b> > 24.0	
<b>EXUDATE AMOUNT</b>	<b>0</b> None	<b>1</b> Light	<b>2</b> Moderate	<b>3</b> Heavy			<b>Sub-score</b>
<b>TISSUE TYPE</b>	<b>0</b> Closed	<b>1</b> Epithelial Tissue	<b>2</b> Granulation Tissue	<b>3</b> Slough	<b>4</b> Necrotic Tissue		<b>Sub-score</b>
							<b>TOTAL SCORE</b>

**Length x Width:** Measure the greatest length (head to toe) and the greatest width (side to side) using a centimeter ruler. Multiply these two measurements (length x width) to obtain an estimate of surface area in square centimeters (cm<sup>2</sup>). Caveat: Do not guess! Always use a centimeter ruler and always use the same method each time the ulcer is measured.



**Slough** is necrotic/avascular tissue in the process of separating from the viable portions of the body and is usually light colored, soft, moist, and stringy (at times).

**Tissue Type:** This refers to the types of tissue that are present in the wound (ulcer) bed. Score as a “4” if there is any necrotic tissue present. Score as a “3” if there is any amount of slough present and necrotic tissue is absent. Score as a “2” if the wound is clean and contains granulation tissue. A superficial wound that is reepithelializing is scored as a “1”. When the wound is closed, score as a “0”.



# Infection Control in Wound Management



# Types of technique

- ▶ ***Sterile technique.*** Sterile is generally defined as meaning free from microorganisms. Sterile technique involves strategies used in patient care to reduce exposure to microorganisms and maintain objects and areas as free from microorganisms as possible. Sterile technique involves meticulous hand washing, use of a sterile field, use of sterile gloves for application of a sterile dressing, and use of sterile instruments. “Sterile to sterile” rules involve the use of only sterile instruments and materials in dressing change procedures; and avoiding contact between sterile instruments or materials and any non-sterile surface or products. Sterile technique is considered most appropriate in acute care hospital settings, for patients at high risk for infection, and for certain procedures such as sharp instrumental wound debridement.



# Types of technique

- ▶ ***Clean technique.*** Clean means free of dirt, marks, or stains.<sup>3</sup> Clean technique involves strategies used in patient care to reduce the overall number of microorganisms or to prevent or reduce the risk of transmission of microorganisms from one person to another or from one place to another. Clean technique involves meticulous hand washing, maintaining a clean environment by preparing a clean field, using clean gloves and sterile instruments, and preventing direct contamination of materials and supplies. No “sterile to sterile” rules apply. This technique may also be referred to as non-sterile. Clean technique is considered most appropriate for long-term care, home care, and some clinic settings; for patients who are not at high risk for infection; and for patients receiving routine dressings for chronic wounds such as venous ulcers, or wounds healing by secondary intention with granulation tissue.





# Gaps in Research Practice

- ▶ There is no definitive evidence that sterile technique is superior to clean technique, improves outcomes, or is warranted when changing dressings on chronic wounds. Insufficient evidence is available to determine if there are significant differences in infection rates or healing when wounds are treated using clean or sterile technique. There is a lack of agreement in published expert opinion as to what constitutes sterile versus non-sterile technique and when one or the other should be used.
- ▶ In 1997, Stotts and colleagues compared the healing rates and costs of sterile vs. clean technique in post-operative patients ( $N = 30$ ) who had wounds healing by secondary intentions following gastrointestinal surgery. The authors reported there was no statistically significant difference in the rate of wound healing between the two groups ( $p < 0.55$ ). The cost however was significantly higher with sterile technique ( $p < .05$ ) compared with clean technique.



- ▶ In wound management during rounds we use “clean technique” for most of what we do. Rare exceptions occur.





# Key Items in Clean Technique

- ▶ meticulous hand washing,
- ▶ maintaining a clean environment
- ▶ preparing a clean field
- ▶ using clean gloves
- ▶ sterile instruments
- ▶ preventing direct contamination of materials and supplies.



# Hand washing vs Alcohol Based Hand Rubs (ABHR)

- ▶ Except for situations where hand washing is specifically required, antimicrobial agents such as ABHR are also appropriate for cleaning hands and can be used for direct resident care. Recommended techniques for performing hand hygiene with an ABHR include applying product to the palm of one hand and rubbing hands together, covering all surfaces of hands and fingers, until the hands are dry. In addition, gloves or the use of baby wipes are not a substitute for hand hygiene.



# Typical Clean Technique Encounter

- ▶ Physician washes hands prior to beginning patient encounter
- ▶ Physician (or nurse) prepares supplies along with protective barrier
- ▶ Physician enters room and places gloves on hands
- ▶ Physician (or nurse) places supplies on top of protective barrier placed near area of need
- ▶ Physician (or nurse) removes dressing and measures wound
- ▶ Physician removes gloves and washes hands (if physician did the dressing removal or measuring)
- ▶ Physician enters measurements into EMR
- ▶ Physician Washes and places new gloves on hands
- ▶ Physician performs any procedure needed on wound
- ▶ Physician disposes of any sharps in container within reach of where procedure was performed
- ▶ Physician (or nurse) disposes of non-sharp waste appropriately
- ▶ Physician removes gloves and washes hands
- ▶ Physician completes EMR documentation



# Common Errors in Infection Control

- ▶ Not washing hands before and after patient contact
- ▶ Reaching into lab coat to retrieve supplies after patient contact
- ▶ Placing supplies directly on the patients personal furniture (beds, bedside tables, over bed table, etc.)
- ▶ Not disposing of sharps at point of care
- ▶ Handing off sharps to another person for disposal



# Closing comment

- ▶ Infection Control is a major problem in wound management in LTC
- ▶ We must be the agents of change
- ▶ We must lead by example
- ▶ Failure to practice good infection control can lead to removal from the facility and put yourself, the patient and the facility at risk.





