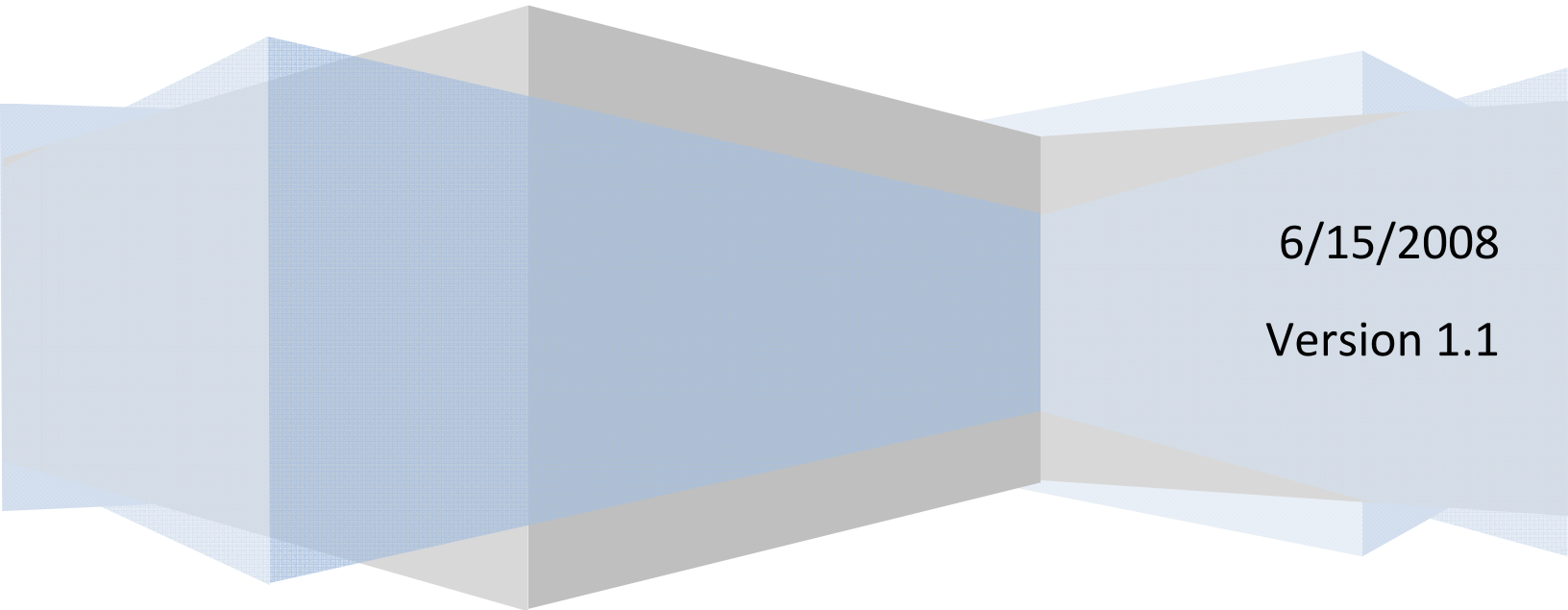


Principles to Initiate and Maintain a Successful Wound Care Center

A white paper by the APWCA

Michael E. Fusaro, DPM, FAPWCA, Chairman

Committee: *David Brotman, MD, FAPWCA*
 Brenda Laboda, RN, CWS, DAPWCA
 Steven Kravitz, DPM, FAPWCA
 June Partyka, WOCN, DAPWCA



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1) Introduction

There is a growing need for Wound Centers throughout the United States, especially since the population is aging and the incidence of diabetes and vascular disease is growing within that same population. Not all centers are hospital-based and some may even be mobile. Being on staff at a hospital-based wound center has the advantage of having ancillary services at your rapid disposal, such as radiology and laboratory departments.

This white paper provides basic recommendations determined by an APWCA Committee and is based upon committee and panel experience on establishing and maintaining a successful Wound Center. Its purpose is to serve as a guideline around which further thought and discussion should be held and is not designed to represent a definitive treatise on the subject for any particular center. We want to acknowledge the core committee and an additional fifty APWCA members who reviewed the monograph and whose comments were incorporated into this document.

2) Facility

Any regulatory requirements in the facility's geographic area should be explored prior to pursuing the establishment of a Wound Center. These include, but are not limited to, Certificate of Need (CON), Department of Health (DOH), and Joint Commission. A hospital-based Wound Center has the advantage of providing onsite services that are integral to patient care. Free standing (independent) centers should provide access to similar services.

These include:

| | |
|--------------------------------------|--|
| 1. Medical Imaging | 2. Microbiology |
| 3. Pathology | 4. Vascular Lab |
| 5. Hematology / Chemistry Laboratory | 6. Surgical Suites, both in-patient and out-patient for hospital based centers |
| 7. Physical Therapy | 8. Emergency Services |

| | |
|--|--|
| 9. Diabetes Management 10. Nutrition Counseling | 11. Orthotics / Prosthetics and Pedorthics 12. Home Health 13. Social Services |
| 14. Mental Health Counseling 15. Services* | 16. Admission Accessibility |

* Should be available as consultation service for depression, etc., especially for patients facing limb loss. APWCA believes that this is an often overlooked aspect of total patient care.

3) Treatment Rooms

- a) Hospital-based Wound Centers often use and convert old patient floors containing standard in-patient rooms but may be built out as a new facility with individual patient rooms. Free Standing Wound Centers most often use treatment rooms that are designed for single patient use.
- b) Multi-patient rooms should have at a minimum, privacy curtains separating patients. Individual rooms are preferred to facilitate HIPPA compliance
- c) Areas to accommodate patients arriving on stretchers and pneumatic treatment tables or chairs for ambulatory patients improve patient and staff comfort and allow for easier patient transfers and examination.
- d) Rooms should be equipped with sharps dispensers, contaminated waste containers, various sizes of latex-free gloves (both sterile and non sterile), an ample supply of drapes, gowns, masks, and eye protection
- e) Mayo stands (or similar stands) for each patient exam location.
- f) Separate tables (away from patient) for chart and photos
- g) Stools (preferably on wheels) for nurse/physician mobility around the patients.
- h) Because of the prevalence of communicable diseases such as HIV or hepatitis and community acquired resistant infections, each treatment area should be maintained in the same manner as an Isolation Room. Ample drapes, protective clothing, and disinfecting agents must be readily available. Protocols for the use of these items should be established as written policy and regular in-service sessions held to educate employees.
- i) Stretcher access for ambulance transfers of patients who may not be ambulatory or able to come through community transport or other similar services.

4) Instruments

A basic wound tray should contain the following sterile instruments:

- a) Forceps [traumatic (toothed) and atraumatic (smooth)]
- b) Scalpel (10, 11, or 15 blade)
- c) Clamps or hemostats
- d) Curettes of several sizes
- e) Scissors or tissue nippers – Various types for dressing removal/application and for possible sharp scissor debridement
- f) Sterile drapes and dressings

5) Supplies

Commonly-used wound care supplies include:

General Supplies:

- a) Sterile and non sterile pads and roll gauze
- b) Culture swabs and pathology transport containers
- c) Applicator swabs
- d) Tongue depressors (useful to transfer topical gels/ointments)
- e) Disposable wound measuring guides (rulers)
- f) Emesis basins
- g) Saline solution / wound cleansers
- h) Angiocatheters/syringes
- i) Injectable Anesthetic (e.g. Lidocaine 1% & 2)
- j) Topical Anesthetic (e.g. 4% Lidocaine or EMLA)
- k) Handheld electrocautery unit or other topical hemostatic agents
- l) Adhesive tape (silk, paper or other hypoallergenic)
 - Non-adherent dressings (incl. Telfa™, Adaptic™, adhesive-bordered)
 - Skin prep/protectants
 - Elastic (e.g. Tubigrip™) stockings for light compression

- m) Suction (especially for vent/trach patients)
- n) Oxygen supply
- o) CRASH / CODE cart/Emergency Medical Supplies or Kit
- p) Defibrillator
- q) Ready Access to hand washing stations and antiseptic cleaning agents
- r) Wheelchairs and stretchers for transportation
- s) Access to crutches and walkers

Primary Dressings / Topical Agents:

- a) Compression bandages (including Unna Paste Boots, Ace wraps, cohesive bandages and multi-layer Compression systems)
- b) Contact dressings (petroleum gauze, etc)
- c) Films
- d) Antiseptic Dressings: Silver impregnated, Cadexomer iodine, Polyhexamethylene biguanide, Methylene blue
- d) Alginate dressings
- e) Enzymatic debriding agents
- f) Hydrogels
- g) Hydrocolloids
- h) Bioactive Dressings: Extracellular Matrix products (e.g. small intestinal submucosa, Oxidized Regenerated Cellulose, collagen dressings and gels, etc.)
- i) Foam dressings

6) For Centers with Hyperbaric Chambers

These are almost exclusively associated with hospital-based Wound Centers.

This is a large investment and requires state inspection and licensing. If your Center is off campus it should be very close to a hospital in the event of a complication due to hyperbaric therapy.

- a) Transcutaneous Oxygen Monitor (to determine appropriate candidates for hyperbaric therapy.)

7) Technical Equipment

- a) Digital Camera to photograph wounds (printer optional)
- b) Progress-tracking software with patient data (to document, track and report on wound progress)
- c) A secure computer network and IT support

8) Staff

A Multi-disciplinary Wound Care staff is the best approach and ideally includes:

a) **Primary Staff:**

With experience and continuing education in wound care. Wound care credentialing (eg. Certification) and/or membership in a wound care educational organization is preferred if available for each practitioner. (e.g.: APWCA, AAWC, AAWM, WOCN)

1. Physicians: General, Vascular, Plastic, Podiatric, and Orthopedic Surgeons with board certification or specialized education and training in wound management
2. Podiatrists
3. Wound Care Nurses (*WOCN, CWS, DAPWCA, WCC, or other method demonstrating background and continuing medical education in wound care*)
4. *Ancillary staff with specialty training and regular continuing medical education in wound management.*

b) **Collaborative Staff:**

Some may be Primary Staff or Consultants depending on interest, experience and commitment to Wound Care CME

1. Internists/Family Practitioners
2. Endocrinologists
3. Physiatrists
4. Dermatologists
5. Endovascular Intervention
6. ENTs (for HBO evaluations)
7. Infectious Disease Specialists

For all staff listed in this section 6a and 6b (above) FAPWCA, DAPWCA, AAPWCA, FCCWS, CWOCN is not necessary but preferred. These designations require members to meet requirements that include continuing medical education in wound care. Additionally, FAPWCA, DAPWCA require certification in the practitioner's field of medical specialty and/or wound care. FCCWS requires satisfactory completion of a certification exam by the American Academy of Wound Management and FAPWCA requires physicians as of 2009 to satisfactorily complete a certification examination by

8. Cardiologists
9. Psychiatrists
10. Social Workers
11. Orthotists/Prosthetists/
Pedorthists
12. Certified Diabetic Educators
13. Visiting Nurses

Administrative and Clinical Support Staff:

1. Wound Center Medical Director
selected by the Center staff or appointed, and responsible for oversight of all aspects of the medical care and medical operations of the Center
2. Nurse Manager
responsible for the day-to-day patient care, patient flow and general Center oversight
3. Staff Nurses
One or two other nurses (pending patient volume) to prepare the patients for examination and also to assist in direct patient care, patient evaluation and to discharge the patients with instructions
4. Office Manager
responsible for scheduling appointments, obtaining medical insurance pre-authorization and/or pre-certification and other administrative duties
3. Coding and Billing Clerk/Staff
may be part of general hospital staff
4. Medical Assistants / Nursing Aides
to help with patient transfers, positioning, clean-up and data entry..

c) Allied Clinical Staff:

1. Social Worker to assess patients' home situations and available resources for home wound care, and to facilitate optimal care and adherence by coordinating delivery of supplies, home or residential facility nursing care and transportation to and from the wound center.
2. Diabetic Educator to provide education to patients, family members and care givers
3. Hyperbaric Technician (for Wound Center with Hyperbaric Oxygen Therapy [HBO]) to directly manage hyperbaric "dives," patient monitoring and associated patient data input. (The technician requires training and documented competencies in HBO. It is not uncommon for an EMT to assume this position and supervise dives.)
4. Physical/Occupational Therapist

9) Credentialing

- a) Physicians will most often be required to have active clinical privileges at the institution, if at an institution-based Wound Center.
- b) Ideally staff members should belong to a Wound Care Association (such as APWCA) and maintain the CMEs/CEs required in Wound Care by the APWCA, i.e. = 7 CME/CE annually or 21 CME/CE every three years provided by APWCA or an academic event approved by APWCA Scientific Committee. Other membership organizations providing education or credentialing in wound care recognized by APWCA *include but are not limited to:*
 - Association for the Advancement of Wound Care
 - American Academy of Wound Care Management and/or its related college(CWS)
 - American Board of Medical Specialties (Allopathic Plastic, Vascular, General Surgery, etc)
 - American Osteopathic Association and its affiliate organizations
 - American Board of Podiatric Surgery
 - American Board of Podiatric Orthopedics and Primary Podiatric Medicine
 - Council for Medical Education and Testing
 - National Alliance of Wound Care (WCC)
 - Wound, Ostomy and Continence Nurses Society (WOCN)
 - Wound Healing Society

For Hyperbaric Medicine Programs:

- c) Staff members of the Hyperbaric Center (physicians, nurses and technicians) should participate in Hyperbaric Oxygen therapy training and certification courses. You and your facility should check with your respective state medical board to ascertain local and state requirements

10) General Administrative and Marketing Advice

- a) Regular inservice should be held with nurse managers at each hospital or skilled nursing facility on how to refer their patients with wounds.
- b) If a **joint venture** is being discussed make sure that your legal advisor and the legal department of the joint venture organization (e.g. hospital) or both check for Stark Law violations.

11) References: Additional Resources

Information on the set up and daily operations of a successful wound care center or practice is not abundant. A web search can be helpful on this and related topics. Additionally here are some references for wound care and related topics.

1. Krasner DL, Rodeheaver GT, Sibbald GR. "Interprofessional Wound Caring". In Krasner DL, Rodeheaver GT, Sibbald GR. Eds. *Chronic Wound Care: A Clinical Source Book for Healthcare Professionals*, 4th ed. Malvern Pa: HMP Communications, 2007:3-9
2. Flanagan M, Marks-Maran D, "Provision of a Comprehensive Wound Management Service" in Flanagan M., Marks-Maran D, Eds. *Access to Clinical Education in Wound Management*. Churchill Livingstone, New York 1997, 125-131
3. Sheffield P, Fife C, Smith A, *Wound Care Practice*, Best Publishing Company, 2004
4. Baranoski S, Ayello E. Publisher, Lippincott Williams & Wilkins (September, 2003 and 2008)

12) More Information

[Content to go here that you can add particular to your Wound Center]