

Wound care feature: Prevent defense

Liza Berger, September 09 2005



Better care, better products may prove to be a nursing facility's best weapons in the long-term fight against wound care expenses.

The world of wound care in the 21st century is a

lot like other aspects of life in this hyper-tech age. While it is deeply affected by new procedures, ways of thinking and scientific breakthroughs, in a lot of ways it comes down to good old-fashioned common sense.

Many new products, equipment and research have helped push wound care to new heights. But maintaining good pressure surfaces and practicing regular assessments of residents are still often the best defense against emerging or worsening wounds.

Balancing good medicine and technological innovation can also be applied to the finances of wound care. In many cases, keeping costs down means investing heavily in capable products, as well as good nursing care, before a potential wound strikes.

The new government guideline regarding pressure ulcers – F-Tag 314 -- makes it even more imperative for facilities to focus on fighting wounds up front. That might mean hiring a wound care consultant to help establish sound protocols, buying pressure mattresses for residents upon their admission and paying a little bit more for the most effective ointments and dressings, experts say.

Money talks

Wound care expenses pose some of the largest direct-care costs to long-term care facilities today. Consider these figures from Ken Beckrich and Sharon A. Aronovitch in a 1999 article in *Nursing Economic\$*: The costs of hospital-acquired pressure ulcers is between \$2.2 billion and \$3.6 billion annually. Each hospital-acquired Stage I and Stage II pressure ulcer costs \$125, while each hospital-acquired Stage III and IV pressure ulcer costs around \$14,000.

Chronic wounds -- those that afflict patients with comprised immune systems -- pose the greatest costs because they require a systematic approach to healing. That approach includes paying attention to proper nutrition, incontinence, dressing changes and pressure surfaces. Often, those costs are hidden. While wound care includes direct costs such as dressing materials, caregiver time and operating room antibiotics, there are also indirect costs, such as extra inpatient days and lost workdays.

One of the biggest indirect costs is unrelated to treatment. Rather, the cost of litigation is one of the most daunting consequences of improper wound care. Costs of wound care also may include fines from surveyors. But most expensive is the cost of a battered reputation. One way nursing homes could keep down their costs is by keeping their funding sources in mind, says attorney Lori-Ann Rickard of Rickard & Associates P.C., St. Clair Shores, MI.

"They need to stop acting like mom-and-pop nursing homes," she says. "Providers think their customer is the patient. That is not, in fact, the case. The customer is the payer (i.e., Medicaid, Medicare). That means you have to do what state and federal governments require."

Due in part to the threat of lawsuits and government fines, prevention has taken the front seat in the argument for wound care.

"They're willing to spend more for prevention because of the negative and monetary impact that the development of a pressure ulcer can cause a facility," said Rosalyn Jordan, senior clinical manager for Huntleigh Healthcare of Eatontown, NJ, a manufacturer of pressure-reducing mattresses. The Centers for Medicare & Medicaid has helped push forward prevention with the publication of F-Tag 314 last November.

It introduced the idea that pressure ulcers can develop within two to six hours of the onset of pressure, and that a number of pressure ulcers develop within four weeks of admission. It also recognized that deep-tissue damage could lead to the appearance of an unavoidable Stage III or IV pressure ulcer.

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Costs of prevention

The policy not only has affected the way facilities view treatment, but it has also influenced the way facilities regard costs.

"There is a huge paradigm change going on in the industry," said Dr. Jim Spahn, chief executive officer of EHOB Inc., which sells a WAFFLE® line of products for the prevention and treatment of pressure ulcers. "Prevention is the key."

The costs associated with prevention can be huge, he said. One of the biggest is education -- teaching nurses and medical directors to recognize risk signs for pressure ulcers, Spahn said. Prevention costs for nursing homes also include addressing risk factors, such as investing in the proper support surfaces, as well as other wound care products.

Cindy Labish, director of nursing for Wesley Healthcare Center, a nonprofit affiliate of The Wesley Community in Saratoga Springs, NY, invested thousands of dollars at the 356-bed nursing facility after the guidelines were released.

They prompted her to revamp the wound care program and "promote prevention as a mindset early on," she said. "We're upping the ante, so to speak ... to do more investigative work to look at risk factors."

That entailed buying several specialty mattresses and chairs. She said her facility is also considering investing in new diagnostic equipment that detects deep tissue injury. Time was also taken to educate certified nursing assistants to understand and identify risk factors.

One of the biggest changes brought by the regulation is that it suggests performing frequent risk assessments -- upon admission, followed by once a week for four weeks after a nursing facility admits a resident, and then quarterly "or whenever there is a change in cognition or functional ability," according to the guideline.

Labish is confident her facility's investment in wound care will pay off. "Ultimately, there will be a cost savings because

you'll be preventing very costly and life-threatening wounds," she said. "In the long run, it's money well spent up front."

Cost-effective products

Good care products have an important place in the war on wounds. And the market reflects that. The field of wound healing generates revenues of \$10 billion to \$15 billion in the United States alone, depending on which products and services are included, according to a recent report in The New York Times.

Often, a better product is more cost-effective. For example, many nursing homes say they still use traditional gauze bandages because they are inexpensive. But they likely will end up spending more money on nursing time for changing those bandages, explained Sue Eastman, a wound and ostomy nurse at the Nebraska Medical Center in Omaha, NE.

"Cheaper's not always better," she said. "Be aware of cost but not run by cost." Effective products do not necessarily have to cost a lot. Changes to the Prospective Payment System have made nursing homes think twice before buying an expensive product, said Greg Dixon, president of Calmoseptine Inc., a company that makes a wound care ointment. Before PPS, the system that set a fixed Medicare payment depending on the medical condition, nursing homes could charge a large amount on a product and know they would get paid for it. Not anymore. "For the most part, a lot of convalescent homes have found that it is most effective to go with better care, like wound care and incontinence products, because it takes less time from a patient care standpoint and it's more preventative to protect the integrity of the skin," Dixon said.

Barry Wolfenson, director of marketing for Derma Sciences Inc., a maker of alginates, hydrocolloids and hydrogels for wound care, suggests that nursing homes should consider all-size brands. Often, a lower-profile product can be just as clinically effective but cost less. Within the two basic types of alginates, "there's not much differentiation of one brand of alginate to the next," he said.

While many products may be cost-effective in the long run, because of reimbursement levels, some products do not get as much attention as others. Medical Nutrition USA, which sells

protein drinks for wound care, for example, faces such challenges.

"One of the things we would love to see happen is for prevention to be an important and a usual care part of treating wounds before they really become a problem," said Executive Vice President Myra Gans.

Strong wound care requires a systematic approach, according to wound care experts. That means, for example, you can have a great product, but if you don't have proper nutrition, the product is limited in its effectiveness. Similarly, if the pressure from a support surface is not removed, the wound will never heal. There's no substitute for the basics. "Despite cutting-edge activities, there's a lot of room for comprehensive, basic nursing care, meaning recognition of early damage, reducing friction, reducing moisture, use of transparent film dressing," said Debra Thayer, technical service specialist with 3M, which offers several wound care dressings. "(These) are very basic interventions, but very important, so you intervene early in Stage I and Stage II before they even occur."

Advances in wound care

Negative pressure wound therapy

Purpose: Vacuum-assisted wound healing

Pro: Save on dressing changes, nurse time

Con: Can be costly to rent

Hyperbaric oxygen

Purpose: Delivers oxygen to tissues

Pro: Effective

Con: Not widely used; transportation needed

Saline moist dressing

Purpose: Protects wounds

Pro: Generally inexpensive

Con: Can sometimes be costly because of amount of supplies needed, nursing time

Growth factors

Purpose: Protein factors promote wound cell growth

Pro: Regranex product approved for diabetic foot wounds

Con: Costly; short shelf life

Silver dressings

Purpose: Creates barrier to contamination

Pro: Antimicrobial effects

Con: Not an active treatment

Source: Sue Eastman, wound and ostomy nurse, The Nebraska Medical Center, 2005

Costs of wound care

Direct costs:

Primary dressing, caregiver time, consultations, travel, ancillary equipment, operating room, pharmacy, antibiotics

Indirect costs:

Extra inpatient days/visits, lost workdays for patient, treatment complications such as infection, wound care materials' waste disposal, cost of litigation, opportunity lost to direct resources toward other uses

Source: Bolton LL, van Rijswijk, Shaffer FA, "Quality wound care equals cost effective wound care: A clinical model." Nurse Manager. 1996.