

Accountability in Wound Care - Utilizing Standardized Evidence -Based Care

North Simcoe Muskoka Local Health Integrated
Network and the Community Care Access Centre

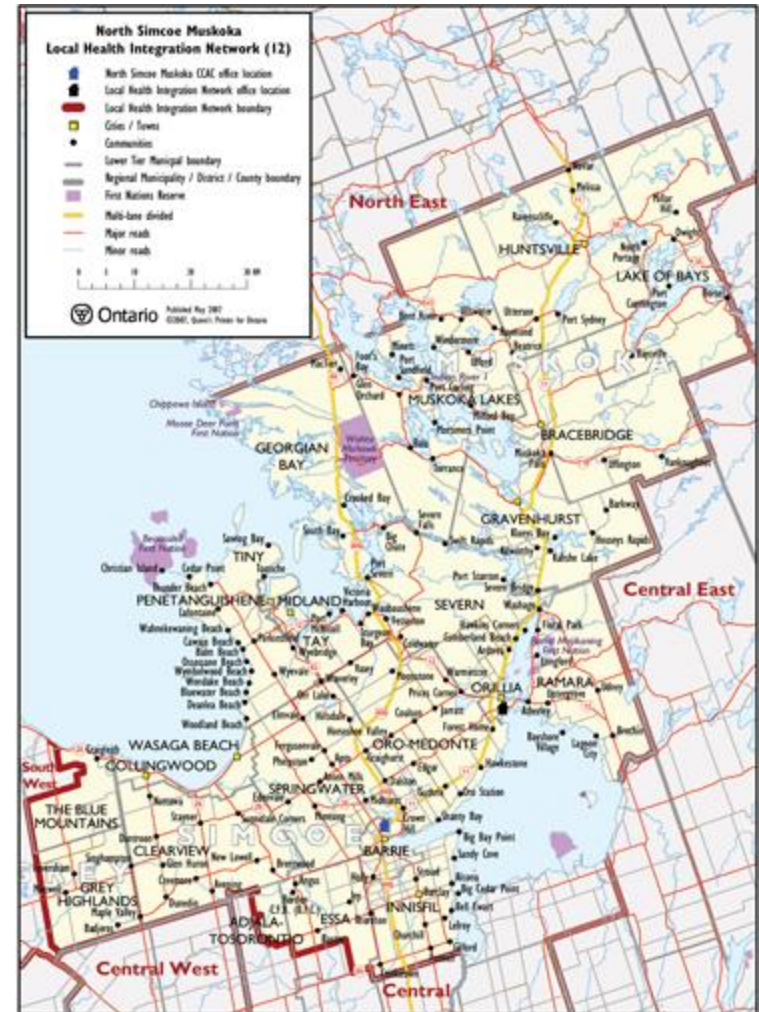
Presentation Plan

- ▶ *Where we've been...the History*
- ▶ *Where we are...Prevalence Comparison*
- ▶ *Where we are going...Outcomes and Next Steps*



The North Simcoe Muskoka Local Health Integration Network (NSM LHIN)

- ▶ One of 14 entities in Ontario, that integrate and fund health services (hospitals, community care access centers, long-term care home, etc)
- ▶ Population of 453,000
- ▶ 7 Acute Care sites
- ▶ 26 Long Term Care facilities
- ▶ 1 Community Care Access Centre (home care)



The Health Economics Story

Direct costs of treatment

- ▶ Healthcare practitioners
- ▶ Facilities
- ▶ Tests
- ▶ Medical supplies
(accounts for a very small part of overall treatment cost)

Indirect costs related to:

- ▶ Further therapy
 - ▶ rehabilitation
 - ▶ medication

Non-treatment costs:

- ▶ Patient discomfort/pain
 - ▶ Emotional effects to patient and family
-



The Inconvenient Truths

- ▶ Studies point to underuse of appropriate research based knowledge in clinical practice
 - ▶ 30% - 40% of clients do not receive care according to current evidence
 - ▶ 20% - 25% of care is not needed and may be harmful



Wallin, Profetto,, McGrath, Levers 2005



Objectives of the NSM LHIN Wound Care Management Strategy

- ▶ Increase value for patients across the continuum – through standardization of care
- ▶ Improve efficiency in resource use through evidence - informed care
- ▶ “Show Me the Data” - Tracking of indicators and outcome achievement across the sector



Health Outcomes Worldwide

- ▶ Over ten years has been providing strategies for improving clinical, economic outcomes in Home Care, Acute Care and Long Term Care facilities across Canada
- ▶ Focused on -
 - ▶ improve patient care, decrease care costs
 - ▶ ensure a more standardized approach to care practices



What about the Providers / Manufacturers of Wound Supplies?

- ▶ They bring expertise and experience to the table
- ▶ If they have established relationships – support your customer to achieve best practice management



Text size: -Smaller Reset Bigger+

About Our LHIN

Share Connections

Board of Directors

Health Service Providers

LHIN-Wide Leadership Council

Local Leadership Councils

ISM eHealth

Current Initiatives

Newsroom

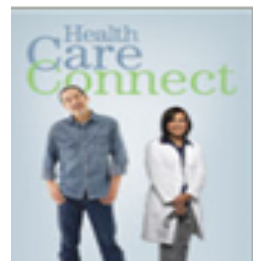
Engaging our Communities

Calendar of Events

Helpful Links

Ontario LHINS

Careers



North Simcoe Muskoka Wound Care Strategy - Education Index

Executive Summary

- [Introduction](#)

Introduction to Wounds

- ['Setting the Stage' for the Assessment](#)

Assessment

- [The Focused Holistic Health Assessment](#)
- [The Focused Wound Assessment](#)
- [The Focused Pain Assessment](#)

Sector Specific - 'Practice to Outcomes' Checklists

- [Acute Care](#)
- [Community Care](#)
- [Long-Term Care](#)

Wound Prevention

- [Caregivers Guide to Skin Care](#)
- [Skin Care Standards](#)
- [Offloading – foot and surfaces](#)
- [Impact of Nutrition](#)

Select Language

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Translate



Wound Care
Manual

Icon Used on Website to Link
Users/Residents to Resources
Used on Website to Link
Users/Residents to Resources

Prevalence Data Collection

- ▶ Establishing the baseline – critical first step
- ▶ Head to toe skin assessment for comprehensive data collection
- ▶ Reports provide
 - ▶ Count of different wounds on collection day
 - ▶ Information about how wounds are treated, and associated recommendations
 - ▶ Current cost to serve and potential opportunity for cost reallocation



Long Term Care

What Do We Know?

- ▶ Aged population is susceptible to development of pressure ulcers/skin tears
- ▶ Impact of co morbid conditions related to wound healing
- ▶ 7%to 38% pressure ulcer prevalence in Long Term Care Homes, nationally



Data Collection Revealed the Following Demographics and Wound Prevalence

Residents Assessed:	1218
Average age:	83
Gender / Males:	332 (27%)
Gender / Females:	878 (72%)
Gender / Not Reported:	8 (1%)
Diabetic / Yes:	250 (21%)
Diabetic / No:	899 (74%)
Diabetic / Not Reported:	69 (6%)
Residents With Wounds:	438
Total Wounds:	748

Prevalence Rate

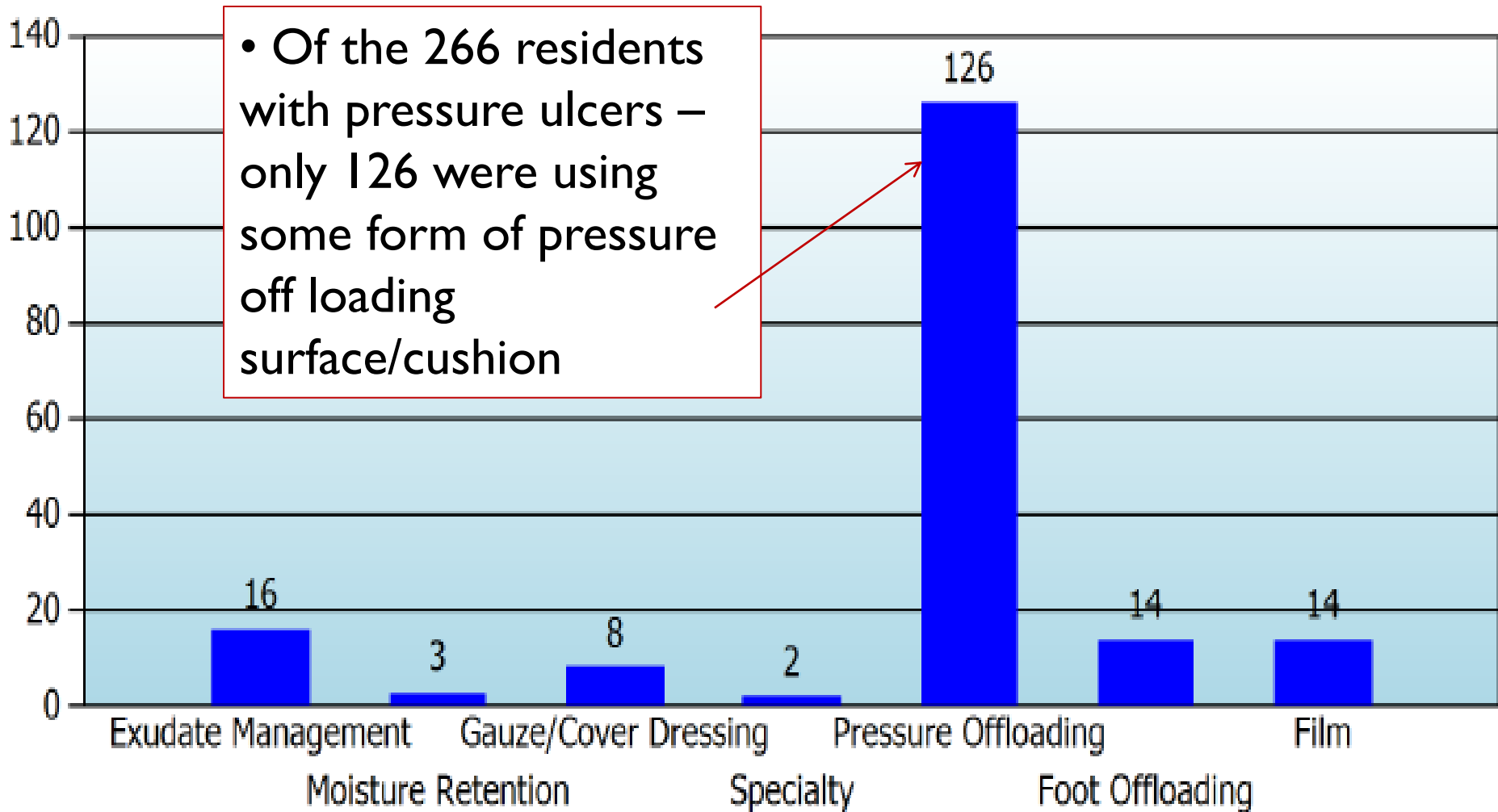
438 resident(s) had 748 wounds. This number represents 36% (438/1218) of the resident population on collection day.

Data Collected 2010:

- 1218 residents evaluated
- 36% of the resident population had a wound on collection day
- Most prevalent wound type was pressure ulcers (collectively Stage I through to Suspected Deep Tissue Injury)

Secondary Treatment Types: Pressure Ulcers

■ # of wounds documented



Acute Care- What Do We Know?

- In the US, changes to Medicare / Medicaid Services that as of October 2008, no longer reimburse hospitals for treating "reasonably preventable" conditions
- All but a small minority of pressure ulcers are preventable.
- Pressure ulcers are among the most prevalent, costly and dangerous on the list of adverse events



Data Collection Revealed the Following Demographics and Wound Prevalence

Patients Assessed:	623
Average age:	70
Gender / Males:	275 (44%)
Gender / Females:	343 (55%)
Gender / Not Reported:	5 (1%)
Diabetic / Yes:	90 (14%)
Diabetic / No:	368 (59%)
Diabetic / Not Reported:	165 (26%)
Patients With Wounds:	310
Total Wounds:	640

- 50% of the patients assessed in acute care had some type of wound
- Average age was 70 years old
- Surgical closed wounds represented 29% of the wounds on collection day

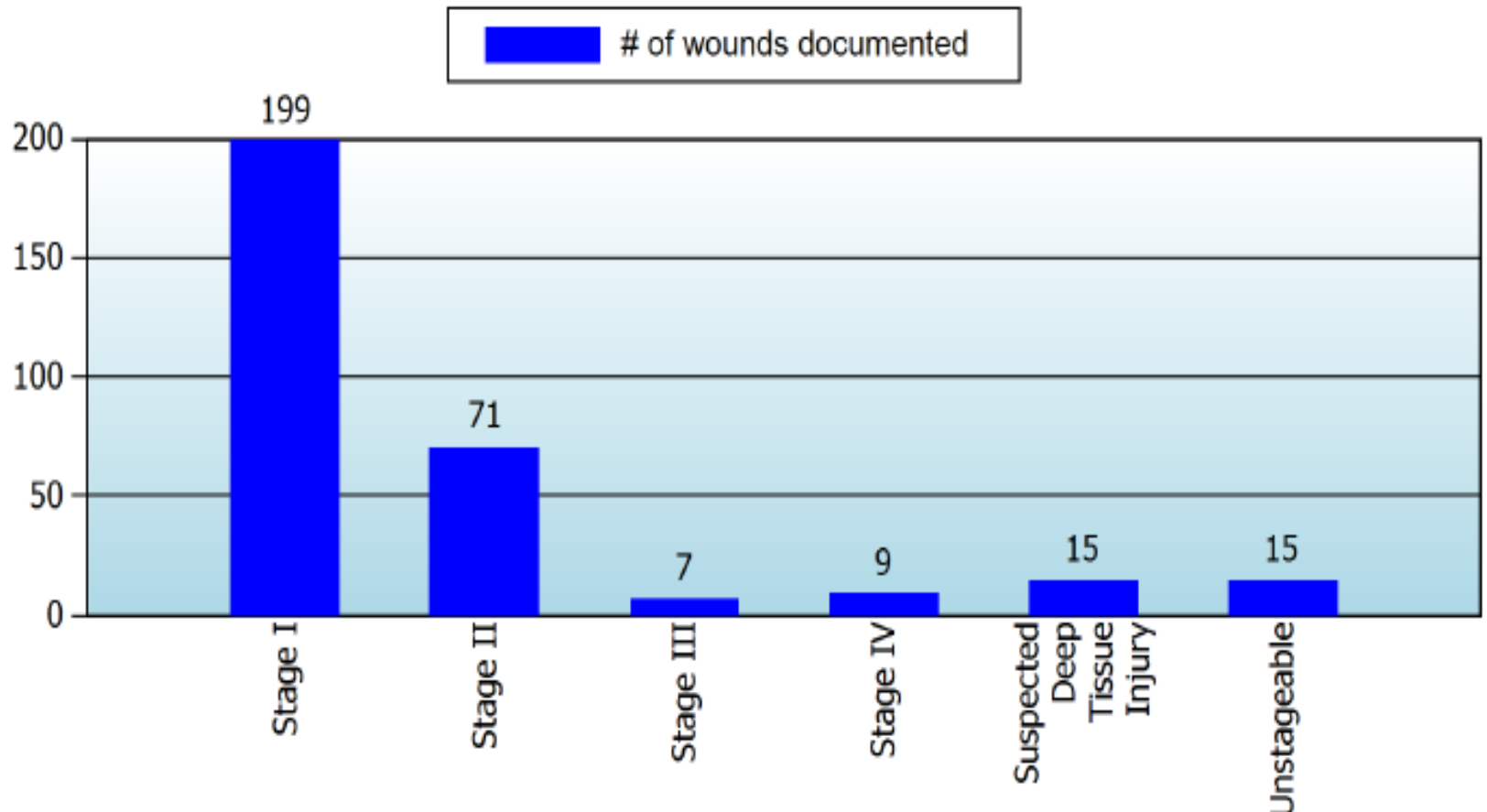
Prevalence Rate

310 patient(s) had 640 wounds. This number represents 50% (310/623) of the patient population on collection day.

Prevalence Rate

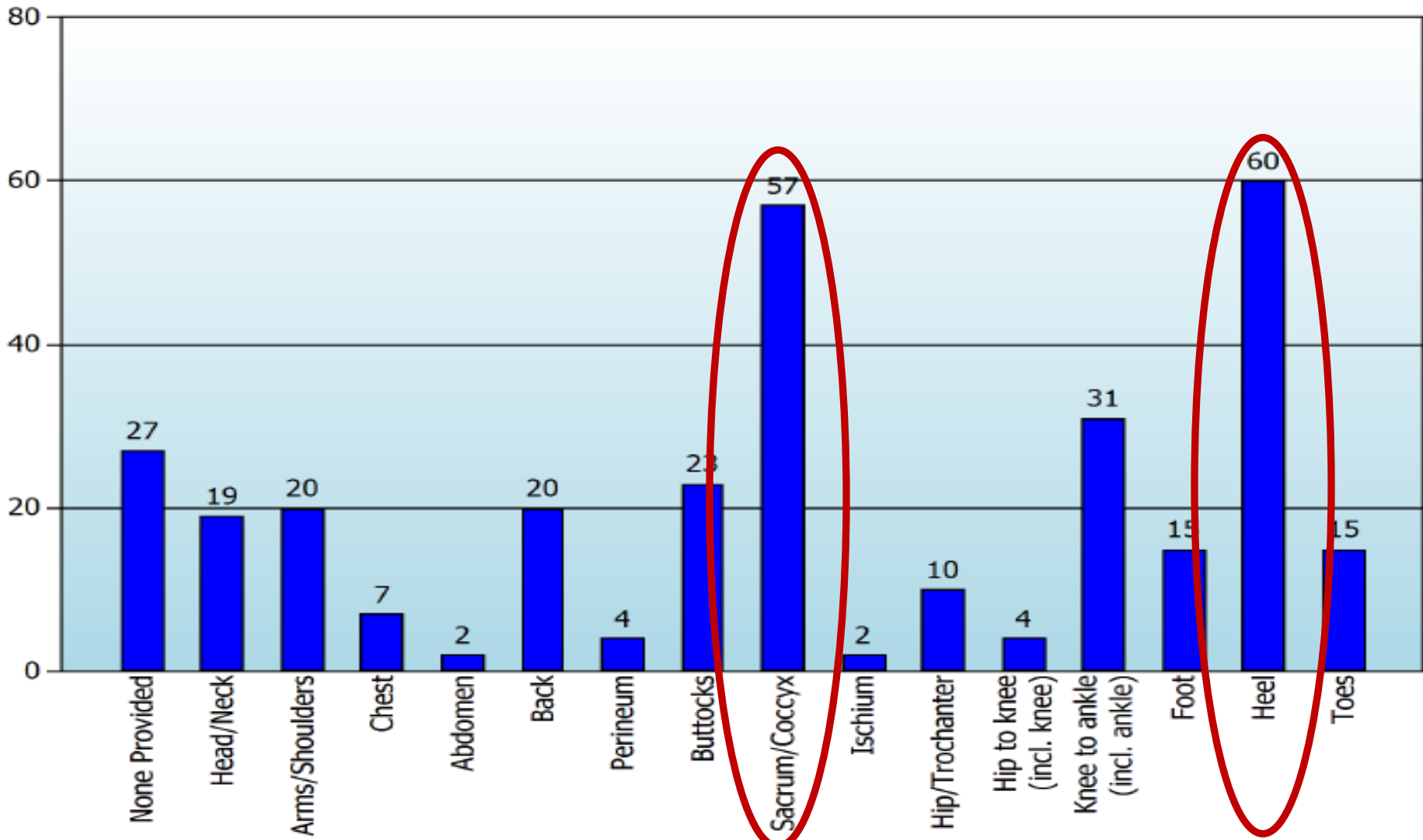
157 patient(s) had 316 wound(s). This number represents 25% (157/623) of the patient population on collection day.

Prevalence: Pressure Ulcers



Location: Pressure Ulcers

■ # of wounds documented



Cost of Pressure Ulcers

- ▶ 30 Deep Tissue Injury and Unstageable in Acute Care Sector
- ▶ Cost to manage and close each wound estimated at \$40K
- ▶ \$1.2 Million cost transferred to the Long Term Care and Community Care Sectors within the NSM LHIN



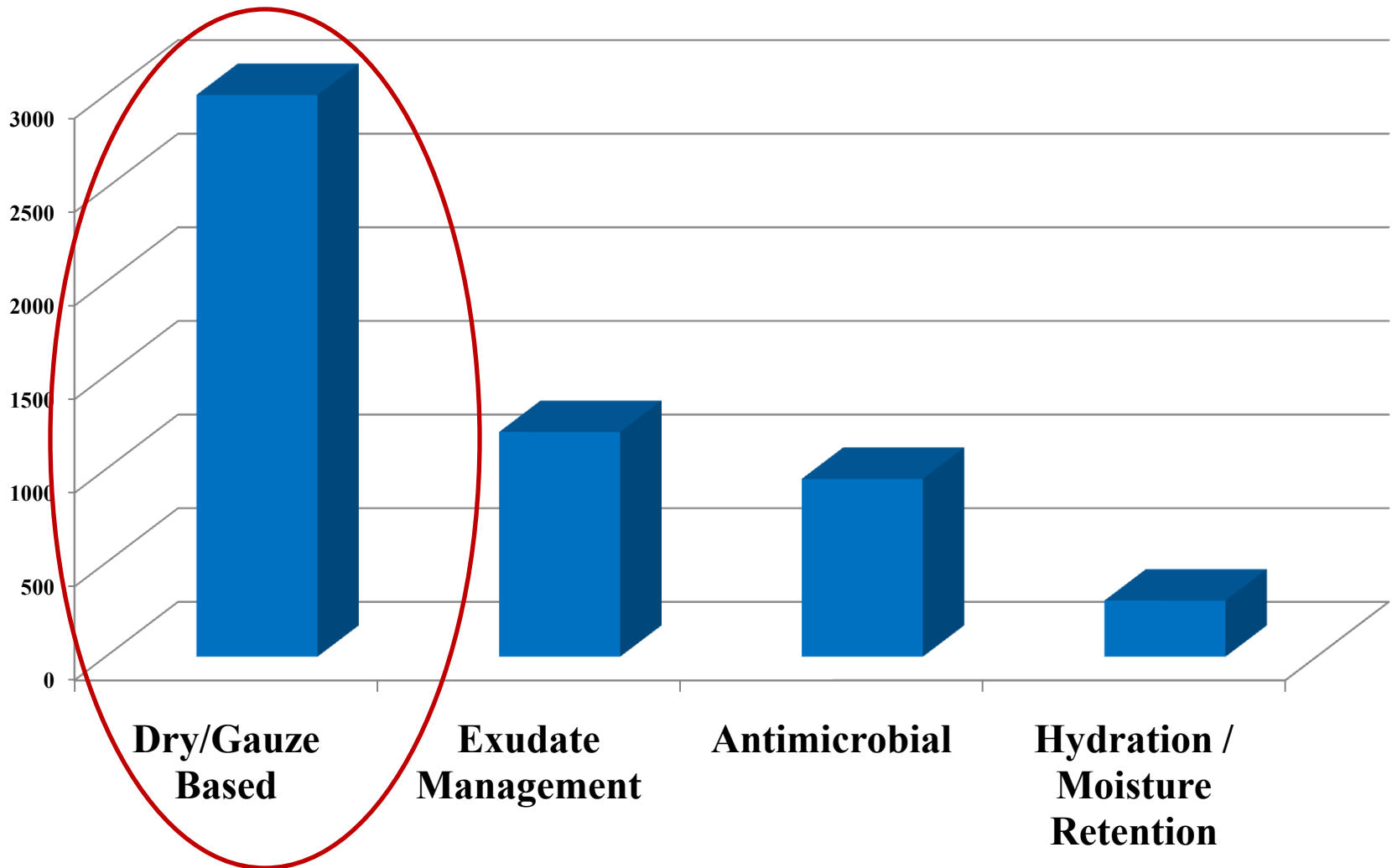
Home Care

What Do We Know?

- ▶ 35 – 50% of community nursing caseload is for wound management
- ▶ Multiple studies have indicated that wound management is a critical patient safety issue – pressure ulcer prevalence
- ▶ The surgical open wound (incision failure) is the most prevalent wound



Distribution of Primary Dressings- NSM CCAC



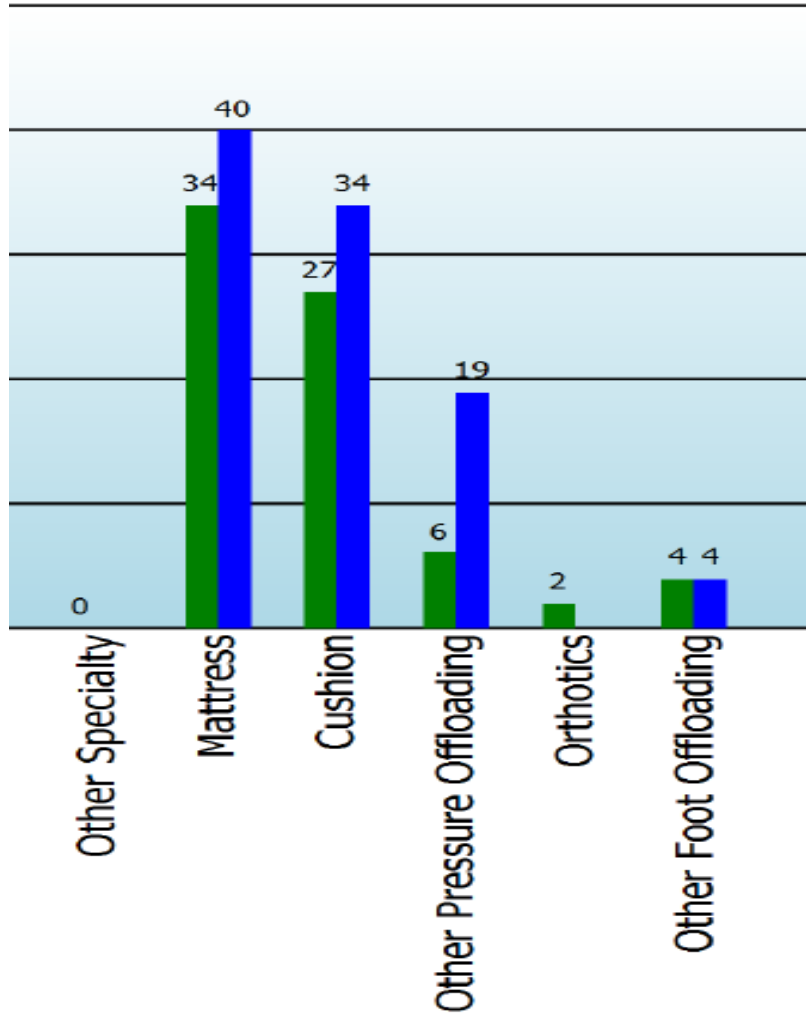
Interventions Begin...

- Document wound management standards and tools for healthcare partners in the NSM LHIN to follow/incorporate into their practice
- Continue to work within our local working groups to identify and address targets for improvement
- Work with healthcare stakeholders to develop strategies to translate best practices in wound management, into day to day practice

Long Term Care Comparison 2010 to 2011

- Stage I pressure ulcers have increased in all sites, while more severe pressure ulcers have decreased
- Frequently occurring location was the coccyx/sacrum
- Continue to consider the impact of High Intensity Needs criteria that funds surfaces/off loading devices for multiple stage II or greater pressure ulcers

Knowledge Translation to Practice



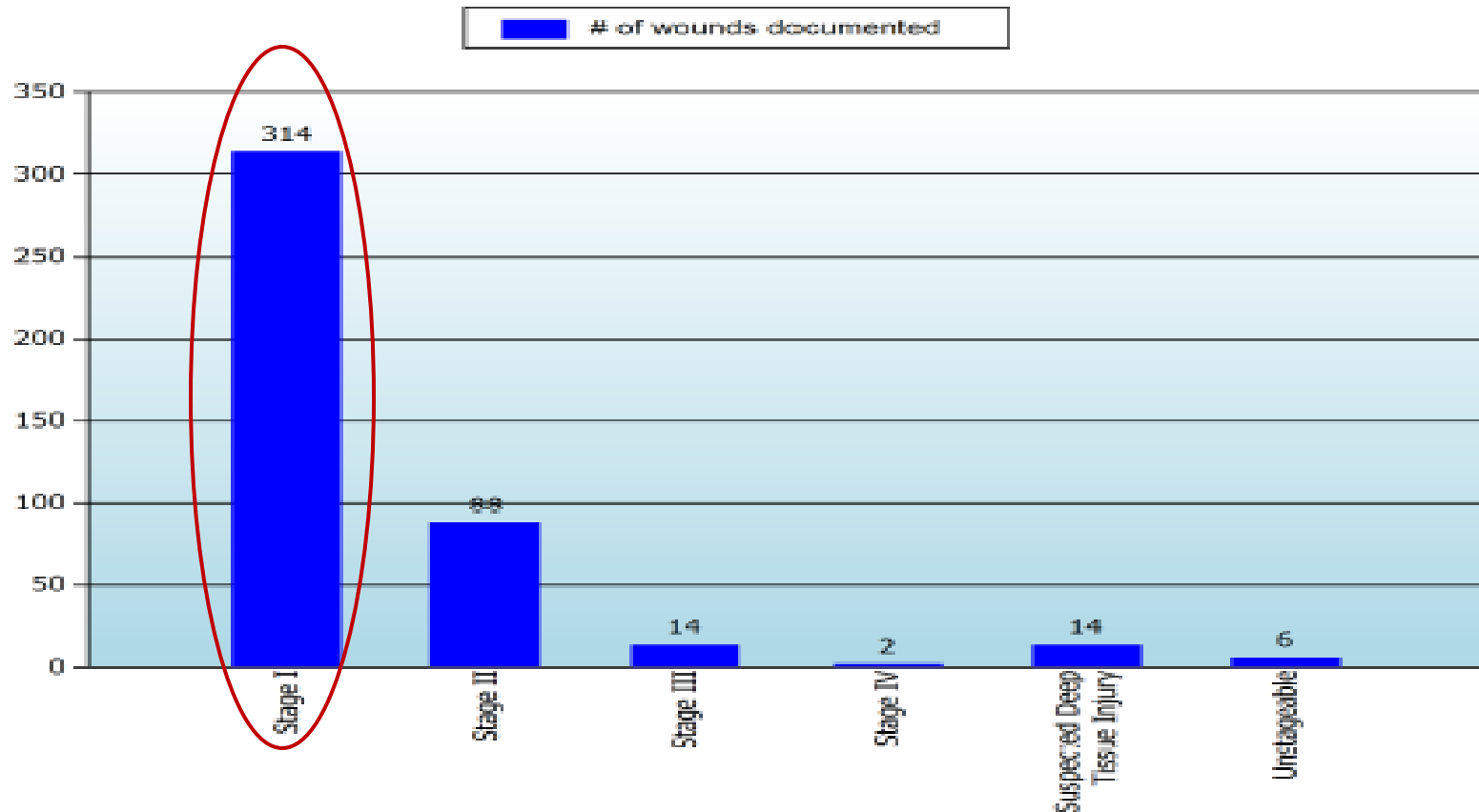
- ▶ Long Term Care sector has greatly improved their utilization of off-loading devices for the at risk resident, and the resident living with a pressure ulcer – from 2010 to 2011!

The Trend with Stage I Pressure Ulcers

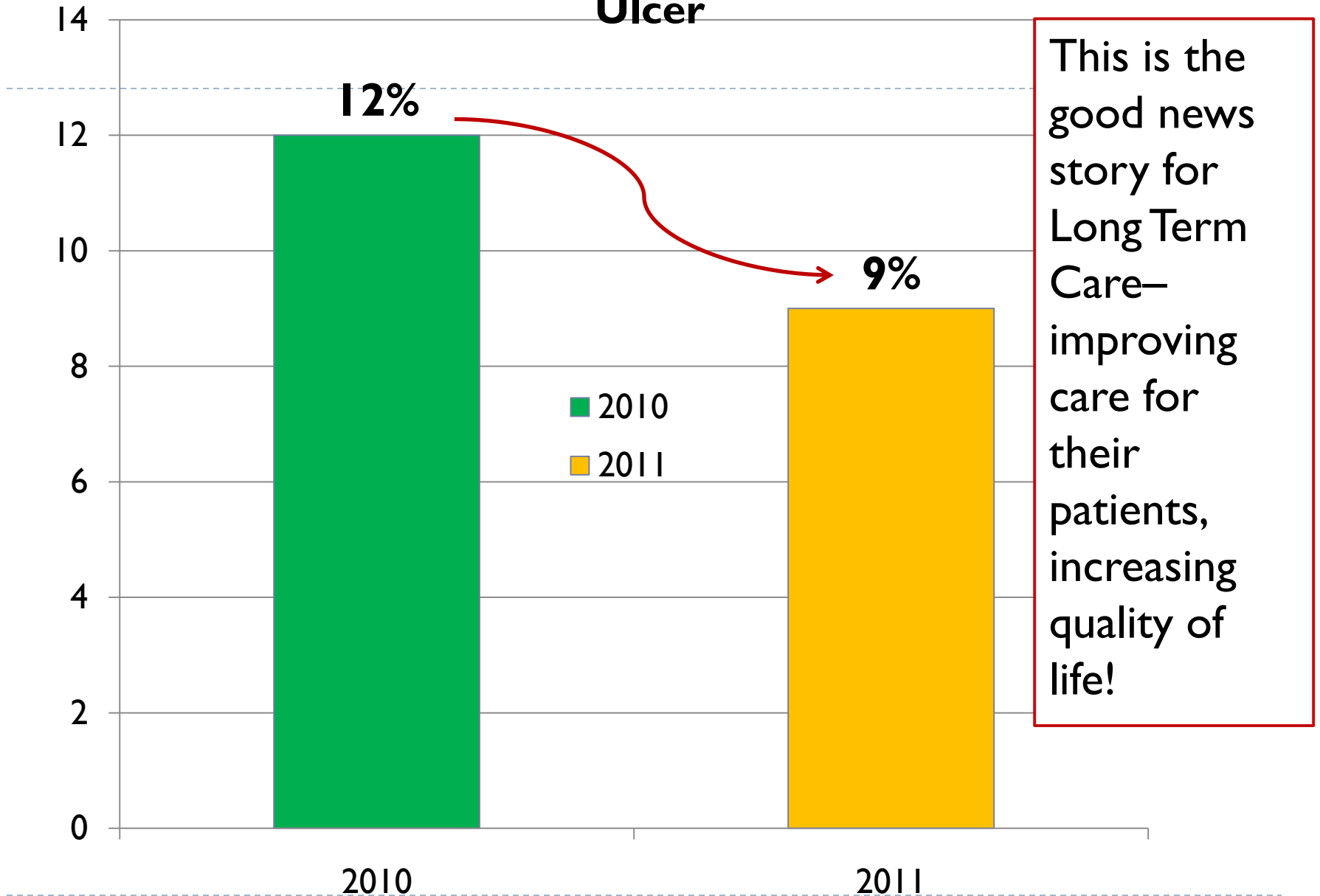
Prevalence Rate

323 resident(s) had 438 wound(s). This number represents 21% (323/1554) of the resident population on collection day.

Prevalence: Pressure Ulcers 2011



% Prevalence of Stage II and Greater Pressure Ulcer



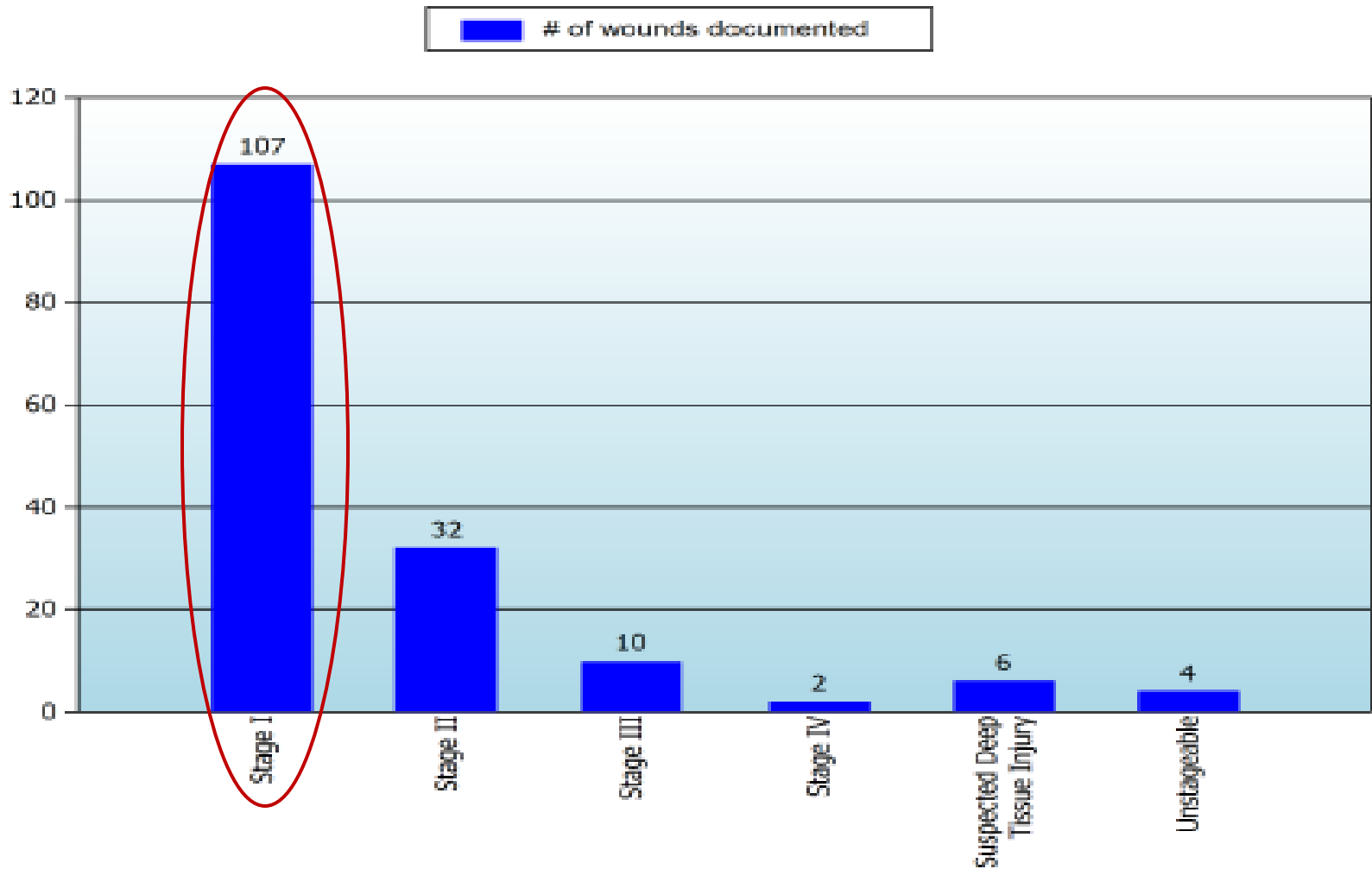
Acute Care Comparison 2010-2011

- 243/504 in patients assessed in 5 acute care sites, had a wound = 48% Prevalence of all wound types
- Stage I pressure ulcers have increased in all sites, while more severe pressure ulcers have decreased
- 26% prevalence of pressure ulcers all stages (as low as 13% and as high as 45%)
- Most frequently occurring location was the heel/sacrum across each of the 5 hospital sites



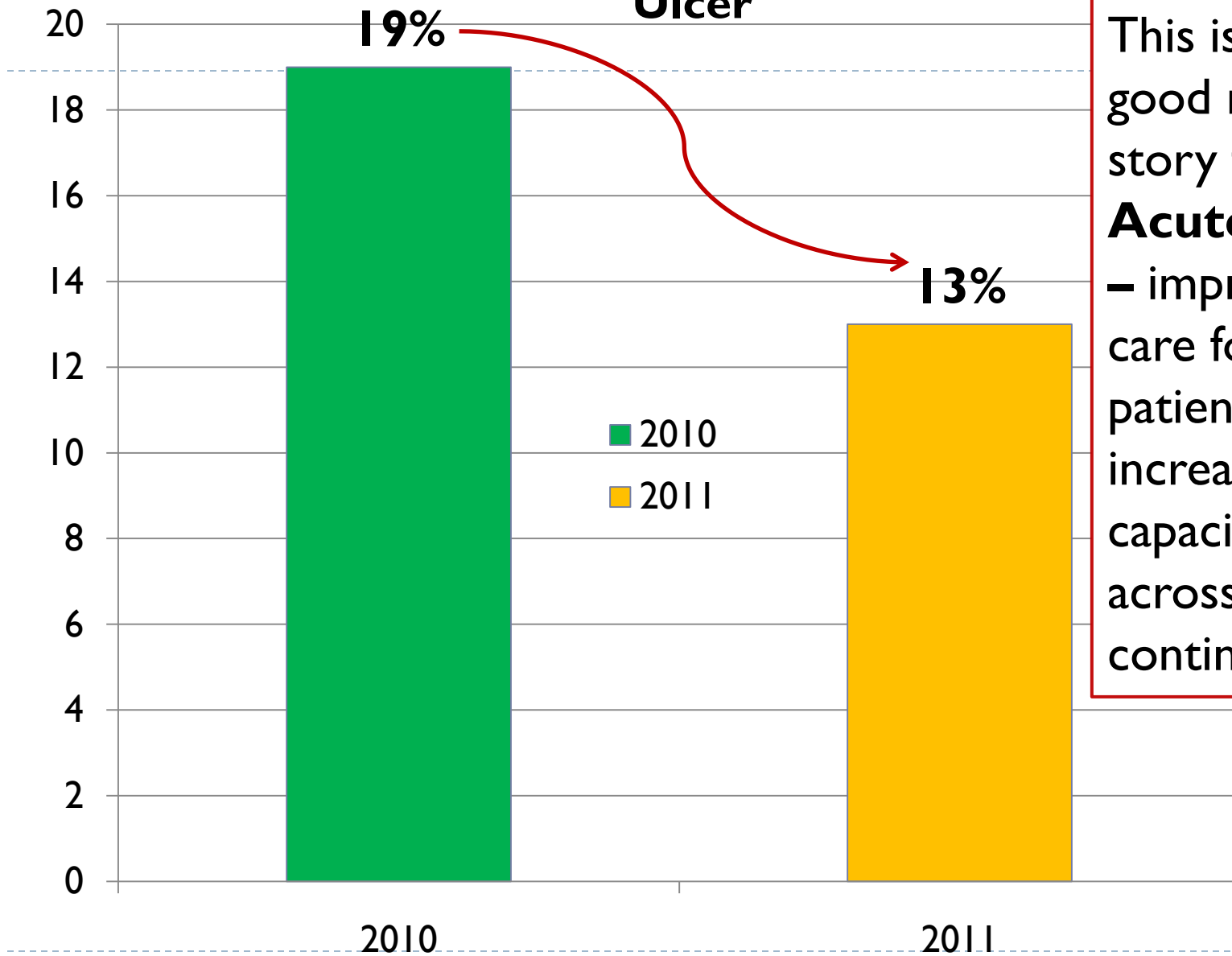
Stage I Pressure Ulcers on the rise...

Prevalence: Pressure Ulcers 2011



% Prevalence of Stage II and Greater Pressure Ulcer

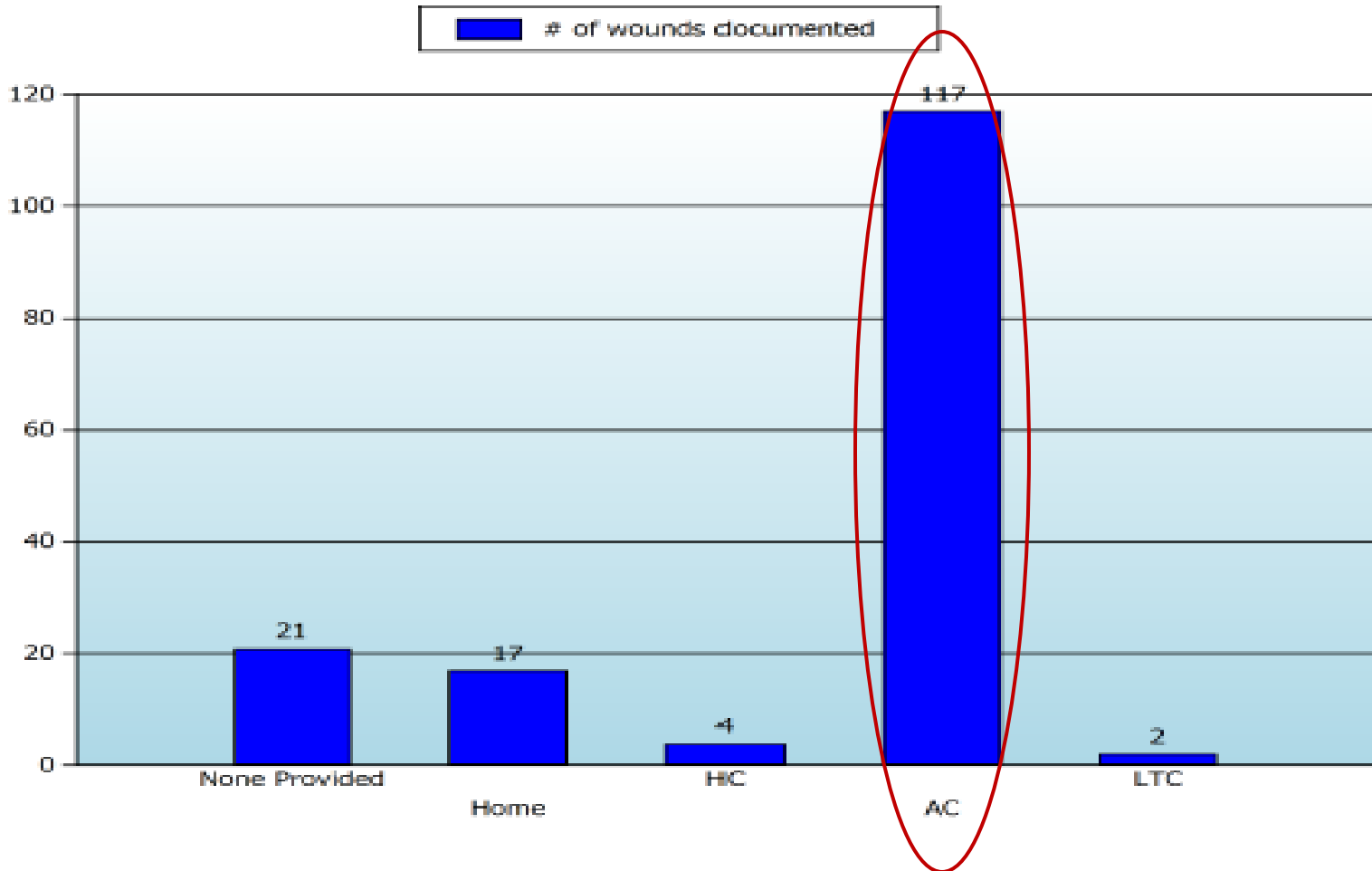
Ulcer



This is the good news story for **Acute Care** – improving care for their patients and increasing capacity across the continuum!

Where Pressure Ulcers are Acquired

Origin: Pressure Ulcers 2011



Let's Look at the Numbers

- Approximately \$40,000 to close one stage III / IV , suspected deep tissue injury, pressure ulcer in community
- In 2010 - Acute care in NSM recorded **41 Stage III/IV** and suspected deep tissue injury = **\$1,640,000** in cost of care to the local healthcare system
- In 2011 – Acute Care in NSM recorded **22 Stage III/IV** and suspected deep tissue injury = **\$880,000** in cost of care to the local healthcare system

Let's Look at the Numbers

**Potential savings to the healthcare system of
NSM LHIN =**
▶ **\$760,000**

as a result of evidence based care

NSMCCAC Comparison 2010 to 2011

- ▶ 2010 – percentage of daily nursing visits for wound management (dressing changes) = 25%
- ▶ 2011 – percentage of daily nursing visits for wound management (dressing changes) = 14%
- ▶ Reallocation based on an **11%** reduction in daily dressing changes, in the past year =
 - ▶ **\$800,000**

More importantly...

Client's receiving better care and enhanced quality of life!



NSMCCAC Comparison 2010 to 2011

- ▶ 2010 – percentage of Stage II and Greater Pressure Ulcers = 10%
- ▶ 2011 – percentage of Stage II and Greater Pressure Ulcers = 8.5%

Client's receiving better care and
enhanced quality of life!



NSM CCAC Using Data on a Caseload

- Client Care Coordinators use reports blending how2trak® and CHRIS data to review the wound management practices of their wound clients on caseload
- Regular Caseload Review Results – have contributed to savings directed at Personal Support waitlist management
(over **\$300,000** in Fall – Winter 2010)



NSMCCAC Comparison 2010 to 2011

Venous Ulcers in Compression

- ▶ Currently only **23%** of our venous ulcers in community are utilizing compression therapy
 - ▶ Under reported number?
 - ▶ Practice Gap?
 - ▶ Why so low?

 - ▶ A developing metric for community as we continue to work with our nursing providers to improve practice and data capture
-



Public Reporting By Sector in NSM LHIN

▶ Acute Care:

- ▶ Identify the prevalence of pressure ulcers, Stage I through to Unstageable (15% improvement from baseline)

▶ LTC:

- ▶ Identify the prevalence of pressure ulcers, Stage I through to Unstageable (15% improvement from baseline)

▶ Community Care:

- ▶ Identify the prevalence of pressure ulcers, Stage I through to Unstageable (15% improvement from baseline)
- ▶ Reduce the prevalence of daily dressing changes (20% reduction)
- ▶ Increase the use of compression with the venous ulcer (30% improvement from baseline)



Next Steps and Decisions

- Agreement on the metrics for each sector of the NSM LHIN healthcare system – sending data quarterly for public reporting
- Working with our partners to improve safe transitions for our mutual clients, related to wound management
- Continue to work with organizations regarding the sustainability of the practice improvements they have achieved



Thank you...Questions?

