

Maximizing Reimbursement for Wound Care is Crucial to the Survival of the Agency: One Agency's Success Story

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Introduction

As PPS reimbursement to home care agencies continues to decrease, maximizing reimbursement for wound supplies and Skilled Nursing Visits is crucial to the survival of the agency. In order to reduce operating costs, improve outcomes, and remain financially viable, an agency must take an aggressive approach toward an organizational culture and policy shift.

The goals for this organization were clearly defined in order to improve their clinical and financial outcomes.

Objectives

1. Decrease pain and trauma to the wound bed during dressing changes
 - Utilize non-traumatic dressings that reduce pain to the patient and trauma to the wound bed
 - Decrease daily dressing changes to 2 dressing changes per week
2. Help reduce or eliminate infection in the wound bed
 - Utilize silver contact layers, calcium alginate with silver, and silver foam dressings
3. Improve patient wound outcomes

* Restore Contact Layer Dressing with Silver, Hollister Wound Care LLC

** Restore Calcium Alginate Dressing with Silver, Hollister Wound Care, LLC

*** Restore Calcium Alginate Dressing, Hollister Wound Care, LLC

4. Implement evidence-based protocols

- Collaborate with industry specialists to develop customized protocols and teaching programs for all nursing staff
- Available as hard copy and electronic customized versions

5. Provide cost-effective wound care via standardization of supplies while using superior products

- It is essential to choose the right distribution partner that can easily customize products and amounts of supplies that fit the need of the changing wound environment

Example of Patient Cases

Patient #1

Nonhealing, mixed etiology leg ulcer present for >1 year, complicated by DM and renal failure

- 19 Skilled Nursing Visits (SNV) over 7 weeks or (2.7 SNV/wk) prior to change in treatment. Wound closure rate was .062 cm²/day
- Following protocol changes: 16 SNV over 16 weeks or (1 SNV/wk). Wound closure rate was 0.141 cm²/day with silver contact layer dressing* and eventual closure. This was in spite of the patient's recurrent health issues and 2 hospitalizations during her home care enrollment time

Patient #2

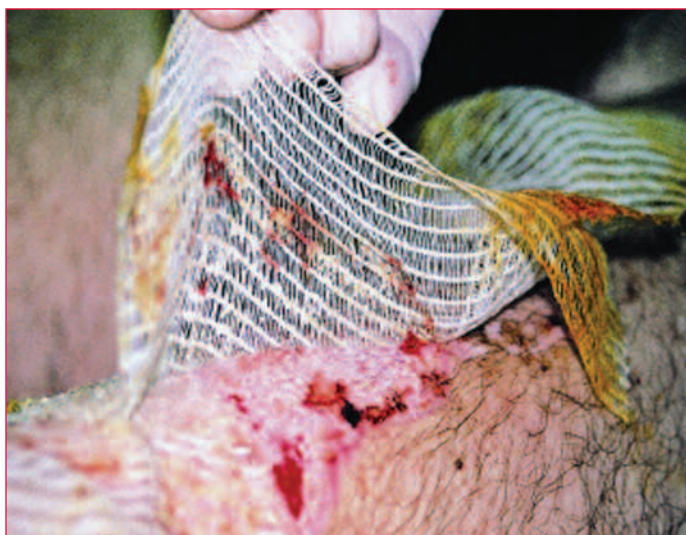
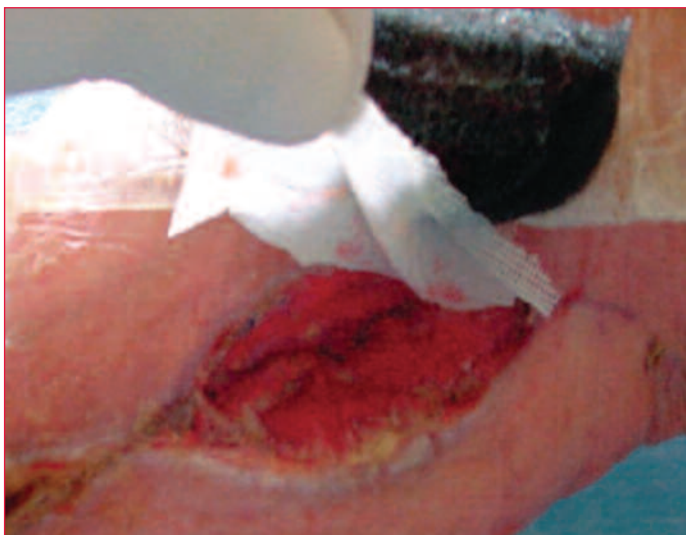
Post fem/pop bypass with dehiscence to the groin wound.

- 17 SNV over 3 weeks or (5.66 SNV/wk) prior to change in treatment. Wound closure rate was 0
- Following protocol changes 8 SNV over 4 weeks or (2SNV/wk). Wound closure rate was 0.185 cm²/day with the silver calcium alginate dressing.** We were able to close the wound at 3 weeks after protocol change

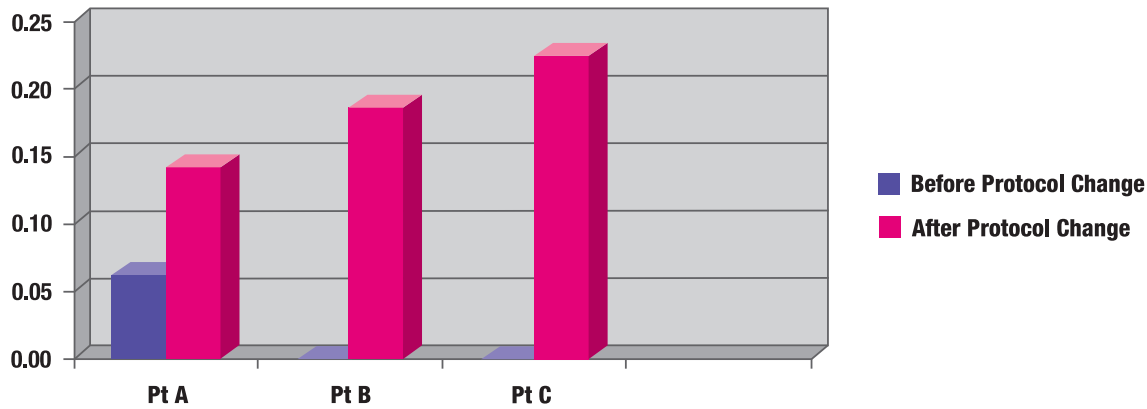
Patient #3

Post open-heart surgery. Developed a postop incision infection and was re-hospitalized.

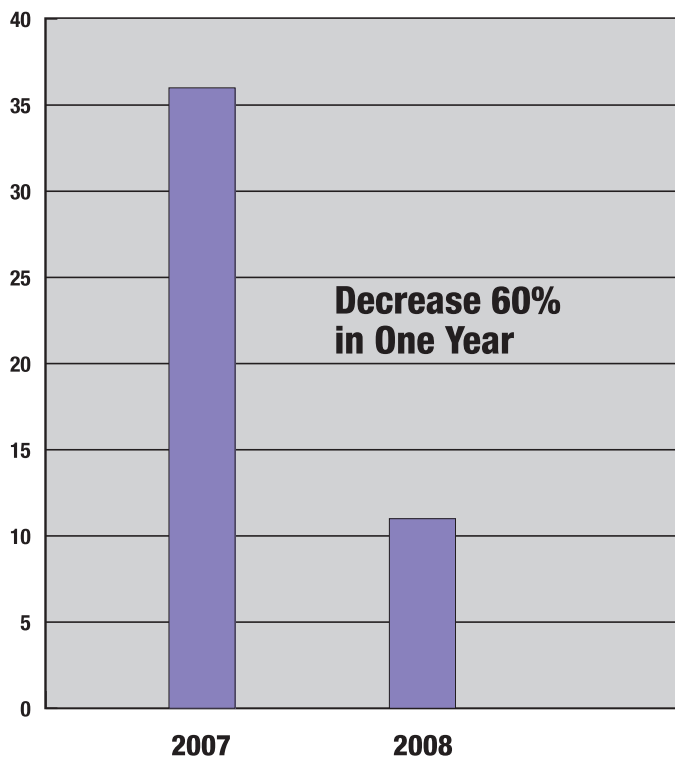
- 8 SNV over 3 weeks or (2.66 SNV/wk) prior to change in protocol. Wound closure rate was 0
- Following protocol changes 7 SNV over 5 weeks or (1.4SNV/wk). Wound closure rate was 0.223 cm²/day with the addition of calcium alginate dressing.*** We were able to close the wound at 5 weeks after protocol change



Rate of Wound Closure (cm²)



Total Supply Cost of Care per Patient Care Episode



Results

The total supply cost decreased significantly (60%) since implementation of the program in June 2007. Dressing supply cost per episode in June 2007 was \$36.24 as compared to \$11.59 in June 2008.

Summary

Reductions in healthcare reimbursement do not necessarily mean a reduction in the quality of wound care. This agency has demonstrated that a careful analysis of protocols, standards of practice, dressing supplies, and effectiveness at the point of patient care can have a very positive impact on reducing operating costs, improving outcomes, and remaining financially viable.

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