

## OASIS Alert

### Outcomes: CARE PATHS PAVE THE WAY TO IMPROVED OUTCOMES

If you want your clinicians to help your agency reach its financial and outcomes destination, give them a wound care road map.

Home health agencies looking to set up a standardized wound care program (see related article 6) should develop wound care paths that help staff accomplish the following six goals, said **Susan Flow** with Denver-based **Centura Home Care & Hospice**, speaking at a recent conference sponsored by the **Home Care Association of Colorado**:

- 1. Determine how to identify a wound according to category.** Your wound care program should state the characteristics intrinsic to different kinds of wounds, so that staffers can readily identify them. The program should give the clinician a good sense of what kind of wound she's most likely dealing with, and she then can confirm her assessment with the physician.
- 2. Decide on interventions.** The program should specify what a clinician should do to treat the underlying problem that caused the wound, and how to prevent further injury.
- 3. Specify how to clean the wound.** It might sound like a no-brainer, but it's important to spend a good deal of time researching the best approaches to healing. Talk to physicians, specialists and wound care associations to ensure you have the most up-to-date information to inform your decisions.
- 4. Select wound care products.** Once staff determine what kind of wound they're dealing with, the program should lay out for them what products to use in treating it.
- 5. Determine the frequency of dressing changes.** Your program should be very clear about how often a nurse should change the dressing for each type of wound. That way, your agency will ensure efficient use of everyone's time.
- 6. Clarify documentation requirements.** The wound care program should explicitly state what the clinician should document in terms of the wound on day one and its progress over the entire course of treatment.

Take heart: When developing care paths, agencies need not start from scratch, Flow said. Instead, they can use information provided by home and wound care associations, societies and vendors to create their protocols, she noted. "You don't want to recreate the wheel, you just want to adapt what you have."