Health Systems Rehabilitation Community

Best Practice Template

Date: April 2013

Title: Physical Therapy and Wound Ostomy Nurse Collaboration in the Acute Care Setting

Organization: Indiana University Health

Briefly explain why this “Best Practice” was developed:

Indiana University Health–Methodist Hospital has a long history of providing expert and evidence-based complex wound management both in the acute care setting and outpatient setting. Physical therapy wound experts and certified wound ostomy continence (WOC) nurses have provided this care for many years in the acute care setting but in 2 separate silos, not as 1 collaborative unit. Often there was duplication in services, where both the physical therapist (PT) and nursing wound teams were consulted to see the same patient. In addition, physicians/providers were confused as to which team was indicated, which often lead to delays in care.

Description:

In order to prevent duplication and delays in care, the PT wound team (PTWT) and the wound ostomy team (WOT) decided to develop new strategies to improve care. In 2010, to ensure patient access to appropriate and timely treatment or intervention, the PTWT and the WOT collaborated by developing triage guidelines for each team. All wound consults are reviewed multiple times throughout the day and are triaged using the established triage guidelines to ensure the patient is assigned to the appropriate team.

Describe the steps to implementation:

1. Review scope of practice for the PT and WOC nurse practicing wound management.
2. Identify treatment interventions provided by the PTWT and the WOT and work together to agree upon which team will provide what interventions.
3. Outline the treatment interventions under each team to create the guidelines for triage.
4. Assign a central location for compilation of all wound referrals (electronic or printed).
5. Identify a point person to triage all wound referrals by using the electronic medical record to complete a chart review or contacting the bedside nurse or physician to clarify the wound presentation and patient need.
6. Communicate all new referrals and appropriate team assignments to all members of the PTWT and WOT.
7. Determine timeframes throughout the day where the triage process will occur so that it is a fluid process.

How long has it been in use within your organization?

The wound triage process has been used for 3 years in our organization. The process has been fine-tuned throughout that time. There is always opportunity for improvement as systems and demands change.

Describe the benefit it has brought to your organization:
The wound triage process reduced delay in care and/or duplication of services by 20% postimplementation. In a changing health care environment where reimbursement continues to decrease, optimizing efficiency and eliminating waste is important. The wound triage process increases efficiency by avoiding delays in care and eliminates waste by avoiding duplication of services.

Secondary benefits, which lead to improvements in nursing quality indicators, results from the new triage process as well. Using the triage guidelines, the need for PTWT intervention was identified, reducing the amount of “hands on” direct wound management the WOT provides on a daily basis. The WOT team took this opportunity to examine their current practice and to redefine and maximize the WOC nurse role. Initial evaluation demonstrated high variation in core processes leading to inefficiencies, duplication of services, and overall provider dissatisfaction. In addition, pressure ulcer prevention requires maximizing the role of the WOC nurse in driving evidence-based practice and translating knowledge to nurses.

The WOT redesigned their practice to focus on the true scope of a WOC, which focuses on pressure ulcer prevention and nursing education around wound and ostomy care. Postredesign, hospital acquired pressure ulcer rates reduced from 2.8% to 1.8% with overall HAPU rates below the National Database of Nursing Quality Indicators™ 25th percentile. State reportable events were reduced from 5 events to 3 events. WOC nurses and other providers rated higher satisfaction with their work and work environment as evidenced by employee commitment survey results. Through team-led care redesign, both the WOC team and the PT wound team were able to reduce nonvalue added work, improve collaborative relationships, and influence patient and provider outcomes for the better.

Evidence/justification to support this practice:


Direct evidence as a result of this practice:

Are you willing to share this with others, and is there a cost associated?

Yes, we are willing to share this wound triage process with others. There is no cost associated with this improvement process other than resources to develop and implement the process.

Is this commercially available?

There is not a published process like this commercially available.

Any additional information or resources:
The history that led to the creation of the wound triage process was presented by our team at the American Physical Therapy Association’s Combined Sections Meeting in 2011. The presentation can be shared if someone is interested.

Contact for additional information:

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