

Wound and resident care go high-tech

But funding, sicker patients and lawsuits still riddle the playing field

BY JOHN HALL

Wounds and incontinence have always been among the most challenging resident care issues with which long-term care providers have had to grapple. Pressure ulcers affect as many as 20% of residents in long-term care facilities, according to the Association of Practitioners in Infection Control (APIC). Incontinence, meanwhile, is the most common challenge facing nursing-home residents.

Thanks to remarkable innovations, however, providers in nursing homes today have a vast arsenal at their disposal. For wound care, they include synthetic and biomaterial wound dressings such as hydrocolloids and alginates, advanced silver antimicrobials, ultrasound scanners – even stem cell research.

Yet, in spite of such technology, long-term care providers today struggle with a whole new set of circumstances that didn't exist back in 1980.

Residents today tend to be older and sicker (and thus prone to more infections), and regulations, while vastly improving patient care processes, have also been accompanied by new reimbursement rules that often make many new technologies unaffordable.

Complicating matters is the fact that nursing home wound care specialists are dwindling, due in part to a highly litigious environment that didn't exist 25 years ago.

Number of elderly rises

Statistics on skin and wound care for the elderly today in nursing homes can be sobering.

As recently as 1999, proper treatment to prevent or treat pressure sores was highest among the Department of Health and Human Services' top 10 substandard quality of care deficiencies in nursing homes. George Grob, the agency's Deputy Inspector General for Evaluation and Inspections, reported to the Senate Special Committee on Aging at the time.

According to the Centers for Disease Control and Prevention's National Center for Health Statistics,



This Polaroid HealthCam documents resident conditions and clinical progress over time. Special GridFilm can be used to measure residents' wounds and enable exact comparisons.

the percentage of nursing home residents 85 years of age or older is more than 10% higher today than in 1985; those residents also have a higher level of disability (including pre-existing wounds) at admission, according to the agency.

Exacerbating the problem are increasing levels of incontinence in nursing home residents today – more than 10% higher than in 1985, according to the CDC. Some observers say incontinence care continues to be an unrelenting challenge in long-term care facilities.

"Over the past decade, as hospitals were encouraged to discharge patients sicker and quicker, nursing homes have become almost like mini-hospitals, admitting a higher level of sick residents into their skilled units," said Diane Johnson, a spokeswoman for Largo, FL-based Smith & Nephew Inc. Wound Management. Moreover, nursing homes today are treating patients with greater types of non-pressure-type wounds, such as surgical and traumatic wounds and burns, than they did back in 1980, Johnson said.

Reta Underwood, president of Buckner, KY-based Consultants for Long Term Care Inc., looks at it a little differently.

"Certainly the acuity level is higher today, but there were more wound problems 25 years ago because they weren't treated as seriously as they are today," Underwood said. "Back then, a patient with several wound problems was considered normal in a nursing home. Today, one wound is considered one too many."

Heightened scrutiny

The regulatory environment for wound care looks nothing like it did back in 1980.

"Twenty-five years ago, there was not educational guidance or regulations regarding wound care," said Cindy Cunningham, a spokesperson for West Des Moines, IA-based Briggs Corporation. "Most of the time, the physician would order wet to dry dressings for the wounds, use betadine and cover with a gauze bandage or use a heat lamp."

Added Underwood, "Twenty-five years ago, wound care was a witch's brew. It wasn't uncommon to use one type of spray on every type of wound."

Much has changed since then. And while wound care has always been important in nursing homes, it has received heightened attention in recent years. For example, two of the six chronic care quality measures in the Nursing Home Quality Initiative deal with residents with pressure sores.

In addition, some observers say the recent new rule on pressure ulcers – known as F-tag 314 – could force facilities to pay for more expensive treatments and products such as high-tech mattresses and dressings.

Most observers welcome these changes.

"The standards of care have improved and we now have endosomal specialists who practice routine care standards," said Underwood. "This has helped stabilize the wound care environment in long-term care."

Smith & Nephew's Johnson agrees: "The new guidelines allow nursing homes to better support their choices in wound and skin care products, protocols and platforms when it comes to treating and preventing wounds."

Underwood said the most notable

READERS' CHOICE AWARDS



RESIDENT/WOUND CARE

ConvaTec
SCA Personal Care/TENA
Smith & Nephew

As part of its special 25th year anniversary celebration, McKnight's asked its readers to vote for the products and services that have made the biggest impact on their work lives over the past 25 years. More than 1,400 votes were cast. No prompting or choices were offered – each voter wrote in his or her own answers in balloting conducted during late summer and fall 2005. More than one winner was declared in this category because the differences in top candidates' voting totals were not significant enough to separate them.

change in wound care practice from such regulations has been one of responsibility.

"The accountability factor wasn't there 25 years ago," she said. "Before HCFA changed the survey process in the mid-1990s, providers were basically held harmless. Today, it is no longer acceptable to have a bedsore, let alone a pattern of skin breakdown, without getting into serious compliance problems such as civil penalties, loss of Medicare dollars, or worse, closure."

The tougher focus spread to another closely related area this year with the release of the new F-tag 315 regarding incontinence care.

"Under the new CMS F-315 regulations for incontinence care, inadequate incontinence management is implicitly linked to skin dermatitis and skin breakdown," explained Michelle Bell, R.N., regional account manager for SCA Personal Care in Eddystone, PA.

"Facilities are now accountable for performing in-depth incontinence assessments for each resident from the

point of admission," she added. "However, the regs stress what we have believed for a long time: that incontinence products are not a long-term solution to incontinence, and that for all residents, dignity is paramount and we must strive to achieve the highest level of continence possible for each resident."

There is no escaping that quality care costs, though studies have shown it to be cheaper than low-care quality.

Tighter dollars

Long-term care facilities bear a significant chunk of the annual costs for treating pressure ulcers, estimated at between \$2.2 billion and \$3.6 billion nationally, a fact only made worse by tighter reimbursement that didn't exist back in 1980.

The old reimbursement system made it "financially advantageous for the facility to refer residents to physical therapy for wound care, because [physical therapy] services were revenue-producing," noted the Wound,

"Twenty-five years ago, wound care was a witch's brew."

Reta Underwood, Consultants for Long Term Care Inc.

Ostomy and Continence Nurses Society in its 2004 report "Reimbursement Options for WOC(ET) Nurses in the Long-term Care Setting."

"The Balanced Budget Act of 1997 really had a huge impact because we moved to a prospective payment from a cost-based system," noted Rosalyn Jordan, senior clinical manager for Eatontown, NJ-based Huntleigh Healthcare LLC "Before that, the more wound care cost a facility, the more it got paid. Today, nursing homes are rewarded for being more efficient, for healing wounds faster and more effectively. The big issues are

maintaining quality at less cost."

For many facilities, that means buying generic wound and resident care products when possible, according to Underwood.

Such financial pressures are not only affecting the bottom line of many long-term facilities, but also resident care. A study published in the April 2005 issue of *Medical Care Research and Review*, for example, found that nursing home patients in for-profit homes tended to have higher rates of pressure ulcers.

In any case, the new reimbursement rules have been an incentive for nursing homes to be more proactive.

"Factor in the cost of *not* treating the wound, especially those in which the risk of litigation is high, and you have a clearer picture about costs," said Underwood. Moreover, she said, products are often the least expensive component of the total cost for treating wounds today. Staff time can far outweigh the product costs when it comes to a Stage I wound, she said. ■

McKNIGHT'S 2006 INDUSTRY DIRECTORY

The Complete Source for Long-Term Care Products and Services is now in print and online at www.mcknightsonline.com



Included in the 2006 McKnight's Industry Directory:

- Over 1,200 listings of products and services in 200 categories covering all your Administrative, Equipment, IT, Furniture, Resident Care and Safety and Security needs.
- 20 Purchasing Reports giving you helpful advice on everything from pricing to delivery.
- A directory of all associations and other related trade groups.

For information on how to get listed contact Denise De Vito @ denise.devito@mltcn.com