

BUILDING & JUSTIFYING A WOC TEAM

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2018 FAET CONFERENCE

February 2018

OBJECTIVES

- Qualify & Quantify your time/duties via data using industry tools
- Input your data in patient tied summary reports
- Discuss lean analysis of: processes, consult protocols, system cost/quality roles, delayed consults

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DATA COLLECTION

The background of the slide features several thin, curved lines in a light gray color, some solid and some dashed, creating a sense of motion or flow. On the left side, there is a large red speech bubble with a tail pointing towards the bottom left. Inside the speech bubble, the text "QUANTIFY & QUALIFY TIME THROUGH DATA" is written in white, uppercase letters.

QUANTIFY & QUALIFY TIME THROUGH DATA

- **Start any project with:**
 - Research analysis of what is known in industry
 - Journals, best practice guidelines, curriculum
 - Data analysis of what I am currently doing
- **Team Management of WOC services**
 - What Productivity Measures exist
 - Determine where you are at via time analysis of work time

WHAT TOOLS ARE CURRENTLY AVAILABLE FOR ME TO USE

Sample List of Commonly Performed Tasks and Procedures with Definitions and Average Time Required (Average Times Based on Time & Motion Studies)

A. Ostomy and Continent Diversion Patient Care

***A-1: Preoperative Preparation and Stoma Site Selection* 90 min**

Includes assessment of patient's and family's knowledge level, coping mechanisms, socioeconomic issues; preoperative teaching and counseling; stoma site selection/marketing.

***A-2: Postoperative Assessment and Appliance Fitting* 45 min**

Includes assessment of physical and adaptation status; evaluation of stoma, peristomal skin, and ostomy function; selection or evaluation/adaptation of pouching system; counseling; development or assessment/modifications of care plan

MODIFICATIONS WITH CAUTION

**HINT: At end of day input into software
daily patient load seen per clinician**

OSTOMY & CONTINENT DIVERSTIONS

O-1	Pre-op preparation & Stoma Site Marking	90 minutes
O-2	Post-op assessment & Appliance fitting	45 minutes
O-3	Education – self-care, lifestyle modifications, Discharge planning, approp.referrals	60 minutes

SKIN & WOUND CARE

W-1	Initial assessment & Development of POC	60 minutes
W-2	Follow-up assessment & Modification of POC	30 minutes
W-3	Complex wound management Debridement, pouching fistulas, NPWT,	90 minutes
W-4	Re-evaluation of POC; Communication with staff	60 minutes

MANAGEMENT OF FECAL OR URINARY INCONTINENCE

C-1	Initial assessment & Development of POC	60 minutes
C-2	Follow-up assessment & Modification of treatment plan	45 minutes

OUTPATIENT OSTOMY

OP-1	Pre-op preparation & stoma marking	90 minutes
OP-3	Education & trouble shooting for pouching problems	60 minutes

MAGGOT THERAPY

M-1	Maggot application	90 minutes
M-2	Maggot takedown	60 minutes

ADMINISTRATIVE

A-1	Teaching inservice/orientation	60 minutes
A-2	Meetings	60 minutes
A-3	Attending education inservice	60 minutes
A-4	Hospital wide projects	240min/ 4hr
A-5	Interdisciplinary rounds	
A-6	Program development	
A-7	Clinical Prep time	
A-8	Managerial time	60 minutes

The background features a series of concentric circles in light gray, some solid and some dashed, creating a ripple effect. In the center, there is a large red speech bubble with a white outline. Inside the bubble, the text "LEAN ANALYSIS" is written in white, uppercase letters.

LEAN ANALYSIS

DATA COLLECT USING CURRENT SOFTWARE

HINT:

Monthly data synthesis
helps visualize what
consults you get the most

A-1 - Teaching Inservice / Orientation	50
A-2 - Meetings	247
A-3 - Attending Education Inservice	32
A-4 - Hospital Wide Projects	100
A-5 - Interdisciplinary Rounds	228
A-6 - Program Development	1
A-7 - Clinical Prep-time	585
A-8 - Administrative Duties	191
N-2 INITIAL & CUT 1-5 NAILS	6
N-3 INITIAL & CUT 6-10 NAILS	14
O-1 - Pre-op Stoma Marking	15
O-2 - Post-op Assess and Appliance Fitting	81
O-3 - Education - Pouching and Discharge Planning	214
OP-1 - Pre-op Stoma Marking	3
OP-2 - Education and POC for Pouching Problems	65
PTO	91
TKA-2 - Meetings	49
TKA-7 - Clinical Prep-time	112
TKC-1 - Initial Assess and Development of POC	11
TKC-2 - Follow-up Assess and Modification of POC	21
TKW-1 - Initial Assess and Development of POC	250
TKW-2 - Follow-up Assess and Modification of POC	272
TKW-3 - Complex Wound - Fistula, VAC, Etc.	57
TRV	7
W-1 - Initial Assess and Development of POC	1,264
W-2 - Follow-up Assess and Modification of POC	783
W-3 - Complex Wound - Fistula, VAC, Etc.	492
W-4 - Re-evaluation of POC	248

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MODIFICATIONS

START WITH LOW HANGING FRUIT

CLINICAL PREP TIME

How Do You
Organize Your
Patients

- Hand-written
 - Not reproducible
 - Limited physically to 1 person/place
- Notebook size paper on clipboard
- Notecards left in office
- On a laptop rather than “shared drive” intranet

HINT:

Ask your Informatics Department that manages EMR training:

“How does your EMR organize a patient list for your provider levels”

CLINICAL PREP TIME: USE TECHNOLOGY TO HELP

<u>NAME</u>	<u>MRN</u>	<u>Location</u>	<u>DOB</u>	<u>Adm. Date</u>	<u>Adm. Diagnosis</u>
<u>Mouse, Mickey</u>	surgical wd r/t hernia repair hx & small bowel obstruction- midline wd not well approx--midline abd wd with mod exudate, induration, erythema -- silver alg QD to abd; ? teaching at this time pt unable to visualize stoma r/t abd girth; 8/26 WBC down 13.2; transfer	ROOM 001	01/01/1001 D/C orders written for wd and ostomy care	SEEN 8/26; F/U SAT	0.11 Dr. Brown
<u>Duck, Donald</u>	LT FOOT 5TH MET HEAD PLANTAR SURFACE DFU--MRI & ID & SURGERY EVALS PENDING. ALGINATE QD; S/O IF SURGERY WILL MANAGE	ROOM 002	01/01/1002	SEEN 8/29; F/U MON S/O IF SURG MANAGING	0.11 Dr. Black
<u>Duck, Mallard</u>	S000394559	ROOM 003	01/01/1003 EXCEL RENTAL		0.11 Dr. Red
<u>Claus, Santa</u>	M-HAPU-DTI-BILATERAL HEELS--XENADERM/TELF/MB BID WAFFLES--ABI-SEVERE DISEASE	ROOM 004	01/01/1004	SEEN 8/28; F/U MON/TUES	0.11 Dr. Purple
<u>Man, Snow</u>	M-POA-DTI-LT HEEL--XENADERM/TELF/MB BID--M-POA-STAGE I-RT LAT 5TH MET HEAD-MB Q3D WAFFLES	ROOM 005	01/01/1005 EXCHANGE-B-CC	SEEN 8/28; F/U WED	0.11 Dr. White

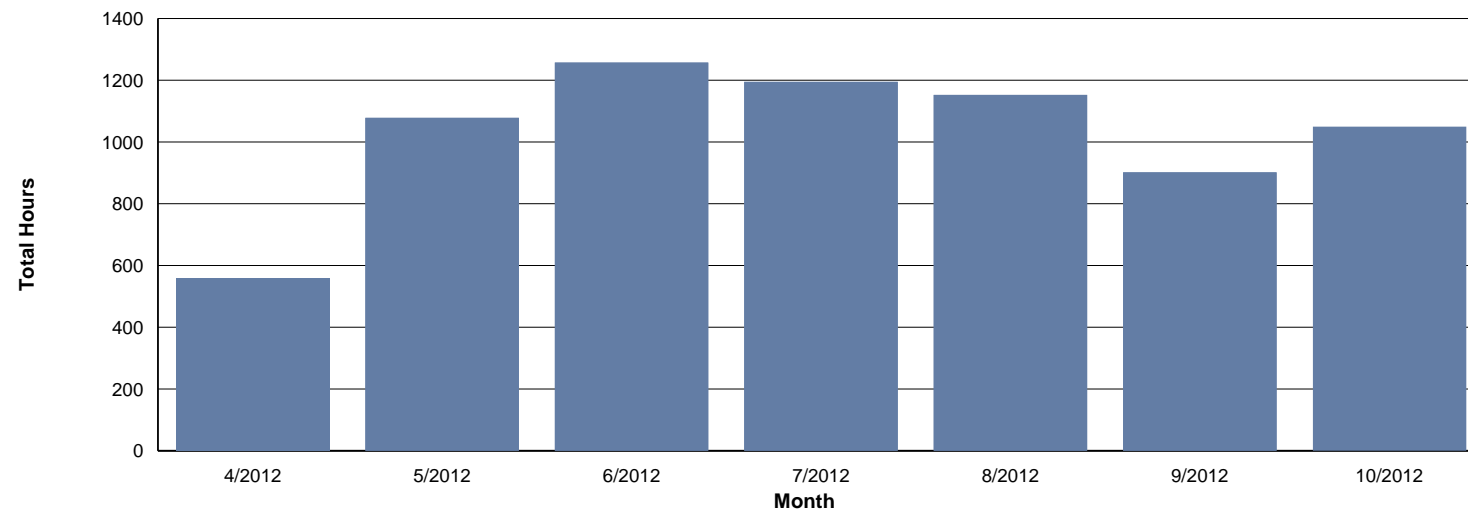
HIINT: Is your Current EMR list an "excel spread-sheet";
Sooooooo.... Copy & Paste onto EXCEL & modify per your needs: Saved in "shared drive"

A red speech bubble with a white outline and a small tail pointing downwards. It contains the text "AM I GIVING AWAY FREE FTE" in white, uppercase, sans-serif font. The background features a light gray pattern of concentric circles and dashed lines.

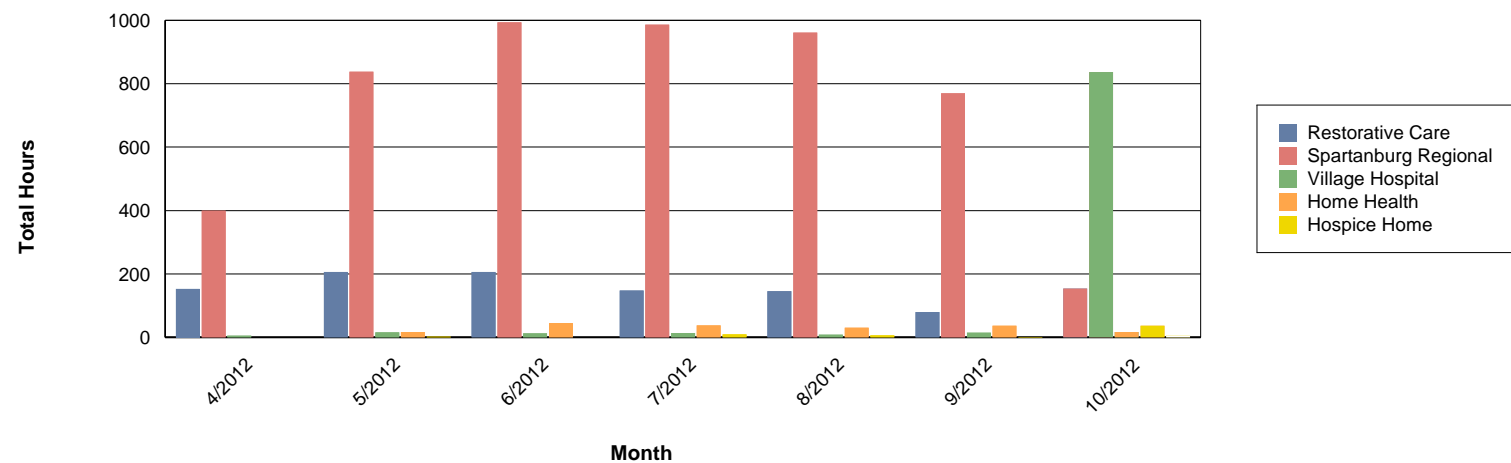
AM I GIVING AWAY
FREE FTE

BIG VIEW OF TIME: Resource Allocation

Total Hours by Month



Total Hours by Facility and Month



CHARGE MASTER YOUR DATA

HINT:

Talk with Computer System Management Department—whomever builds/inputs current CPT codes: *“I need to build non-billable codes like CPT to assign per patient episode”*

WCT CHARGE MASTER

60000	O1 PRE-OP STOMA MARKING
60020	O2 POST-OP ASESS/APPLIANCE FIT
60040	O3 EDUCATION-POUCH & D/C PLAN
60080	W1 INITIAL ASSESS & POC
60100	W2 F/U ASSESS & MOD OF POC
60120	W3 COMPLEX WOUND/FISTUAL/VAC
60140	W4 RE-EVALUATION OF POC
60160	C1 INITIAL ASSESS & POC
60180	C2 F/U ASSESSMENT & MOD OF POC
60420	BARI M/S BED
60425	BARI CC BED
60430	WOUND BED
60435	RENTAL BED

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QUANTIFYING SYSTEM COST REDUCTION

SYSTEM MANAGEMENT OF COST: Justifying Role

HINT:

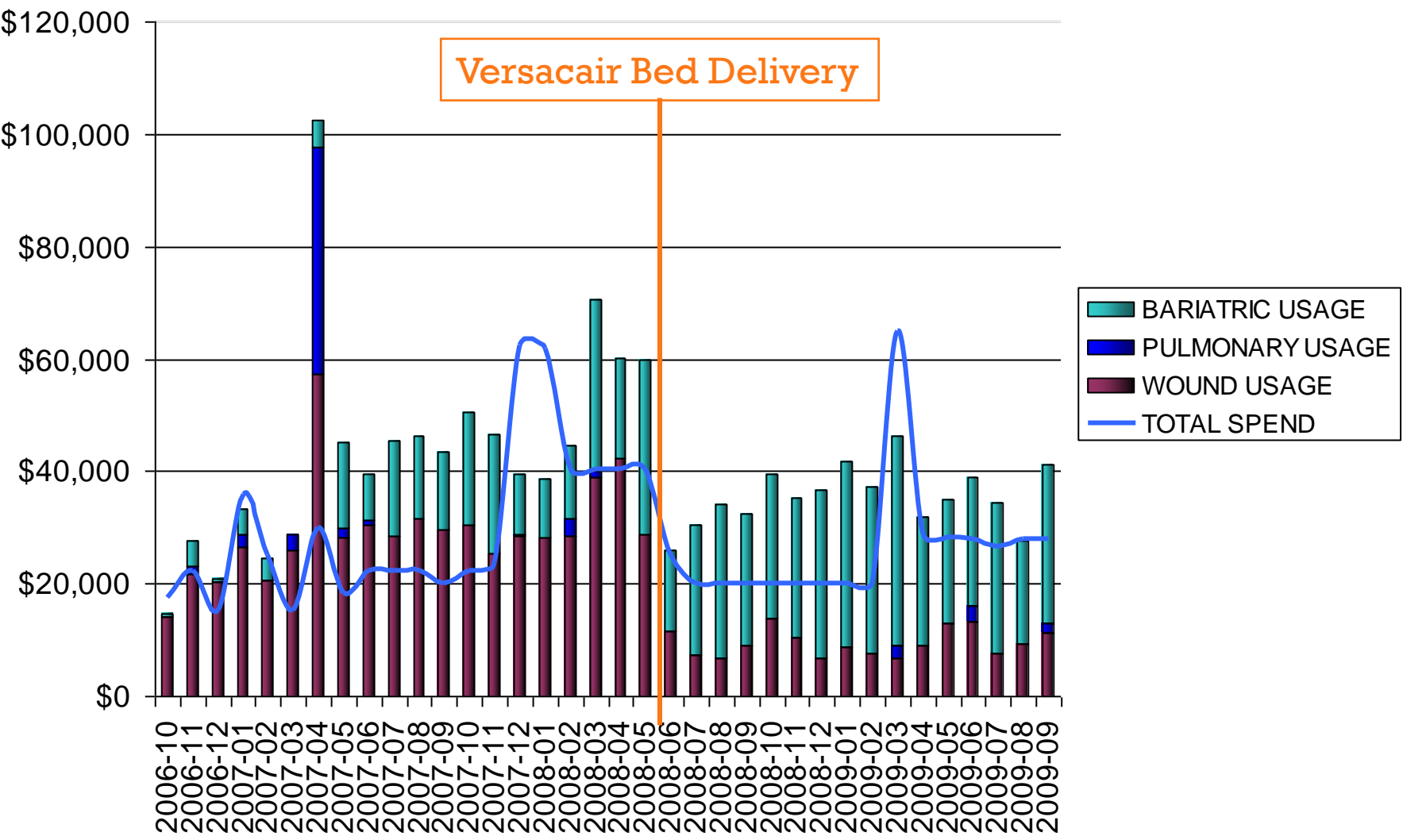
Data collect & time cost your projects

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- Pressure Ulcer Root Cause Analysis
- Specialty Bed Evaluation & Management of Rentals
- Negative Pressure Wound Therapy Management of Rentals

SPECIALTY BED RENTAL COST DECREASE AFTER CAPITAL PURCHASE

CAPITATION BILLING SUMMARY

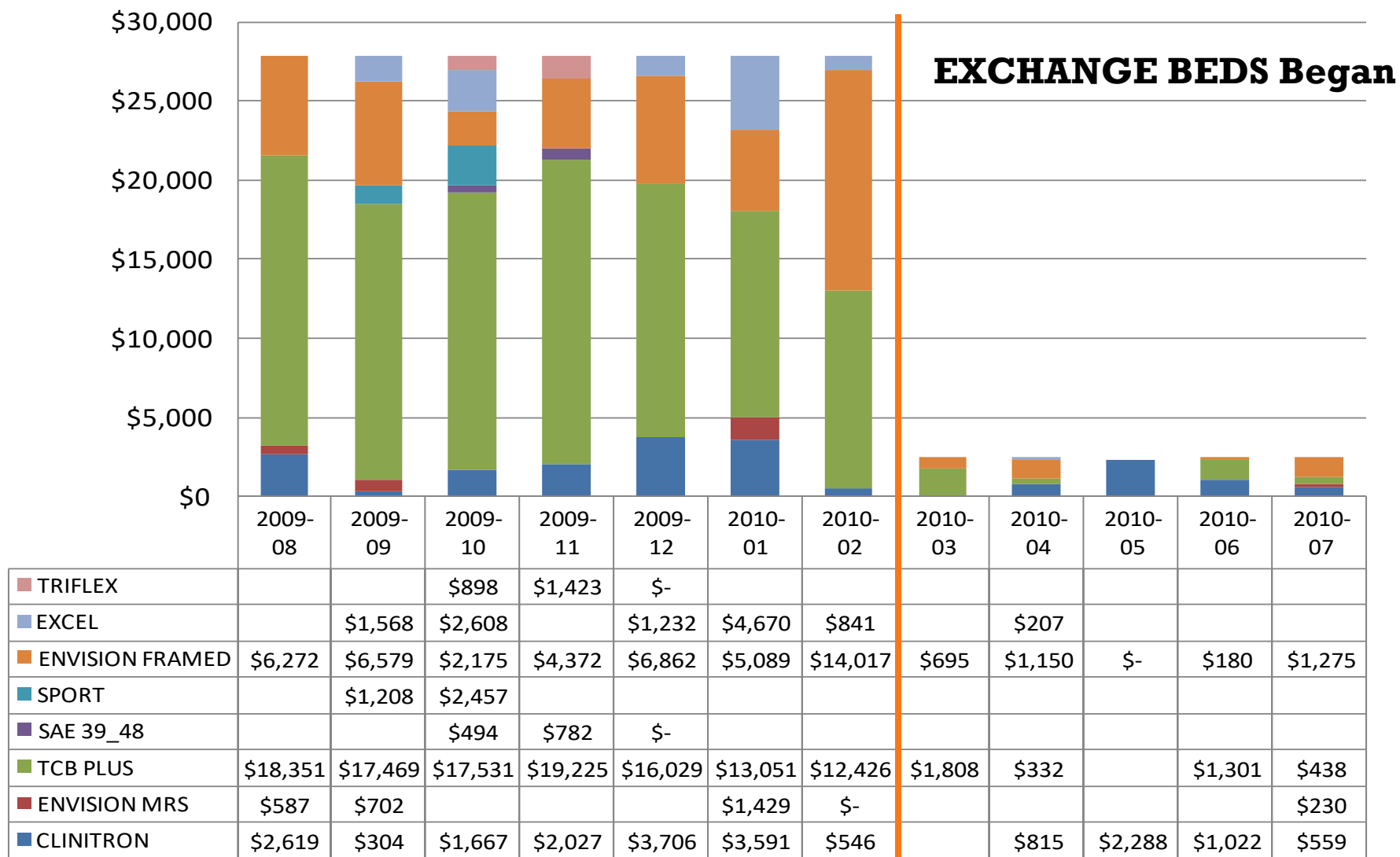


HINT:
Your Rental
Bed
Company
Has this Data

JUSTIFYING YOUR ROLE IN BUDGET LANGUAGE

COST WITH
SPECIALTY
BED
RENTALS

HINT:
Your Rental
Bed
Company
Has this Data



MONTHLY TRACKING OF BED RENTALS

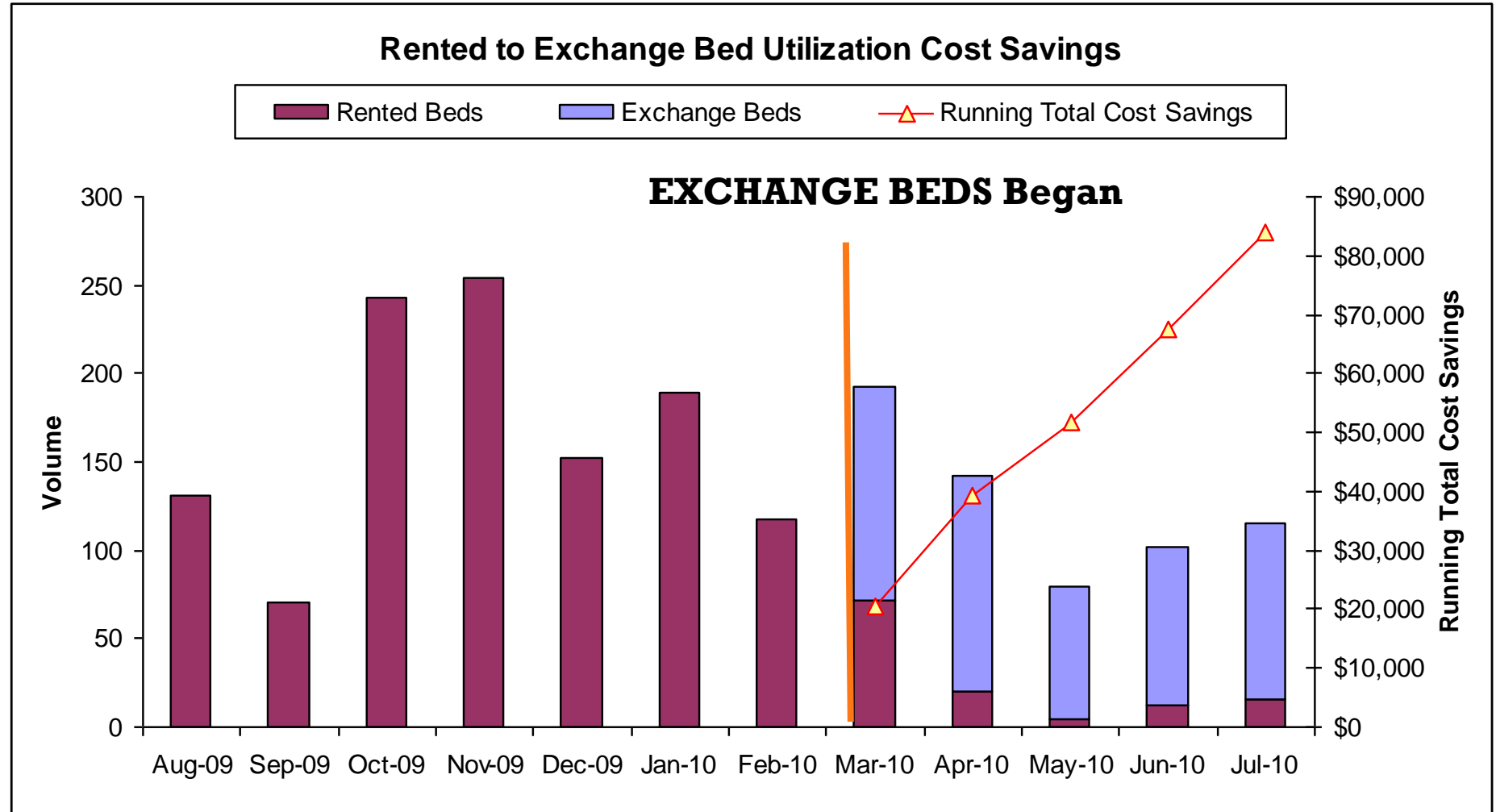
NAME	ON	OFF	BED	TOTAL	MATCH
SRHS				DAYS	INVOICE
NOVEMBER					
PATIENT A	10/15/2013	11/14/2013	CLINITRON	14	Y
PATIENT B	11/10/2013	11/20/2013	CLINITRON	11	Y
DECEMBER					
PATIENT C	12/10/2013	12/16/2013	EXCEL	7	Y
PATIENT D	12/13/2013	12/18/2013	EXCEL	6	Y
PATIENT E	12/13/2013	12/20/2013	CLINITRON added trapeze 12/18	8	Y
JANUARY					
PATIENT F	01/13/2014	01/18/2014	SYNERGY	6	Y
PATIENT G	01/21/2014	01/31/2014	EXCEL	11	Y
FEBRUARY					
PATIENT H	02/01/2014	02/11/2014	EXCEL	11	
PATIENT I	02/04/2014	02/07/2014	EXCEL	4	
PATIENT J	02/09/2014	02/11/2014	SYNERGY	3	
PATIENT K	02/12/2014		EXCEL		
PATIENT L	02/14/2014		CLINITRON		

ROI: RETURN ON INVESTMENT

EXCHANGE BED USAGE CAPTURED VIA CHARGE MASTER

HINT:
Your data
technology can
produce monthly
& yearly graphs;

Create a monthly
dashboard to
present to
Manager/Director



USE GUIDELINE PROTOCOLS

W-1 - Initial Assess and Development of POC	1,264
W-2 - Follow-up Asses and Modification of POC	783
W-3 - Complex Wound - Fistula, VAC, Etc.	492
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■ 3 LOW-HANGING FRUITS

- Skin tears
- Incontinence associated dermatitis
- Intertriginous dermatitis

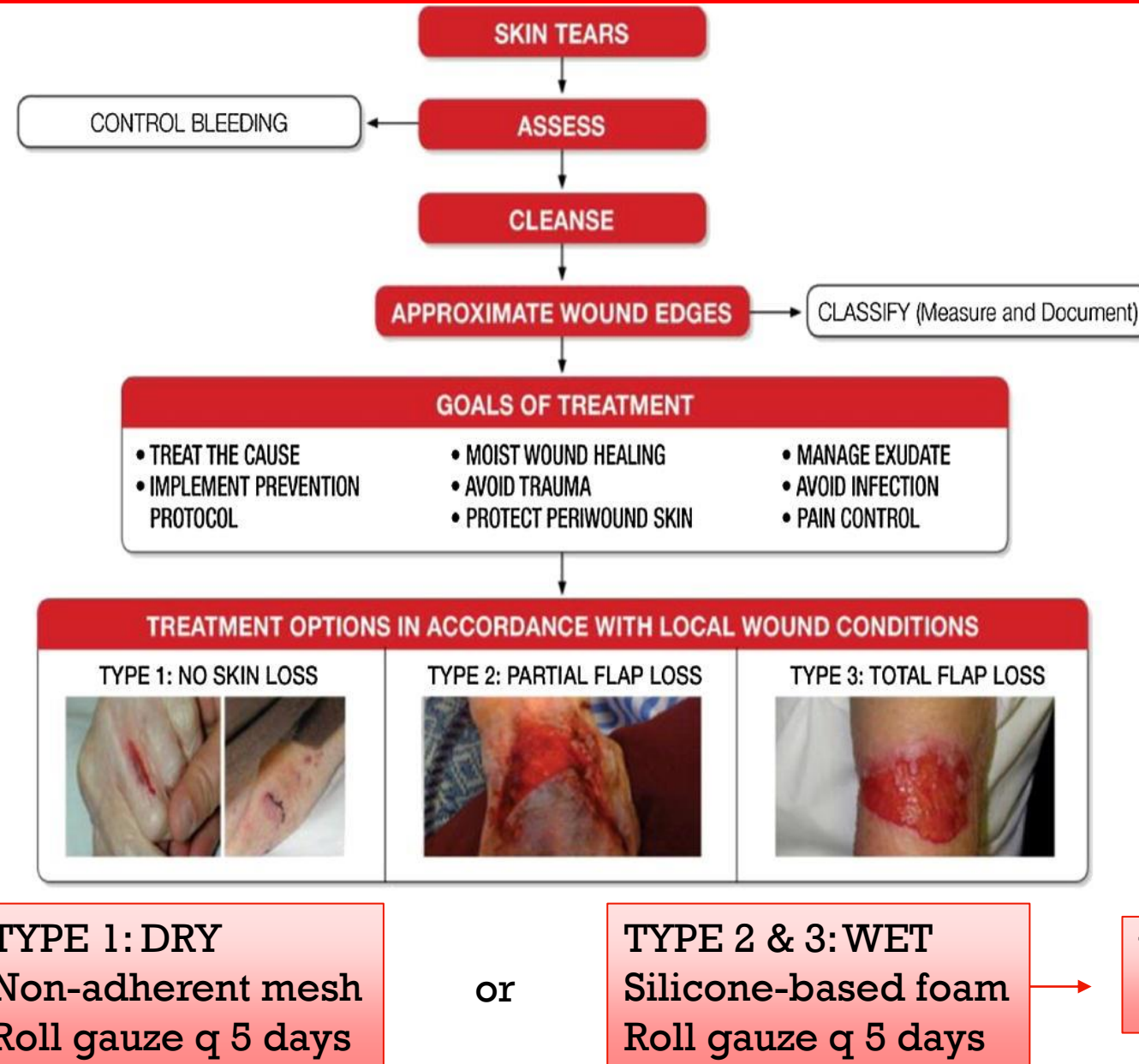
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DRIVE CLINICAL PROGRAM

Consultant vs. Treatment Nurse

ISTAP SKIN TEAR DECISION ALGORITHM










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IAD SEVERITY TOOL

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CLINICAL PRESENTATION	SEVERITY OF IAD	SIGNS	TREATMENT
	No redness & skin intact	Skin at normal baseline of host	Continence care wipe (3-in-1 cleanser + skin protectant + moisturizer) 
	Category 1 Red (mild) Skin intact	Erythema May have edema	3-in-1 Continence care wipe <i><u>ADD prn</u></i> Skin protectant <i>if worsening erythema/skin condition</i>  
	Category 2 Red Skin breakdown Moderate to severe	Erythema; may have edema May have: Vesicles/bullae/skin erosion Denudation Skin infection 	3-in-1 Continence care wipe, Skin protectant w/ absorption, containment device, WOC consult r/o secondary infection  

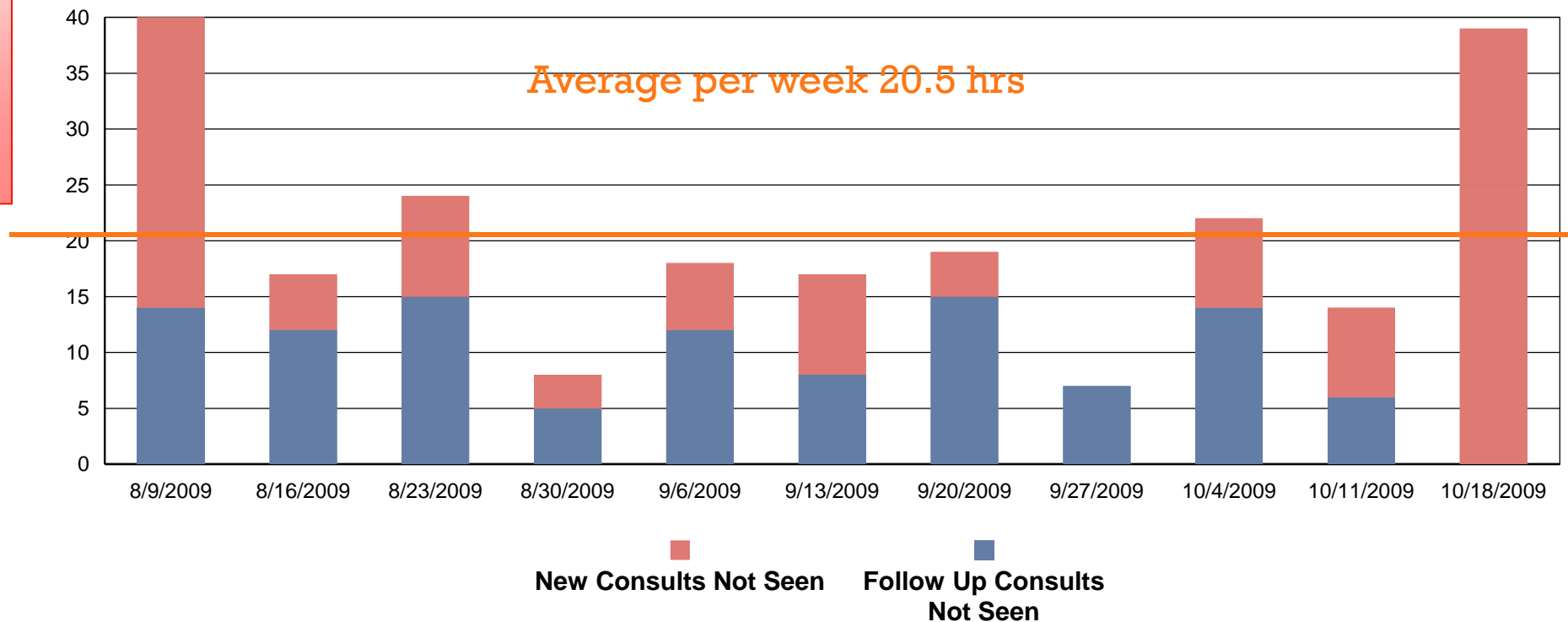


DO I NEED
ANOTHER FTE?

0.5 FTE Missed/Delayed Consults

HINT:
Delayed
consults
speaks to
quality &
financial
indicators

NUMBER OF MISSED/DELAYED CONSULTS PER WEEK



IN SUMMARY

- Qualify & Quantify your time/duties via data using industry tools
- Input your data in patient tied summary reports
- Lean analysis of: processes, consult protocols, system cost/quality roles (beds, NPWT, products), time analysis, delayed consults
- Business plan for additional FTE, extenders, techs

REFERENCES

- Incontinence-associated dermatitis: Moving practice prevention forward, addressing evidence gaps for best practice. (2015, Feb). *Wounds International*. Retrieved at www.woundsinternational.com.
- LeBlanc, L., Baranoski, S., Langemo, D., Edwards, K., Holllowary, S., Gloeckner, M.,...Woo, K. (2016, January). The art of dressing selection: A consensus statement on skin tears and best practice. *Skin & Wound Care*, 29(1), 32-46.
- Saunders, K. (2016). Building and justifying a comprehensive WOC nurse team. *Journal of Wound Ostomy Continence Nursing*, 43(4), 341-345.