

# Wound Care Center (WCC) and Case Management Synergy in a Rural Setting

*Marcus S. Speyrer, RN, CWS*

*Chief Operating Officer*

*Certified Wound Specialist*

*The Wound Treatment Center, LLC*

In today's rapidly changing healthcare environment, it is imperative that healthcare providers make the best use of their relationships with suppliers who can provide the follow-up care necessary for patients. In our center, we are constantly searching for ways to decrease length of stay (LOS) and minimize readmissions, and we have become aware that extended length of stays and readmissions negatively affect the bottom line.

Case management is a collaborative process that requires a team approach to effectively meet the complex needs of patients. Case managers provide transitional care in hospitals and in communities. Many work closely with physicians and social workers to obtain services for people who need long term care or home care after hospitalization. Case managers also work to assure that complex

patient needs are met, making provisions for the current and future needs of patients. In addition, case management nurses promote quality care that encourages appropriate use of available resources.

I would like to share our experience as a provider of wound care services in a rural area. We are contracted to provide hyperbaric oxygen therapy and wound care services to Opelousas General Health System. The health system is a two campus, 225-bed, full-service medical center and the area's most comprehensive community health care facility. We provide both inpatient and outpatient services. Case management is incorporated into our daily operations.

Providing continuity of care is crucial to maximizing positive outcomes for patients.

We assist case managers and physicians in discharge planning for inpatients with wound issues. We help determine the best solutions for discharge based on the condition of the patient. Some patients may require additional care, resulting in a determination that consultations with long term acute care facilities or skilled nursing facilities are warranted. Patients who do not meet criteria for long term acute care facilities or skilled nursing facilities are followed as outpatients in the wound center. We provide services 7 days a week. Performing both inpatient and outpatient services allows us to provide continuity of care, with the same staff caring for them as outpatient and inpatient.

The synergy between case managers and our wound care team provides for excellent care. In today's rapidly changing healthcare environment, it is imperative that healthcare providers make the best use of their relationships with suppliers who can provide the follow-up care necessary for patients. In our center, we are constantly searching for ways to decrease length of stay (LOS) and minimize readmissions and we have become aware that extended length of stays and readmissions negatively affect the bottom line.

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The synergy between case managers and our wound care team provides for excellent care of the patient. Case managers work with the patient's payer to obtain authorization for services. Case managers communicate authorization status with our wound care team, and collectively we assist the physicians with the optimal plan of care for each patient.

Hyperbaric oxygen therapy is an adjunctive treatment modality we use to treat chronic refractory osteomyelitis. Most of these patients

need long term antibiotics either orally or intravenously. Administering intravenous antibiotics while a patient receives their hyperbaric oxygen treatments allows them to be discharged in a timely manner and assures they continue to receive appropriate care. Our Wound Care Center assists in coordination of these services and is the point of contact for their outpatient care. Outpatient care has been deemed to be cost effective and affords optimal reimbursement for the facility.

The second area of synergy between case managers and the Wound Care Center (WCC) is in the area of Negative Pressure Wound Therapy (NPWT). Patients who are initiated on NPWT as inpatients usually need to be discharged home with NPWT. The Wound Care Center assists case management by placing orders online for outpatient NPWT early in the discharge process.

KCI is our provider for NPWT. We use KCI's V.A.C. READY CARE™ Program. This Program allows facilities to keep an in-house inventory of the outpatient ACTIV.A.C.® Therapy Unit to convert patients who will be discharged on NPWT. Once we have approval from KCI, we can transition these patients to an outpatient device. KCI verifies the benefits and eligibility of NPWT directly with the insurance provider. We keep several of these devices available and confirm placement once transition is complete. KCI then restocks our inventory. This allows patients to be discharged in a timely manner and not delay their discharge while awaiting delivery of the outpatient ACTIV.A.C.® Therapy Unit.

Some best practices for Case Managers when discharging to a WCC:

- Verify benefits and eligibility and obtain authorizations for outpatient services.
- Coordinate with WCC scheduling for these services.
- Use WCC to help with the continuum of care in conjunction with Home Health Agencies.



Here is an example of the synergy between case managers and our wound center. We treated a sixteen-year-old young man who has spina bifida and developed a necrotizing infection to his left lateral foot and osteomyelitis to his left heel. He presented to the Emergency Department and was admitted to the hospital. He was seen in consultation by the surgeon on call. The patient underwent debridement, and amputation was recommended. The family was devastated and requested a second opinion. Our medical director, who is a general surgeon, evaluated the patient and performed an additional debridement adding NPWTi-d, V.A.C. VERAFLOR<sup>TM</sup> Therapy, and hyperbaric oxygen therapy. Case management facilitated getting approval for his outpatient care with his insurer to include outpatient hyperbaric oxygen therapy, intravenous antibiotics, V.A.C.<sup>®</sup> Therapy and transportation. Once the approval notification was received from [www.KCIExpress.com](http://www.KCIExpress.com), we were able to convert his inpatient V.A.C.<sup>®</sup> Therapy to an outpatient ACTIV.A.C.<sup>®</sup> Therapy Unit, and he was discharged home. He completed his course of therapy with complete healing and eradication of his osteomyelitis. Without case management doing its due diligence to coordinate care, this patient would have remained in the hospital for an extended period of time, which would have caused a financial burden on both the hospital and the patient's family.

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**MARCUS S. SPEYRER, RN**

Marcus S. Speyrer, RN, CWS is the Chief Operating Officer and Partner in The Wound Treatment Center, LLC at Opelousas General Health System in Opelousas, LA. He began in wound care in 1993. He is a Registered Nurse and Certified Wound Specialist. He received his Associate Degree in Nursing at the University of New York-Regents College in 1995.

and deployment of the KCI iON HEALING™ smart phone application for use in both the acute and post-acute arenas. Through iON HEALING™ Mobile App, V.A.C.® Therapy orders can be placed, supply levels maintained, and telephone consultations conducted, all from the palm of a clinician's hand.

The investment in these efforts, and many more, represent the responsibility KCI feels towards patients, providers, and payors as we all work together to improve our healthcare system. For any questions or additional comments, please visit KCI's website at [www.acelity.com](http://www.acelity.com), or call our customer support line 24 hours a day, seven days a week at (800) 275-4524.

#### References:

1. Nussbaum SR, Carter MJ, Fife CE, et al. An Economic Evaluation of the Impact, Cost, and Medicare Policy Implications of Chronic Nonhealing Wounds. *Value in Health*. 2018;21(1):27-32. doi:10.1016/j.jval.2017.07.007.



**BENJAMIN CHOUTEAU**

*VP, Managed Care, MCO National Accounts  
KCI*