

# Challenges of a Wound Care Center: Compliance & COVID-19

Marcus S. Speyrer, RN, CWS, DAPWCA

Marcus S. Speyrer, RN, CWS is the Chief Operating Officer and Partner in The Wound Treatment Center, LLC @ Opelousas General Health System in Opelousas, LA. He began in wound care in 1993 and 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. Mr. Speyrer is a consultant for KCI.



Patient compliance can mean the difference between optimal wound healing or negative health issues and outcomes. A recent discourse analysis of 62 staff members working within the district nursing service of one English National Health Service Trust showed that non-compliance could pose serious problems for the management of wounds.<sup>1</sup> Patient compliance and continued access to medical care are important factors that contribute to effective wound healing.

## Increasing Patient Compliance in Our Facility

In our experience, patient compliance in a wound center begins with open communication between the patient and the wound care team. Among our patient population, many are switching health coverage from one plan to another to obtain better premiums. Performing procedures or using advanced modalities without authorization may lead to insurance denials resulting in patients being financially responsible and, potentially, less compliant with their wound care regimen. As such, we ask the patients to notify us if they have a change in coverage. Our registration department does monthly checks on our patients and if there is a change in insurance status, we have the patient return to the admissions department so they can re-register with the updated and new insurance information. This small area of focus, while seemingly innocuous, ensures that we are getting authorizations for procedures that the patient may need to optimize their outcomes and recovery.

In our experience, chronic wound patients usually have multiple comorbidities including, but not limited to, diabetes, obesity, autoimmune diseases and peripheral vascular disease. These comorbidities create challenges

for wound center teams with respect to healing these chronic wounds. With this in mind, wound centers spend a lot of time educating patients on proper nutrition, diabetes control, proper off-loading, and the need for smoking cessation. A prospective, randomized, controlled study of consecutive patients who presented to the emergency department (ED) of a community teaching hospital with lacerations necessitating wound repair during a three-month study period sheds some empirical evidence on the importance of education.<sup>2</sup> A total of 234 patients were successfully contacted by telephone; 105 (45%) had been given ED release instructions with cartoons and 129 (55%) without cartoons. There was no significant difference in age, gender, level of education, or satisfaction with the ED visit between the two groups. The patients given cartoon instructions were more likely to have read the instructions (98% vs 79%,  $p < 0.001$ ), were more likely to answer all wound care questions correctly (46% vs 6%,  $p < 0.001$ ) and were more compliant with daily wound care (77% vs 54%,  $p < 0.01$ ).<sup>2</sup> In the end, developing a good rapport with patients and constantly educating them is necessary to have the best possible outcomes.

## Providing Wound and Medical Care during the COVID-19 Pandemic

Compliance has become a greater challenge during the COVID-19 pandemic. While wound care management and treatment at our facility has remained essential during these trying times, other healthcare facilities have not been as lucky. Our wound center works with the patient's referring physician to assist in getting the proper documentation submitted for wheelchairs, diabetic shoes, compression stockings and pneumatic compression devices. However, this has become slightly more difficult

with the reduction of medical care deemed non-essential and the impact of the pandemic on primary care facilities.

We have a large practice averaging 350 hyperbaric oxygen (HBO) treatments and 1000 wound care visits per month providing wound care services to both inpatients and outpatients. To ensure compliance, our staff called to confirm patients' appointments and to give them instructions on the screening criteria set forth by the hospital. We also communicated with the home health agencies to ensure compliance on both their part and our patients with upcoming visits. Our goal was to ensure our patients did not miss appointments or dressing changes because this could result in wounds becoming infected, thereby requiring patients to present to the emergency department and overburden the system.

With our extensive experience with HBO therapy, our facility was at the forefront of initiating HBO therapy for COVID-19 patients. Since Louisiana was a 'hot spot' for the pandemic, our area had a large number of COVID-19 positive cases. Our protocol was to intervene before the patients deteriorated and needed mechanical ventilation. We established a protocol with the hospitalists and the critical care pulmonologist and were highly successful in treating patients in respiratory distress. All of the patients we treated were kept off a ventilator. One of the challenges we faced in treating COVID-19 positive patients was the coordination of patient transport to and from HBO treatment. We had to coordinate transport of these patients from the intensive care unit and another floor designated for COVID-19 positive patients. We worked with our command center to establish the best route to and from our hyperbaric unit to ensure

patients and staff members remained safe. To maintain compliance for safety, it took constant communication between our department and the staff within the facility. We treated our outpatients receiving hyperbaric oxygen therapy early in the day. Once our outpatients were completed, we prepared our hyperbaric center to provide treatments for the COVID-19 positive patients. The COVID-19 patients were treated according to protocol and transported back to the inpatient units. Our staff then thoroughly cleaned the HBO chambers according to Centers for Disease Control and Prevention and manufacturer guidelines. Additionally, environmental services terminally cleaned our center so we could proceed for the next day.

Patient compliance as a determinant of improved wound outcomes is multifactorial and involves the dedication and commitment of many stakeholders. It has been extremely rewarding as a healthcare provider to see our patients continue to improve as we have worked seven days a week with staff who have tirelessly shown up and put patients first during these unprecedented times.

#### References

1. Hallett CE, Austin L, Caress A, Luker KA. Community nurses' perceptions of patient 'compliance' in wound care: a discourse analysis. *J Adv Nurs* 2000;32(1):115-123. doi:10.1046/j.1365-2648.2000.01407.x.
2. Delp C, Jones J. Communicating information to patients: the use of cartoon illustrations to improve comprehension of instructions. *Acad Emerg Med* 1996;3(3):264-270. doi:10.1111/j.1553-2712.1996.tb03431.x.

©Copyright 2020 3M. All rights reserved. 3M and the other marks shown are marks and/or registered marks. Unauthorized use prohibited. PRA-PM-US-02524 (06/20).