

Wound Care Under Pressure

The COVID-19 crisis threatened to disrupt the treatment of wounds—but wound care clinics made sure no patient fell between the cracks

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Ms. Weir has been Board Certified by the Wound, Ostomy and Continence Nurses Certification Board since 1985 (CWON) and The American Board of Wound Management since 2004 (CWS). She is the co-chair of the Symposium on Advanced Wound Care, was on the founding Board of the Association for the Advancement of Wound Care. She is a frequent lecturer on all aspects of wound management, has authored and co-authored many journal articles and 9 book chapters. Ms. Weir is a consultant for 3M.



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The COVID-19 pandemic derailed just about every aspect of life, including the treatment of medical conditions. Some wound care clinics, deemed non-essential, closed their doors. While others had to scramble to adapt to pandemic safety protocols. Remarkably, health providers rose to the challenge. As exemplified by the experiences reported here, they did what it took to keep wound care on track.

No time to lose

The Saratoga Hospital Center for Wound Healing and Hyperbaric Medicine managed to stay open during the worst of the pandemic in Saratoga Springs, NY. "I'm so glad we didn't have to close, because treating these patients in the emergency room wouldn't have worked well," says Dot Weir, a wound care nurse at the clinic.

Turning on a dime, the clinic implemented measures to keep everyone safe, including masks for all patients and staff. Even so, a number of patients feared risking exposure to COVID-19 at the clinic, so many consultations occurred online. "Patients sent us pictures of their wounds," Weir explains. Despite the initial challenge of making clinical assessments based on remote images, we adjusted.

The clinic also made the difficult decision to suspend visits from family and friends, except in limited circumstances such as cognitively impaired patients. To keep loved ones in the loop, "we gave them updates outside in their cars," says Weir.

The Mercy Healing Center, a hospital clinic in Cedar Rapids, Iowa, adapted to the pandemic with equal agility. To keep person-to-person contact to a minimum, "we offered extended enzymatic debridement or extended-wear dressing options to some of our stable patients who normally would come in for weekly debridements," says Jonathan Arnold, the clinic's medical director.

Like Weir, Arnold and his team made the most of virtual care. "We sent patients home with transparent measuring devices they could place over the wound, which allowed us to size the wound during video conferences," he says. Whenever possible, patients with venous leg ulcers transitioned from clinic-applied wraps to stocking wraps they could apply on their own, followed up by a phone or video consultation.

Good products for hard times

Reaching for her "old standbys" during the peak of the pandemic, Weir relied on

the ACTIV.A.C.™ Therapy System for her ambulatory patients. She also transitioned eligible patients to the SNAP™ Therapy System as early as possible. "This meant we could reduce dressing changes to twice a week, and patients loved the freedom of switching to a more disposable system," she says.

As in many wound centers, venous leg ulcers comprise the largest proportion of wounds at Weir's clinic, and this didn't change with the pandemic. Depending on drainage, Weir utilizes 3-to-4 layer compression or the 3M™ Coban™ 2 Layer Compression System to help manage her patients with venous leg ulcers.

Arnold also offered V.A.C.® Therapy and the SNAP™ System to all suitable candidates, just as he did before COVID-19. "These systems are particularly useful in that they isolate wounds and require fewer dressing changes," he says. What's more, the two ACTIV.A.C.™ Systems as part of his V.A.C. READY CARE™ Program at his center "minimize the time of product application and decrease traffic." In cases that called for extended applications, he favored PROMOGRAN™ Matrix Wound Dressing and PROMOGRAN PRISMA™ Matrix for their strong potential to support healing.

Lessons learned

For Weir, managing patients with wounds throughout a pandemic has brought home the importance of "making the most of each patient appointment," rather than "debriding just a little bit and putting the rest off for the following week." By the same token, she recommends moving to advanced products as quickly as possible, noting the importance of "using techniques that will support wound closure, especially negative pressure, sooner rather than later." Arnold, for his part, suggests that all wound-healing centers dealing with COVID-19, triage patients based their level of risk and ability to understand their treatment, while "taking advantage of advanced wound care products like V.A.C.® Therapy and the SNAP™ System."

The pandemic has also revealed that virtual wound care can work, at least part of the time. Going forward, Weir is confident her clinic will further improve its telehealth services "so we can accomplish more in each visit." She also anticipates more virtual wound care education and in-servicing by account representatives.

Three months after the start of the pandemic, in-person visits at Weir's clinic have almost returned to pre-COVID-19 levels—which is not to say that things have gone back to the old normal. Patients are still screened before entering the building and they (along with staff) continue to wear masks. As we look to the future of wound care in the second half of 2020 and beyond, it is important to recognize that COVID-19 will likely remain a constant threat in healthcare environments that will require enhanced vigilance and flexibility. We must continue to learn and share best practices from across the wound care community in order to ensure that patients are able to safely achieve the wound outcomes that will enhance their quality of life while protecting frontline healthcare workers. All told, Weir believes the lessons learned from COVID-19 will "benefit our colleagues, our own professional development, and the care we give our patients."

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