8 STEPS TO DEVELOPING A COMMUNITY-BASED WOUND CARE TEAM:

A PRACTICAL GUIDE FOR REACHING BEYOND WOUND CENTER WALLS

Measuring a wound clinic’s success goes beyond patient outcomes and includes the perceptions of referring clinicians. Ensure that your facility is making its mark in your community.

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Despite the obvious cliché, time truly is of the essence when it comes to wound care — regardless of etiology. Since the advent of “wound care centers” in the 1990s, the concept of receiving interdisciplinary treatment under one roof by a group of specialists has grown exponentially and is dominated by several companies that develop such centers, which are typically hospital-based. That being said, outside companies do not manage every hospital-based wound center that exists today, and not all wound care providers are affiliated with wound centers.

Despite the prevalence and acceptance of these centers, many patients never receive early referrals or are taught why early intervention versus self-management is so important. Countless dollars are spent on advertising and marketing of wound centers, yet, in many instances, there exists a disconnect that impedes the timely care they’re supposed to provide. At the same time, potential referring physicians may have negative perceptions of wound centers related to quality of care, billing practices, and overall reputation that can all contribute to reluctance on their part (and among patients alike) to entrust such services.

This places a heavy responsibility on those clinicians who are seeking to develop an interdisciplinary wound care team within their local community to do so in a comprehensive, responsible manner that ensures the basis of a solid reputation that extends beyond the reach of the wound center into the community at large. This article provides suggestions that should prove beneficial in achieving these efforts.

1) DO YOUR RESEARCH

As with any endeavor, one’s “homework” requires self-education. Further readings should be conducted, but here are a couple examples related to wound care: Peter Sheehan, MD, et al published a landmark paper in 2003 that still rings true today.

The paper highlights the importance of time as it relates to the healing of diabetic foot ulcers (DFUs). During their trial, Sheehan and his colleagues noted a change in the percentage of wound area as a prognostic value in helping distinguish those who will have a difficult time in healing versus those who will heal readily, when utilizing fundamental standard wound care.

In April 2010, the Consensus Recommendations on Advancing the Standard of Care for Treating Neuropathic Foot Ulcers in Patients With Diabetes were established by Robert Snyder, DPM; Jason Hanft, DPM; Lawrence Lavery, DPM; and several other noted experts in the wound care field as a comprehensive guide to assist providers in an evidence-based approach to treating DFUs. Among the panel’s messages among, which further validate Sheehan’s findings, is the premise that prolonged healing times increase the risk for morbidity, infection, hospitalization, and amputation, so expedient wound closure should be the primary goal in the treatment of DFUs.

2) CONSISTENCY COUNTS

Many providers who are staffed in a wound center may only be in the facility on a part-time basis, meaning there are no guarantees that everyone will be “on the same page” unless a true effort is made by the clinical coordinator, hospital, or management company as well as all staff employed. We also know the majority of patients seen in wound centers are living with multiple comorbidities typically necessitating management by several specialists. The dynamics of a wound center can be unique and challenging, as not all providers utilize the most current technologies or evidence-based methods we have available, especially among those who are in the twilight of their career and may be reluctant to embrace new methods. But it’s well documented that the team approach to wound care is not only the most effective way to practice, but the most efficient. Functioning as a team also spreads and shares potential liability and can easily be accomplished by regularly scheduling interdisciplinary team meetings and fostering an environment where suggestions and constructive criticism are sought after and accepted. All team members should be trained to use any programs utilized and all protocols put in place within one facility. The team approach has especially been validated in the management of diabetes.

3) SOCIAL MEDIA: HERE TO STAY & SHOULD BE UTILIZED

You are not alone if you remain over-
whelmed or intimidated by the presence and pressures of social media. The use of smart phones and mobile computers by both young and old has paralleled the explosion of this resource. If you’re in a wound center or are seeking to launch one, you need a professional social media presence if you’re going to maximize your opportunities to communicate with patients and fellow providers as well as to research other providers in your region. However, do not try to master social media overnight. Instead, browse the various sites as you would TV channels or web sites in general. As you no doubt have learned to surf in both capacities, you can begin to adapt your use of social media with the same mindset. Consider these advantages even if you have been slow to adapt to the use of social media:

- It’s a very cost-effective (free) way to spread the word. Social media is exactly that — news and information-sharing that’s maintained socially. You can build credibility within your community as well as the wound care community at large by using these sites. An easy way to start is to post photos of your wound center or announce news of a grand opening and/or new staff.
- You control what you share. As your social media sites’s “administrator,” you dictate what you communicate. Sharing patient success stories (while being mindful of HIPAA compliance) and posting articles that have been published in other venues (while being mindful of copyright laws) are great ways to reinforce your brand. Making regular posts and updates daily or weekly will help you increase your number of online “followers,” “members,” and “fans.” Repetition is the key to success.

4) USE YOUR EHR TO FULL CAPACITY

While we’re on the subject of informatics, an electronic health record (EHR) that focuses on wound care not only ensures documentation compliance and, most likely, appropriate billing levels, it can demonstrate your level of expertise to other providers and establish further incentive for them to refer to your center. Include photos and notes if you have a case of a patient that a provider has made to you (again, be mindful of HIPAA and HITECH).

5) NETWORK, NETWORK, NETWORK

Show other providers your work by constructing marketing materials that detail your practice and, when feasible, hand deliver such records to referring providers. Use this opportunity to also develop relationships with other referring practices. Additionally, networking opportunities abound through dinner programs that function as a means to present scientific information regarding wound care. These events offer great ways to gain insight while meeting fellow providers. Industry representatives know who the dedicated providers are in a given region and can serve as a conduit to bring the wound care team together. Industry plays an important role in wound care on multiple levels. Product development and marketing are the lifeblood of any company, but the importance of education is also recognized as a way to increase sales and raise awareness within the medical community.

6) VOLUNTEER

The giving of your time as a local volunteer is not only satisfying, it shows a level of sincerity. Participating in health-care screenings is a great way to meet other like-minded providers and to further enhance your reputation. Consider a neighborhood church, for example.

7) REFER TO OTHER PROVIDERS

As difficult as it may be to imagine, there are patients who will find their way into your wound center who are not under the care of a primary physician. Referrals to primary care providers can play an important role among wound care specialists. Vascular interventionalists, infectious disease specialists, and others who show an interest in wound care may not realize their roles within a community wound care team, as they are typically focusing on their tasks at hand. Making referrals allows these groups to recognize you as someone who is engaged in wound care beyond wet-to-dry dressings.

8) JOIN OR CREATE A PROFESSIONAL ORGANIZATION

As the co-founder and board member of the Save A Leg, Save A Life (SAL-SAL) Foundation, I’d be remiss to not encourage others to join the organization, a multidisciplinary nonprofit dedicated to the reduction in lower extremity amputations and improving wound healing outcomes through evidence-based methodology and community outreach. One of the purposes of SAL-SAL is to bring providers together in a collegial forum that facilitates better care and outcomes. Even podiatrists and vascular surgeons who never interacted previously now collaborate in treating patients, regardless of whether they work in the same wound center. The team approach expedited by SAL-SAL is open to anyone interested. Learn more by visiting www.savealegsavealife.org.

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References