



Integrating a Wound Care Specialist Into Your Long- Term Care Facility

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Objectives

BY THE END OF THIS COURSE PARTICIPANTS WILL BE ABLE TO:

Understand the history of the Wound Care Nurse specialty

Identify the benefits & “gold standard” for wound nurse certifications

Recognize wound nurse certifications available via the WOCN Society

Describe evidence-based knowledge on the use of wound nurse certification

Identify good candidates for hiring a wound nurse specialist

Understand the full potential for wound nurse specialists in facilities

History of Wound Care Nurses

Since the professions' induction, nurses have cared for patients in all areas of specialties. As these generalists oversaw areas of expanding specialties, the need for individuals to focus their attention on particular areas of nursing became evident. Wound care nursing was one such specialty.

Wound care specialists came about through an unrelated area. In 1961, enterostomal nurse training began through the efforts of Dr. Rupert Turnbull, a Cleveland Clinic colorectal surgeon and Norma Gill, his former patient.

History of Wound Care Nurses

The specialty grew to incorporate wound and continence care specialties. Everything came together in a mere 7 years to form the Wound Ostomy Continence Nurse (WOCN) Society in 1968, the largest, oldest and most prestigious organization of its kind.

The WOCN Certification Board (WOCN-CB), via the WOCN Society, is considered the “**GOLD STANDARD**” for certifying wound specialists.

History of Wound Care Nurses

Achievement of any certification available through the WOCN–CB is defined by completion of:

- ✓ An approved curriculum
- ✓ Clinical hours with approved preceptors
- ✓ Extensive & challenging board exams
- ✓ Rigorous process for re-certifying every 5 years

Benefits of Certification

“It gives consumers and payers some assurance that the designee has attained an expert level and agrees to engage in lifelong learning, with implied allegiance to best practice, leadership, safety, and achievement of superior patient outcomes” (Corbett, 2012, pg 190).

Wound nurse specialists outperform their generalist nurse counterparts in specialty related topics.

Benefits of Certification

Topical wound care (choosing dressings) is the tip of the iceberg. All systems of the body affect skin health and wound healing.

Wound specialists are trained at varying levels to understand the association of pathophysiology and skin health.

Benefits of Certification

Specialty certification has improved all the following:

- ✓ Cost
- ✓ Patient satisfaction
- ✓ Nurse Staffing
- ✓ Retention rates
- ✓ Workplace empowerment
- ✓ Patient outcomes
- ✓ Patient Mortality
- ✓ Patient safety (Corbett, 2012, pg 190)

Title 22. Social Security.
**Division 6. Licensing of Community
Care Facilities.**
**Chapter 1. General Licensing
Requirements.**
Article 8. Incidental Medical Services.
Section 80092.9. Wounds.

Title 22: Social Security

Wound Care Nurses & Social Security Requirements

With stringent requirements by Social Security on the level of wounds acceptable for placement in a Community Care Facility (CCF), wound care specialists are integral for a successful system.

Frequently non-specialists categorize pressure injuries incorrectly. This could result in patients who are appropriate for CCFs being denied.

Additionally, incorrect staging of pressure injuries can result in inappropriate patients being accepted to an CCF.

Title 22: Social Security

A licensee of an adult CCF may accept or retain a client who has a serious wound if all of the following conditions are met:

- 1) The licensee is in compliance with Section 80092.1.
- 2) The wound is either an unhealed, surgically closed incision or wound, or determined by the physician or a licensed professional designated by the physician to be a Stage 1 or 2 dermal ulcer and is expected by the physician or designated professional to completely heal.

Title 22: Social Security

3) The licensee ensures that a licensed professional in accordance with the physician's instructions provides the wound care.

(A) The licensed professional may delegate simple dressing to facility staff who received training from a licensed professional as specified in Sections 80092.1(k) through (k)(2).

(B) Repealed by Manual Letter No. CCL-07-01, effective 1/12/07.

Title 22: Social Security

4) The licensee ensures that a licensed professional assesses the wound at intervals set by the physician, or a licensed professional designated by the physician, to evaluate treatment and progress toward healing.

5) The licensee ensures that all aspects of care performed by the licensed professional and facility staff are documented in the client's file.

(B) Non-serious wounds, which include but are not limited to minor cuts, punctures, lacerations, abrasions, and first-degree burns are not affected by this section.

Wound Nurse Certifications

WTA-C = Certified Wound Treatment Associate

CWCN = Certified Wound Care Nurse

AP-CWCN = Advanced Practice Certified Wound Care Nurse

Wound Ostomy Continence Nurse Society

WOCN Society and WOCN-CB are accredited through:

- Accreditation Board for Specialty Nursing Certification
- National Commission for Certifying Agencies

Accreditation: Validity and reliability testing are conducted by the certifying organization to support the credentials then earned by the participants.

As of 2012, even physicians were yet to have an official wound specialty certification process, leaving only self-proclamation.

WOCN-CB Wound Examination Topics

Anatomy & Physiology of Skin and other tissue
Factors leading to skin breakdown and wounds
Policy Creation & Regulatory issues
Wound Healing & Related barriers
Assessments & Documentation
Wound Management
Topical Therapy
Responding to Non-Healing Wounds
Lower Leg Ulcer Management

WTA-C Certification

How does someone become a
WTA-C?

Wound Treatment Associate Certified

The WOCN Society developed the Wound Treatment Associate program to respond to the increasing demand for wound knowledgeable nurses. WTAs provide optimal care under the care of a CWCN or LIP in the areas of skin health, acute and chronic wounds, as well as pressure injury prevention program, and much more.

WTA-C Certification

How does someone become a
WTA-C?

- 1) Obtain Licensed Vocational Nurse (12–15-month program) or Associate Degree Nurse license (2 years).
- 2) Prepare for the certification exam. Three options:
 - a. WOCN Society's WTA Course (32.25 CEU with clinical requirements)
 - b. WebWOC Self Paced course (24 CEU)
 - c. 100 hours shadowing a wound specialist
- 3) For options a & b above, shadow with wound specialist for 16 hours
- 4) Pass the WOCN-CB certification exam

CWCN Certification

How does someone become a
CWCN?

Certified Wound Care Nurse Certification

- 1) Obtain BSN degree (4-year college degree) or higher
- 2) Have 1 year nursing experience, and current clinical experience within the past 5 years
- 3) Prepare for the certification exam by attending one of the following WOCN Society accredited CWCN programs:
 - a. Cleveland Clinic
 - b. WebWOC Nursing
 - c. Emory University
 - d. Relias Wound Care
 - e. Rutgers University
 - f. Valley Foundation School of Nursing
- 4) Shadow with wound specialist for 40-120 hours depending on program.
- 5) Pass the WOCN-CB certification exam

AP-CWCN Certification

How does someone become a
CWCN?

Advanced Practice Certified Wound Care Nurse Certification

- 1) Obtain a Masters or Doctorate degree
- 2) Have 1 year nursing experience, and current clinical experience within the past 5 years
- 3) Prepare for the certification exam by attending one of the following WOCN Society accredited CWCN programs:
 - a. Cleveland Clinic
 - b. WebWOC Nursing
 - c. Emory University
 - d. Relias Wound Care
 - e. Rutgers University
 - f. Valley Foundation School of Nursing
- 1) Shadow with wound specialist for 40-120 hours depending on program.
- 2) Pass the WOCN-CB certification exam

Research on the Benefits of Wound Nurses

Doctors Need Wound Nurses

Purpose: The purpose of this quality improvement project was to determine hospitalists' knowledge, practices, and perspectives related to management of pressure injuries and neuropathic/diabetic foot complications (having a foot ulcer or subsequent development of a foot infection because of a foot ulcer). We also sought to identify resources for and knowledge-based barriers to management of these wounds.

Doctors Need Wound Nurses

Audience: 55 internal medicine hospitalists (NPs, PAs, Drs) at Johns Hopkins Bayview Medical Center

Phase 1: Online survey on providers knowledge and management of pressure injuries and diabetic foot wounds.

Phase 2: Focus groups to discuss barriers the survey insinuated.

Doctors Need Wound Nurses

Results:

- 72% of respondents had no official wound care training
- 90% rated themselves as lacking confidence in pressure injury and diabetic foot ulcers knowledge and management
- Barriers included: lacking knowledge, lacking resources, obesity as a conflicting comorbidity, provider education, information technology, organizational system factors, and interprofessional engagement.
- Majority welcomed more discussion and problem resolution

Wound care nurses supplement the knowledge of licensed independent practitioners (LIPs) and provide knowledge growth to the same audience.

Survey Says..

153 Wound Treatment Associate course participants and 48 Course Coordinators were surveyed:

- ✓ Wound care knowledge and treatment skills improved after taking the course
- ✓ Course Coordinators for the WTA course saw pressure injury incidents go down in their own facilities
- ✓ Home health nurses were able to decrease their number of Visits per Episode (VPE)
- ✓ Home Health also noted a decrease in supplies required
- ✓ Pressure Injury Prevention Programs had a positive impact as well.

The Cost of Pressure Injuries

- ❖ 2.5 million people develop pressure injuries each year
- ❖ Up to \$150,000 treatment per patient
- ❖ 17,000 lawsuits yearly



Ragen Wilmoth was the first WTA-C in Iredell County, NC.

A position was created for her to utilize her specialized knowledge at the Skilled Nursing Facility at which she was employed.

The result was a reduction in the number of Facility Acquired Pressure Injuries from 17 in 2018 to only one in 2019.

Additionally, documentation was more consistent *and* more accurate. Employee satisfaction also improved.

WTA-C in Iredell County, NC

PURPOSE

Expand the reach of the Certified Wound Care Team across 17 counties

METHOD

- “Field nurses” were trained via the WOCN Society as Wound Treatment Associates.
- Flow of work was managed using a new referral process so WTAs were not seeing patients before a CWOCN delegated it.

WOCNs &
WTAs in Home
Care

*Expanding the CWOCN
Team*

WOCNs & WTAs in Home Care

*Expanding the CWOCN
Team*

- If a WTA did see a patient first, a meeting was conducted to review the case and approve the care plan, which may involve the CWCN seeing the patient as well.
- Ongoing education & development was led through a “shared governance WTA Practice Committee” held quarterly.

RESULTS

- ✓ Wound patients were served quicker
- ✓ Increased staff satisfaction
- ✓ Advancement along a clinical ladder.

On Time with Pressure Injury Staging and Implementation of Wound Care

Wound Specialists in
Acute Care

PURPOSE

Improve staging consistency of pressure injuries among acute care nurses

METHOD

- 59 nurses became graduates of the WOCN' Society's WTA program.
- Only these WTAs and CWCNs staged pressure injuries
- This also extending the reach of the wound care nurse team business hours from Monday through Friday to 24/7 as the WTA nurses worked all shifts.

On Time with Pressure Injury Staging and Implementation of Wound Care

Wound Specialists in
Acute Care

RESULTS

- ✓ Pressure injury staging accuracy improved
- ✓ Earlier initiation of plans of care due to improved accuracy
- ✓ Hospital Acquired Pressure Injuries decreased

The “Circle of Wound Care” in Communities

Involving the whole team among the entire community

PURPOSE

Address the purpose of missing links to traditional wound care nurse teams in the form of personnel and knowledge.

METHOD

- 80 professionals became graduates of the WOCN’ Society’s WTA program.
 - “Skin team” nurses & nurses in all environments
 - Physical/Occupational Therapists
 - Case Managers
 - Physicians
 - Needle exchange van & addition treatment clinic professionals

The “Circle of Wound Care” in Communities

Involving the whole team among the entire community

RESULTS

- ✓ The reach of the CWCN team increased with addition of WTA nurses
- ✓ Created a broad interdisciplinary wound treatment community
- ✓ Hospitalist was inspired to identify gaps in their internal medicine practice
- ✓ Ambulatory nurses expanded her practice in a head and neck clinic

The “Circle of Wound Care” in Communities

Involving the whole team among the entire community

- ✓ PTs became more involved in wound plan of cares, pressure injury prevention and foot care
- ✓ “Just in time” protocols were put in place for highly vulnerable people at discharge (i.e. homeless, addicts, etc.) to improve exposure to evidence-based medicine.

BOTTOM LINE

The “Circle of Safe Wound Care” in communities was completed.

Wound Specialists in Critical Care Units

*Unit based nurses as WTAs
leads to decrease of
hospital acquired pressure
injuries*

PURPOSE

Early intervention and prevention of hospital acquired pressure injuries.

METHOD

- 4 critical care nurses became graduates of the WOCN' Society's WTA program.
- The WTAs have traditional patient loads but are also available to their coworkers for assistance.
- The WTAs perform monthly audits and provide education to their units on PI intervention.
- The WTAs are work directly with the organization's WOCN.

RESULTS

- ✓ Hospital Acquired Pressure Injuries decreased

Use of Certification Prep Course to Decrease Hospital Acquired Pressure Injuries

Knowledge put to the test...

PURPOSE

Higher than acceptable hospital acquired pressure injury (HAPI) rates

METHOD

- Education of staff through the Wound Treatment Associate program
- Upgraded mattresses to gel-based surface
- Creation of a pressure injury awareness tool
- Two nurse skin evaluation and Braden scale calculation
- Skin bundle checklist for Braden less than 15
- Publication of HAPI numbers in real time

RESULTS

- ✓ Improved recognition of pressure injuries
- ✓ 26% reduction of HAPI incident rate

Choosing a Wound Nurse Specialist

Interview Process

How to choose a good
candidate...

When it is time to interview a WTA-C, there are certain things you can ask to identify a strong candidate regarding skin and wound knowledge.



Interview Process

How to choose a good
candidate...

Ask the usual questions such as why do you want to work here or tell me a time you were in a conflict with a coworker and how you managed the situation.



Interview Process

How to choose a good
candidate...

Ensure you ask them about their comfort level in approaching colleagues with information or to improve a practice. This is an extremely important part of being a WTA-C.



Interview Process

How to choose a good
candidate...

After seeing the breadth of knowledge covered in the previous slides, you will want to explore their specialty knowledge.



Interview Process

How to choose a good
candidate...

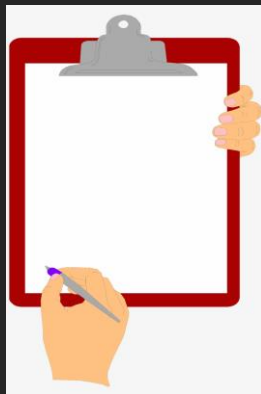
Ask specific clinical questions or invite another wound knowledgeable colleague to join the interview.



The Role of Wound Nurse Specialists

The Role of a Wound Specializing Nurse

What do Wound Nurse
Specialists do?

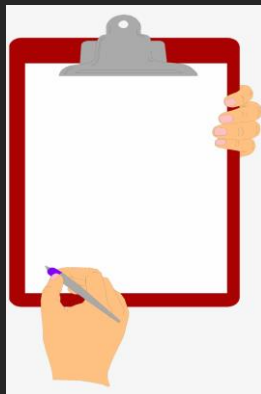


Assess Wounds & Document

- All new patients with wounds ought to be assessed by their admitting nurse AND a wound specialist in order to ensure accurate skin and wound documentation and plan of care creation.

The Role of a Wound Specializing Nurse

What do Wound Nurse Specialists do?



- All patients should receive a weekly wound assessment at minimum by the wound specialist for healing status and consistency in assessment style.
- Wound specialists should note which patients ought to have rechecks more often than once a week.

The Role of a Wound Specializing Nurse

What do Wound Nurse
Specialists do?

Recommend Wound Care

- Wound nurses are expected to know about proper use of topical wound care items (dressings, creams, etc.) available at their facility.
- Wound nurses know how the body's systems affect wound healing.
- Wound nurses know about adjunct therapies to topical wound therapy.

The Role of a Wound Specializing Nurse

What do Wound Nurse
Specialists do?

Recommend Wound Care

- Wound nurses who are not licensed independent practitioners (LIP) will require an LIP to approve recommendations into an order.
- Dedicated LIP involvement is imperative for successful patient care.



Auditing Rooms

The Role of a Wound Specializing Nurse

What do Wound Nurse
Specialists do?



- A form should be created with the items to be audited in rooms with patients who have a Braden Score of 18 or less.



The Role of a Wound Specializing Nurse

What do Wound Nurse
Specialists do?



- Audit for pressure injury prevention items.
 - ✓ Turning wedge or pillow
 - ✓ Incontinence ointment to avoid breakdown
 - ✓ Barrier cream for open skin related to incontinence.
 - ✓ Specialty support surfaces (mattresses, chair cushions, etc.) should be in place.
 - ✓ Ask the patient or nurse about their nutrition

The Role of a Wound Specializing Nurse

What do Wound Nurse
Specialists do?

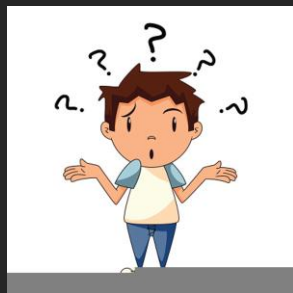
Auditing Charts

Documentation audits would include:

- ✓ Audit for a thorough admission assessment by the assigned nurse.
- ✓ Latest Braden score. If score is 18 or less, ensure the following is documented:
 - Repositioning per schedule
 - Incontinence prevention and cleansing for incontinence items
 - Percent of meals eaten
 - Specialty surfaces in use
 - Wound care conducted properly

The Role of a Wound Specializing Nurse

What do Wound Nurse
Specialists do?



Educating colleagues

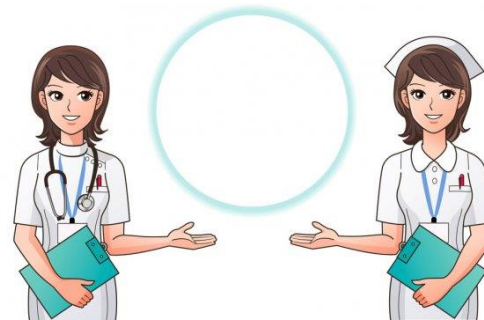
- Nurses learn a lot in school. The problem with skin and wounds is it is covered in only one hour or so. So, the education is wanting, and...
- Nurses also lose some of what they learned, which is natural. “Use it or lose it” as they say.
- The WTA-C will approach their colleagues in real time to offer kudos whenever possible and set goals where gaps in knowledge or practice are occurring.

The Role of a Wound Specializing Nurse

What do Wound Nurse
Specialists do?

Network With Other Wound Specialists

- Budget for sending the WTA-C to a national conference yearly. You can offer this as a perk to the job, since many facilities won't pay to do so. It's a bad idea not to pay.
- Local and regional wound specialist groups exist, and the WTA-C should join and participate.



The Role of a Wound Specializing Nurse

What do Wound Nurse
Specialists do?

Identify

- ✓ Threatening risk & legal issues
- ✓ Unyielding colleagues
- ✓ Room for improved care or products
- ✓ Multiple avenues to cost savings

The Role of a Wound Specializing Nurse

What do Wound Nurse
Specialists do?

Identify Risk & Legal Issues

- Identifying potential litigious events that can be de-escalated
- Their knowledge as a specialist is very valuable should a court hearing occur re: FAPIs.
- Being aware of the above helps avoid blindsiding Directors and Administrators.



The Role of a Wound Specializing Nurse

What do Wound Nurse
Specialists do?

Identify Unyielding Colleagues

- Support the WTA-C when she has identified a colleague that despite receiving education to improve practice, they do not change. It will be your turn to speak with the employee in question.
- These poor employees are decreasing quality of care and employee morale.

The Role of a Wound Specializing Nurse

What do Wound Nurse
Specialists do?

Identify Improved Care & Products

- Wound nurses meet with sales representatives to identify improved or less expensive comparable products.
- Do not push cheaper products without WTA-C input. If they are cheaper in performance, you will lose money when more of that product is necessary to do the same job of a slightly more expensive item.
- It will tighten the budget that would have otherwise been spent on comparable yet more expensive product.

The Role of a Wound Specializing Nurse

What do Wound Nurse
Specialists do?

Identify Cost Savings

- ✓ Less costly products
- ✓ Avoiding the extra resources of facility acquired pressure injuries (FAPIs)
- ✓ Identifying potential litigious events that can be de-escalated
- ✓ Their knowledge as a specialist is very valuable should a court hearing occur re: FAPIs.

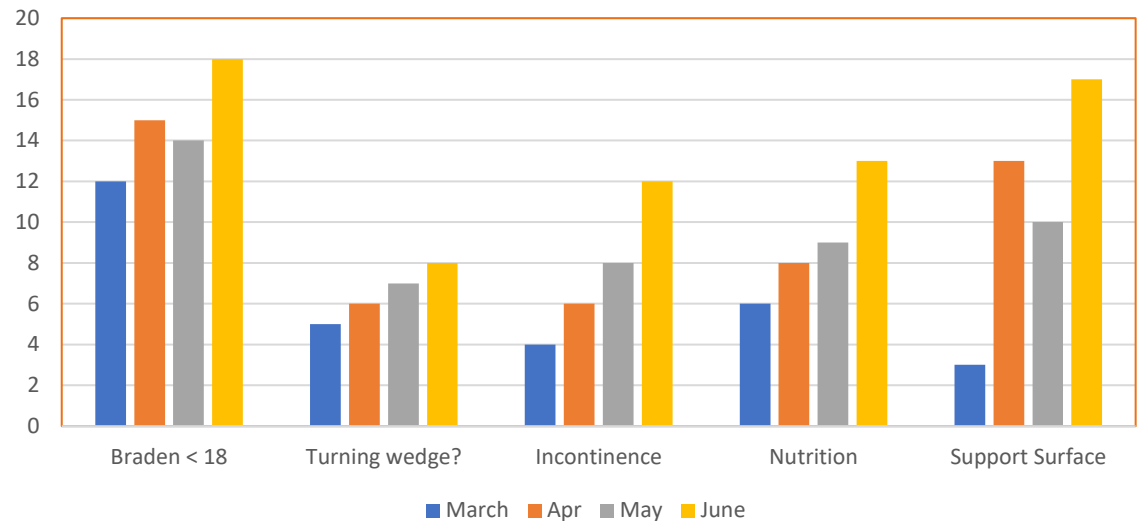


	March	Apr	May	June
Braden ≤ 18	12	15	14	18
Turning wedge?	5	6	7	8
Incontinence	4	6	8	12
Nutrition	6	8	9	13
Support Surface	3	13	10	17

Simple Excel Spreadsheet to make a graph to see progress in a snapshot

Excel classes are cheap, so if the WTA-C is not familiar with it and no one at the facility can teach them, send them to a class

In-Room Audits for Skin Breakdown Prevention Measures



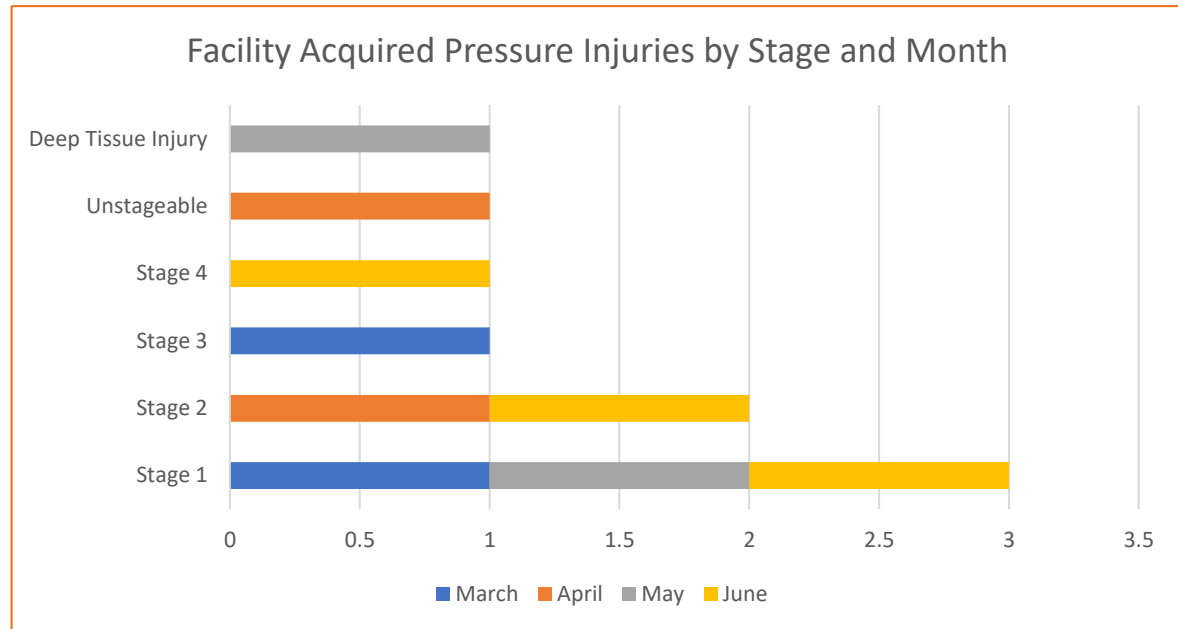
Tracking Audit Information

Real numbers to see progress or deterioration

	March	April	May	June
Stage 1		1		1
Stage 2			1	1
Stage 3		1		
Stage 4				1
Unstageable			1	
Deep Tissue Injury				1

Give the WTA-C a standing 5-minute time slot on monthly meetings for education.

For instance, discuss the number of facility acquired pressure injuries that occurred, and share the graphics. Charts & graphs are very helpful for bringing the issue home.



Tracking Audit Information

Real numbers to see progress or deterioration

Objectives

BY THE END OF THIS COURSE PARTICIPANTS WILL BE ABLE TO:

Understand the history of the Wound Care Nurse specialty (Slides 3-5)

Identify the benefits & “gold standard” for wound nurse certifications (Slides 6-8)

Recognize wound nurse certifications available via the WOCN Society (Slides 9-14)

Describe evidence-based knowledge on the use of wound nurse certification (Slides 15-24)

Identify good candidates for hiring as wound nurse specialist (Slides 25-27)

Understand the full potential for wound nurse specialists in facilities (Slides 28-42)

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