

The High Intensity Needs Program

Improving Wound O

for Long-term-care R



BY Patti Barton

Patti Barton, RN, PHN, ET, works as an Enterostomal Therapy Nurse in the Greater Toronto Area. As a skin, wound and ostomy consultant, her primary practice focuses on long-term-care facilities but also includes acute care and the community. Other professional activities include the Professional Standards Committee of the CAET. She is also a contributor to CAWC and WCET, an expert panel member for three RNAO Best Practice Guidelines and a board member for CAET and a community health centre.

Flash back to 1998 when our news was filled each day with stories of hospital crises—emergency room staff were strained and unable to meet demands and needed to turn people away. The (Ontario) provincial government investigated and declared that the problem was due to a backlog of senior citizens who tied up acute beds while awaiting treatment or placement. But with critically short funding, the long-term-care (LTC) facilities were powerless to resolve the problem, since many had to (and still do) manage severely ill residents at a fraction of the per diem allocated to acute care. The Ministry of Health developed a plan to upgrade long-term-care funding to allow for additional services, products and staffing to support the LTC patient in staying in his/her residence. This would avoid the need for hospitalization, thereby freeing up acute beds for the other populations. Thus, the basis for the High Intensity Needs (HIN) Program began.

The Ministry policy guidelines advised that the HIN Fund would be used to purchase or rent high-cost items such as materials, equipment, professional services and assessments not previously accessible to LTC. Additionally, training to support interventions would be provided to support essential treatment or to prevent hospitalization.

Funding provision was extended until patient status stabilized, staff could be taught special interventions, intensity of needs reduced or until treatment could be managed by LTC staff. Important outcomes of this funding support have been realized. Facilities are required to assure that staff have core knowledge of skin and wound issues or special procedures to meet

residents' needs. Through access to advisory resources, the provision of education to enhance staff skills and knowledge has increased. Thus, facilities are aided to meet their mandate and to assure that provision of an expanded standard of care is accomplished.

Resources that directly or indirectly impact on wound care that were covered by the funding include wound-care products, supplies, and equipment for severe wounds and skin conditions; protective supplies; a variety of supplemental or replacement feeds and equipment, including oral, enteral and parenteral feeding equipment and supplies; and equipment and supplies to support vital processes and manage pain.

Ongoing Assessment

The overseers of costs and requests are Ministry Compliance Advisors (Ministry HIN division employees, who have nursing backgrounds), whose mandate is to ensure, through the review of applications and periodic re-analysis, that costing requests are reasonable and targeted to outcomes.

Assessments are done by clinicians, who, armed with appropriate expertise and a current knowledge base, make recommendations to the physician for cost-effective treatments that promote recovery and minimize risk of deterioration. ET nurses whose focus of specialty includes skin and wound issues and those advanced practice nurses whose practice and training is also specialized in wound management are the clinicians involved in these clinical assessments for HIN funding.

Improved Outcomes?

Care for the residents of long-term-care facilities has

In Ontario Outcomes Residents



Team collaboration on customizing a localized pressure-relief device.

expanded. Now, five years into the program, what changes in outcomes can be identified?

The High Intensity Needs Program has been a huge endeavour, with many existing and new facilities accessing its funding support. Some facilities are fairly small and managed by a close network of staff and administration. Others have as many or more beds than some acute-care facilities. Some difficulties do exist within the plan. With the explosion in the number of new facilities, hiring and retaining staff can be problematic as the general nursing-shortage increases. Also, the program is optional, and there remain a few facilities that choose not to utilize it, either due to lack of knowledge or frustration with the process. The paperwork can be daunting and the funding slow until the facilities develop their documentation skills and the Compliance Advisor is assured the goals are being met. The commitment of administrators to the program has grown out of necessity, but with it comes their ability to share their success with partners and prospective clients.

Although research studies in the region have not yet been able to keep pace with the rapidly growing demands of the High Intensity Needs Program, clinical cases and anecdotal evidence strongly indicate successes and improvements in care within facilities using the program. Some of these include

- consistent use of a skin risk-assessment tool; Braden or facility developed
- skin assessments regularly done
- enhanced awareness and attention to skin risk-factors by care providers
- greater utilization of Best Practice Guidelines, both in prevention and treatment

- provision of more effective skin-care products
- greater availability of pressure-reduction mattresses, ranging among facilities from some to all their beds
- greater access to pressure-relief surfaces for treatment
- government response to advocacy for addressing pressure ulcers at earlier than Stage IV, now allowing Stage III and complex Stage II ulcers
- Ministry awareness increasing of the variety of wound and skin issues that require interventions to prevent hospitalization
- prompt interventions by facility staff and alerting of wound advisor when their regular skin assessment identifies changes
- reduced incidence rates being noted by internal reviews
- higher incidence of new ulcers from acute-care admissions than from internal incidence
- collaborative interdisciplinary care with complex information made available to aid the physician
- wound-related pain managed better through awareness, dressings and pain management programs
- trend toward modified use of topical antibiotics as first treatment choice
- increased consideration of issue of unsterile vs. sterile and of need to access sterile products for complex wounds
- external consultations sought to better manage complex situations, aiding in preventing or delaying hospitalization
- increased interest of companies in addressing the needs of LTC and offering additional support

Continued on page 30

References

1. MacLeod F, Harrison MB, Graham ID. The process of developing best practice guidelines for nurses in Ontario: Risk assessment and prevention of pressure ulcers. *Ostomy/Wound Management*. 2002; 48(10):30-38.
2. Lyder CH, Shannon R, Empleo-Frazier O, et al. A comprehensive program to prevent pressure ulcers in long-term care: Exploring costs and outcomes. *Ostomy/Wound Management*. 2002;48(4):52-62.
3. Baumgarten M, Margolis D, Gruber-Baldini AL, et al. Pressure ulcers and the transition to long-term care. *Advances in Skin and Wound Care*. 2003; 16(6):299-304.

Continuing Challenges

Through the High Intensity Needs Program, the expanded knowledge and capacity of the staff have led to a greater sense of empowerment. But challenges remain. Because the population in LTC is predominantly elderly people with multi-system illnesses and compromised healability or whose disease is end-stage and irreversible, it is recognized that not all wounds will heal. Palliative care—of which the effective management of wounds is a significant component—is an important aspect of care of the frail elderly. Added factors include bodily changes and deformities from arthritic or osteoporotic conditions that create new risk areas, lack of family resources to complement care, self-injury from dementia and agitation, and the right of the self-determined resident to refuse care if he/she chooses, often just as he/she did prior to LTC placement.

The focus of the Ministry of Health program is for treatment, not prevention, as this is considered the role of the facilities. Prevention also bears a cost, requiring the skill and ability of the clinician to determine appropriate, cost-effective interventions. Evaluations of wound skin and equipment products on trial bases can aid informed purchase decisions that best meet the needs of the resident population.

Improved Access to Resources

The High Intensity Needs Program promotes access to professional resources from many backgrounds. These include nurses specializing in pain, wound or mental health, plus other disciplines such as dietitians and physical, speech and occupational therapists. Wound and skin issues often have multiple factors to consider and require the interventions of a collaborative team. Interdisciplinary collaboration can be spontaneous or organized, aided by a common charting form. Many facilities call for the dietitian to be contacted whenever weight loss or a wound is identified. Less formally, the ET nurse and the dietitian, occupational therapist, physical therapist or equipment advisor may review case issues and needs related to wound etiology and discuss co-factors that the other(s) may be able to address. One example is as follows: seating problems that affect skin integrity may involve instruction to the health-care aide in relation to the use of pads, a time schedule for seat-

ing, review of protocols to inspect chair cushions or a request to the therapist to assess for a new device or protective foot pieces.

Consultation provides education to the many levels of care providers within a facility. Additionally, many wound consultants are actively providing more formal education sessions and programs to enhance the knowledge base of the staff nurses and support organizations. Education is key to making a difference. LTC nurses and physicians now access courses, attend conferences and work on skin committees with other professionals to establish proactive interventions based on best practice guidelines. These venues of pooled expertise make available non-biased information that can be evaluated by discerning care providers to aid in their care practices.

With the evidence that is surfacing, it is clear that research must proceed to further validate findings and to substantiate present clinical practice. Funding for research and education is clearly needed.

The Future

While we recognize that much has been accomplished, our challenge remains to assure that facilities develop suitable internal mentors to promote best practices within the facility. It is essential to maintain and grow interest while dealing with an increasing level of resident acuity. Resident numbers, based on demographic forecasts, are on the rise.

The High Intensity Needs Program has been responsive to its mandate of assuring the public that the needs of seniors in long-term-care facilities are being supported through this directed funding approach of serving as advocate and regulator.

Promoting the quality of life of the senior through addressing the changing physical, psychological and emotional needs is essential for this population, who often lack the ability to advocate for themselves. It remains in the professionals' scope to assure that these mandated requirements are working effectively, that we identify new or unresolved issues and advocate for these, and that we validate successes through research and publication so we are assured that this important population will continue to have access to the same appropriate resources and care that is available in other health-care sectors. ☺

Another conformable step into **gentle wound care**



Mepilex® Lite is a thin, absorbent, atraumatic foam dressing with Satetac® soft silicone technology specifically designed for low exuding wounds. Thin and conformable, Mepilex® Lite is ideal for a wide range of wound types including diabetic foot ulcers and radiation skin reactions.