

Wound Management for HBPC Providers – Discussion Guide with Facilitator Notes

Thank you for leading a group discussion regarding key learning points from the HCCI online education activity, *Wound Management for HBPC Providers*. This guide is intended to help you prepare to facilitate this discussion.

OVERVIEW

Purpose: The discussion’s purpose is to emphasize strategies to assess and treat wounds in a consistent manner in the home-based primary care setting.

Audience: This discussion is intended for learners who have successfully completed the online education activity, *Wound Management for HBPC Providers*. The discussion should take no longer than 60 minutes to complete.

Materials:

- Hard copies of the *Next Steps* handout from the Resources screen in the course.
- A flipchart to capture comments and ideas for discussion.
- Optional: You may wish to create a case scenario like the one used in the course for further practice/discussion.
- Optional: You may wish to access example wound images from websites such as <https://npiap.com/page/Photos> or <http://medetec.co.uk/files/medetec-images.html> and refer to them during the *Assess and Document the Wound* discussion.

Instructions: Use the question prompts provided to initiate group discussions.

Learning objectives:

- Discuss unique provider challenges in treating wounds of home-based primary care patients.
- Apply assessment and documentation best practices in wound care.
- Describe components of a topical care plan and appropriate intervention strategies.

AGENDA

#	Topic	~Minutes
1	Introduction	5 min
2	Wound Care Challenges	5 min
3	Wound Types	5 min
4	Assess and Document the Wound	10 min
5	Pressure Ulcer Staging	5 min
6	Developing a Topical Care Plan	10 min
7	Caregiver Considerations	5 min
8	Debrief	10-15 min

TOPIC 1: INTRODUCTION

Question prompts:

- The course introduced an example patient with a wound. Think about your patient population. Is this a common scenario?
- Think of a patient you treated for a wound. How might have you approached it differently in an inpatient setting vs. the home-based setting? Do you think it is more challenging to address wounds in the home-based primary care setting? Why or why not?

TOPIC 2: WOUND CARE CHALLENGES

Question prompts:

Use a flipchart to capture challenges identified. You will return to this list at the end of the discussion.

- The course discussed three categories of wound care challenges: patient complications, increased workload, and home-related obstacles. Can you give me some examples of challenges under each category?
- Are there any other challenges you would like to add to this list?
- *Explain that you will return to this list at the end of the discussion.*

TOPIC 3: WOUND TYPES

Question prompts:

- There were seven types of wounds explained in this course that are commonly seen in the HBPC population. List all seven.
- Which type of wound do you think is most encountered in the HBPC population? Why?
- Which type of wound do you think is the most difficult to treat in the HBPC population? Why?
- Are there any other types of wounds that you think should have been discussed in the course? Which ones and why?

TOPIC 4: ASSESS AND DOCUMENT THE WOUND

Question prompts:

- There were ten assessment categories discussed and documentation tips provided. Let us discuss each:
 - **Patient history** – The course listed a few questions you can ask the patient to determine the history of the wound, including possible cause(s), duration, etc. What questions do you ask your patients and why?
 - **Location** – Pressure injuries are often seen over areas of bony prominence or in the presence of a medical device. What other body locations often give you an idea of what type of wound you are dealing with? How do you document the location of the wound on the body?
 - **Dimension** – How frequently do you measure and document the wound’s progress? What challenges do you have in measuring a dimension such as depth? How do you work around these challenges?
 - **Undermining and Sinus Tracts** - What challenges do you have in measuring the depth of sinus tracts? How do you work around these challenges?
 - **Edges** – Do you find some types of wounds tend to have closed edges more than others? How do you treat closed edges?
 - **Status of Wound Bed** – What type of tissue is most concerning to you when you see it? How does this change your approach to treatment? (Note: You may wish to reference example images for this discussion.)
 - **Status of Surrounding Tissue** – When you see a wound is macerated or denuded, what do you look for? What methods do you suggest to control moisture or friction and shear? (Note: You may wish to reference example images for this discussion.)
 - **Exudate** – Documenting exudate is important to ensure “quality” is addressed as part of the HPI documentation. What terminology do you use for color, clarity, and quantity? (Note: You may wish to reference example images for this discussion.)
 - **Odor** – Odor can simply be described as very strong, strong, moderate, slight, or no odor. Are there any other descriptors you use for wound odor?
 - **Pain** – What questions do you ask your patients to measure pain?
- Are there any other assessment areas you think that were missed? What were they and why do you feel they are important?

TOPIC 5: PRESSURE ULCER STAGING

Question prompts:

- For pressure ulcer wounds, which stage do you most frequently encounter with your patients? How do you recognize it?
- Have you used telemedicine to assess and stage a wound? What worked well and what did not? What were your lessons learned?

TOPIC 6: DEVELOPING A TOPICAL CARE PLAN

Question prompts:

- Do you incorporate the 4Ms into your treatment planning? How do each of the 4Ms impact your treatment planning: What Matters, Mobility, Mentation, and Medication?
- The minimum components of a topical care plan include cleaning, filler dressing, cover dressing, and dressing change frequency. What techniques or tips have worked well and what have not? What were your lessons learned?
- Depth and exudate were discussed as an approach to a simple topical care plan. Do you agree with using these characteristics to treat your patients' wounds? Have you used this before with any success? Any caveats or cautions?
- Other treatment considerations were discussed including abrading wound edges, debriding wounds, and using adjuvants. Are there any best practices you use in your practice regarding these considerations that you have had any success with? Any caveats or cautions?
- Infections are a concern in any setting, but particularly the home-based setting when uncontrolled variables may be present. What methods do you use to acquire samples for suspected infection?
- If you have used home nursing for wound care, what benefits did it provide? When would you consider using home nursing and when would you not consider it?

TOPIC 7: CAREGIVER CONSIDERATIONS

Question prompts:

- The ability of the caregiver to manage the patient's needs will significantly impact the patient's outcomes. What do you do to ensure the caregiver:
 - Can understand the plan of care
 - Is capable of carrying out the wound care plan
 - Has the necessary wound care supplies or equipment
 - Has resources to assist in carrying out the wound care plan, if needed
- What caregiver supports do you recommend to help ease caregiver burden?

TOPIC 8: DEBRIEF

Question prompts:

- *OPTIONAL: If you have pulled together a case scenario for discussion, you may share that information now and ask participants to discuss how they would assess and treat the patient's wound.*
- Refer to the flipchart of challenges identified at the beginning of the discussion. Identify at least one strategy you have learned in this course and discussion to overcome each challenge.
- Refer to the *Next Steps* handout. Review and mark which steps you would like to commit to taking next. Share your ideas for implementation.