

# IMPROVING PATIENT CARE WITH TELEWOUND

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## Purpose

The purpose of this roundtable discussion is to describe the driving forces which prompted development of a TeleWound program at Lehigh Valley Health Network's (LVHN) Transitional Skilled Unit (TSU). We will also discuss processes within the TeleWound program and associated outcomes.

## Background

LVHN identified a need at TSU for greater access to a Wound, Ostomy and Continence (WOC) Nurse. Pressure injuries were increasing across the health network. Geographic limitations between hospital campuses created a care gap for patients with wounds. This was primarily because WOC nurses were not available daily to travel sixty minutes round trip to cover the wound specialist needs of TSU. This created a gap of up to 72 hours in initiating wound care plans, as a WOC nurse was able to visit twice per week.

## Practice Change

TSU Staff:

- Training on camera use
- Education on wound measuring
- Education on labeling needs for wound photos
- Education on staging pressure injuries

WOC RNs:

- Inter-rater reliability test for WOCs reviewing photos
- Software use for retrieving photos and placing in patient's chart
- Call TSU RNs for further details or clarifications regarding photos

## Outcomes

- Decreased time to WOC consult completion: >72 hours to <24 hrs (except weekend/holiday)
- Decreased time to care plan implementation and treatment initiation:
  - On admission with TSU staff or within 24 hours with WOC consult
- Pressure injuries improving or closed by discharge from TSU
- No pressure injury deterioration requiring wound care provider intervention for two calendar years

## Conclusions

TeleWound technology can enhance and improve patient care by increasing access to a WOC nurse specialist and reducing care plan initiation time.