Standardized Wound-Ostomy Care and EMR

South Shore Health

INTRODUCTION-PROBLEMS

- **INTRODUCTION**: Standardizing wound and ostomy care using in-patient wound/ostomy protocols to empower the nursing staff to use appropriate treatments using Evidenced based treatments. Streamlining EMR documentation between In-patient, out-patient and VNA. Uploading photos directly into the chart using hospital-issued I-Phones, “Rover”.
  - **PROBLEMS**: INCONSISTANT: wound care, photography of wounds, and documentation in the EMR prior to a WOCN consult.
  - No WOCN weekend coverage for timely Wound-Ostomy consults.
- Nursing dissatisfaction with wound photography, cumbersome timely process.
- Photos of wound not done or incorrectly r/t Older Camera equipment and length of time for photography and uploading process in the EMR
- Skin Audits High Prevalence rate as not all pressure injuries being documented.
- Non-Evidence Based Wound-Ostomy care prior to WOCN Consult.
- Ostomy Care varied, poor understanding of procedure and products.

IN-PATIENT WOUND-OSTOMY PROTOCOLS

- In-Patient Nursing Wound ostomy Protocols developed using Advanced Wound-Ostomy products to improve staff nursing education. Medical Executive Board Approved. Added to EMR.
- Protocol Orders cue WOCN consult, instruct staff for correct primary and secondary dressing
- Ostomy order sets standardize pouch change procedure, and Product used

EPIC EMR USING ROVER

- I-phones purchased for in-room documentation during initial phases of Covid, re-purposed for wound photography and documentation.
- Nurses instructed to add wound to Flow sheet during admission and photograph all through ROVER I-phone.

GOALS

- Improved Skin Audit outcomes
- Increased Nursing education, satisfaction, and productivity using I-phones for photography on all units.
- Standardized approach to wound-ostomy care on all shifts. Same care approach transferred to outpatient clinic and VNA upon d/c to home automatically.

IN-PATIENT WOUND-OSTOMY PROTOCOLS

Inpatient Wound-Ostomy Nursing Protocol

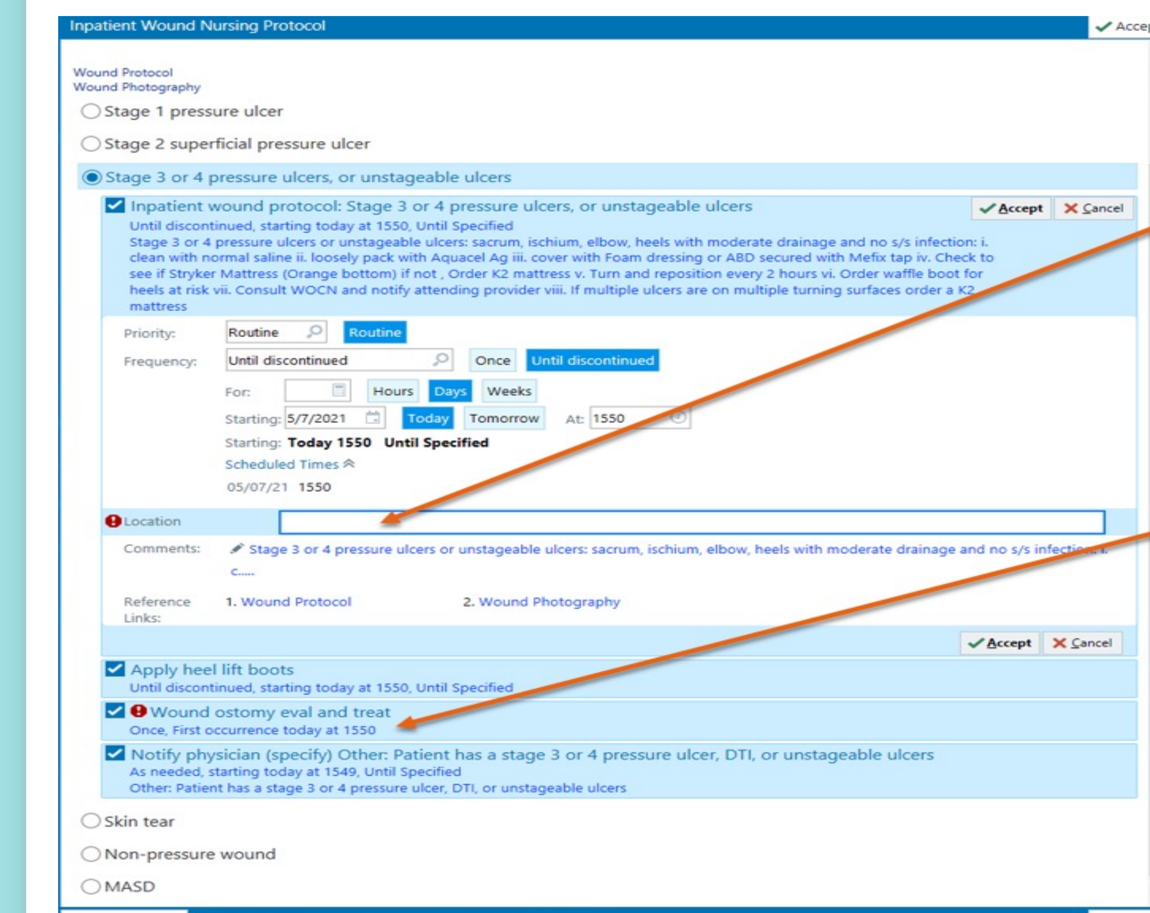
Protocol Orders:
- Add LDA: By using Rover I-Phone Document site of wound, Measure, and Photograph.
- Photograph Wound weekly or as needed if changes in wound status
- Stage PRESSURE ulcers only and follow orders below depending on stage.
- Place WOCN Consult for pressure ulcers that are stage 2 or greater.
- Notify attending Provider of all wounds.
- If South Shore Hospital Wound Center patient: Go to Chart Review, Notes, and find latest Wound Note for most recent Wound care orders in Epic documentation.

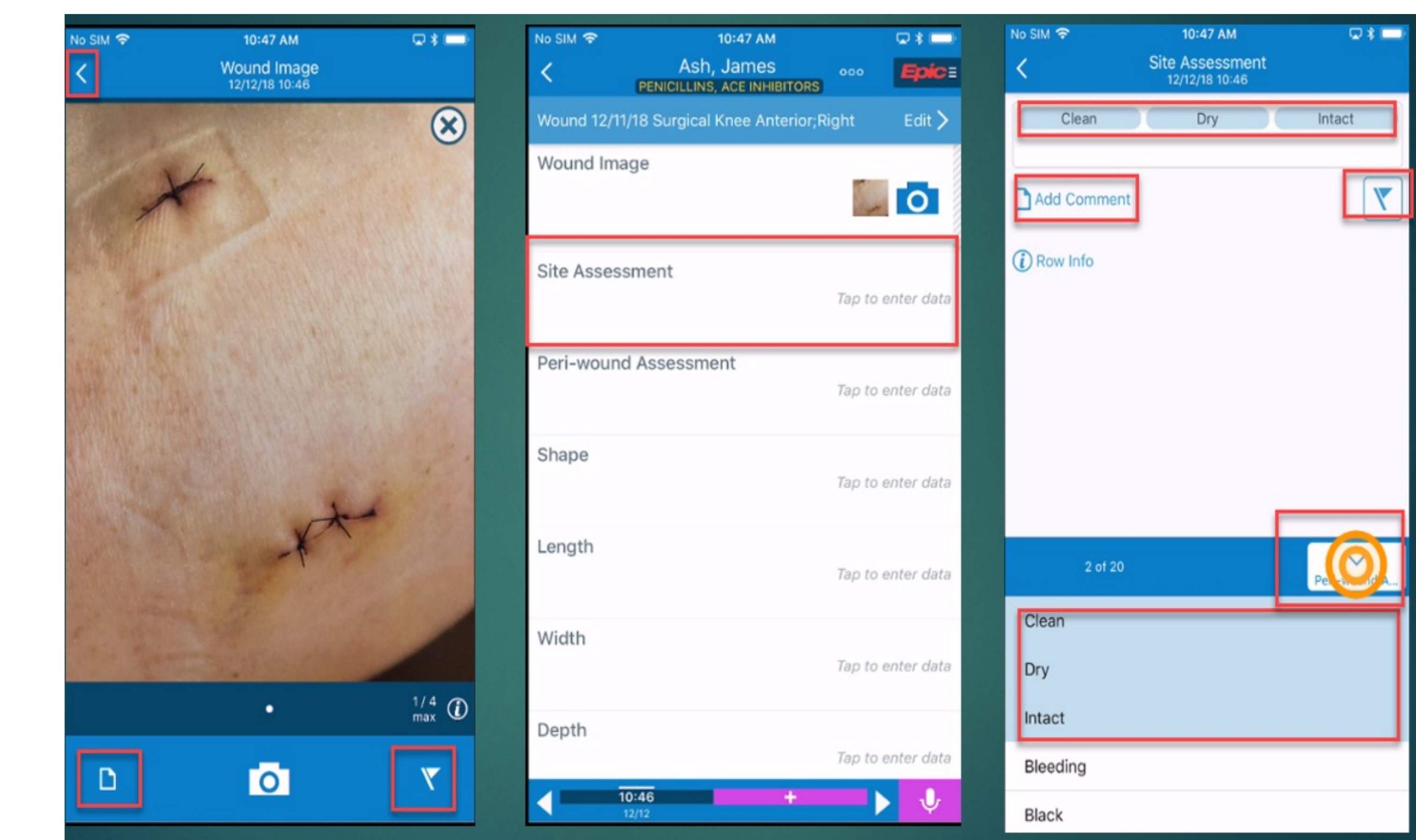
Please choose which protocol to follow

- Inpatient Wound Care – RN Driven Protocol
- Wound Photography
- Inpatient Ostomy Care – RN Driven Protocol

- [ ] Stage 1 pressure ulcer
- [ ] Stage 2 superficial pressure ulcer
- [ ] Stage 3 or 4 pressure Open Ulcers with Moderate to High Drainage
- [ ] Stage 3 or 4 pressure Open Ulcers or Unstageable Ulcer with Low drainage:
- [ ] Deep Tissue Injuries: Purple boggy intact skin over bony prominence
- [ ] Skin tear
- [ ] Non-pressure wound
- [ ] Moisture Associated Skin Damage- Incontinence Wounds
- [ ] Ostomy Care

ROVER





RESULTS

- SKIN AUDIT Pressure ulcer Prevalence rates below state average 1.83 to 2.5 over past 6 months.
- Standardized documentation and care between South Shore Health System, Wound Center, VNA.
- Improved communication regarding Wound and Ostomy care between Nursing and Providers.