

Barlow Respiratory Hospital Wound Care Program *Information for Physicians*

Critically ill patients, the most medically fragile and vulnerable population in the hospital setting, require care by highly trained professionals to minimize complications and improve outcomes. As a consequence of the complexity of their care and the high burden of illness, it is not surprising that post-ICU patients are admitted with significant alterations in skin integrity. The Wound Care Program works with an adult population of chronically critically ill and medically complex patients transferred to Barlow Respiratory Hospital (BRH) from surrounding ICUs and short-term acute care hospitals for weaning from invasive mechanical ventilation and treatment of complex medical conditions. Program clinical practice guidelines and policies have a strong evidence base in the critical care, pressure ulcer/injury, wound care management and nursing literature.

Advances in medical technology and acute critical care in supporting and treating ICU patients have resulted in the emergence of the chronically critically ill patient population, at high risk of alterations in skin integrity as evidenced by more than half of patients admitted to BRH with at least one pressure injury stage 2 or higher. For calendar year 2020, characteristics of the patient population on admission include the following: 663 patient admissions, transferring hospital length of stay median 18 [1-373] days, median age 70 [18-104] years, 60% male, 45% with co-morbidity of diabetes mellitus, 26% with acute renal failure, 15% with chronic kidney disease (CKD) 5, and 48% admitted on invasive mechanical ventilation. Specific to skin integrity status: 471/663 (71%) were admitted with at least one pressure injury stage 2 or higher; 292/663 (44%) were admitted with multiple pressure injuries.

Key program activities include: interdisciplinary admission skin assessment utilizing digital imaging; verification of skin assessment by Wound Care Certified (WCC) RN on admission and weekly across the organization; daily interdisciplinary huddle for alerts to high risk patients; rounding with attention to medical devices and skin protection measures; optimization of nutrition support; screening and evaluation for early mobilization. Treatment strategies are continuously re-evaluated based on the current status of the wound as the needs of a pressure injury change over time, in terms of both healing and deterioration. The goals and timeframe for expected healing and improvement are adjusted according to the patient's overall clinical status.

As a long-term acute care (LTAC) hospital, regional weaning center, and destination of choice for patients with complex respiratory conditions, the Wound Care Program is a cornerstone of the larger organization-wide performance improvement plan, the purpose of which is to promote a culture of safety and provide a coordinated and continuous approach for creating and maintaining focus on reliable process and best outcome.