Incorporating Mid-level Providers into your Wound Care Team

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Incorporating Mid-levels into your Wound Care Team

• What is a Mid-level Provider
• How to integrate Mid-level Providers into your wound care team
• Mid-level scope of practice
• Impact of Mid-level wound care specialist
• Opportunities for Mid-level’s in practice

What is a Mid-level Provider

• A medical professional who provides patient care generally under the supervision/collaboration of a physician.
• Nurse Practitioners (NP), Physician Assistants (PA), and CRNAs.
Mid-level Scope of Practice

- Dependent on State Practice Act
- Related to the collaborative practice agreement between mid-level and supervising physician
- Practice setting
- Employer

Mid-level NP Scope of Practice

- ½ of the States require a Master's in Nursing
- 42 States require National Certification
- 27 States require MD-NP collaboration
- 11 States permit independent practice
- 10 States require Direct Supervision
- 50 States and DC allow varying degrees of Prescriptive Authority

Mid-level = Navigator

- Specialized knowledge to direct tasks.
- Maintaining the location of the patient status compared to known normal patterns of wound healing.
- Monitoring and controlling the patient’s movement through the phases of wound healing.
- Notification of the team members when directional changes are required for the patients care.
- Keeping Medical director abreast of changes.
Integrating Mid-level Providers

- Collaborative Agreement
  - Written within Midlevel providers state licensure
  - Level of prescriptive authority
    - State notice of delegated prescriptive authority on file
    - Federal DEA number
  - Identify practice guidelines
  - Reimbursement
    - Incident to Physician or Midlevel’s NPI
    - Most States NP are not eligible for direct reimbursement
  - Establish site of service
  - Establish collaborative practice coverage policy

Essentials of Collaboration

- Clinical competence and accountability
- Common purpose
- Interpersonal competence and effective communication including assertiveness
- Trust and mutual respect
- Recognition and valuing of diverse complementary knowledge and skills
- Humor

Team Collaboration

- Mid-level Providers based on State Practice Act Can Direct/Supervise:
  - Physical Therapist and PT Assistants
  - Occupational Therapist and OT Assistants
  - Registered Nurses
  - Licensed Practical Nurses
  - Nursing Assistants
  - and other medical professionals
Problem Focused Structural Design

- Algorithms
  - Cellulitis
  - Debridement
  - Dressing Guide Moist Wound Healing
  - Diagnostic
- Practice Guidelines
  - VLU, DM, PU, Arterial, Palliative Wounds
- Standard Order Set

Wound Infection Algorithm

Is Wound Infected?

Yes
- Treat Infection: C&S before starting antibiotics. (If MRSA suspected and no sulfa allergy, start Bactrim DS. + Sulfa allergy start Clindamycin or other antibiotic of provider's choice.
- Clean with sterile saline or non-cytotoxic wound cleanser
- If extensive cellulitis is present. Consider admission or outpatient antibiotic therapy at provider's discretion
- Utilize Moist wound healing Algorithm

No
- Edema Management
  - Start appropriate diuretic if no contraindications.
  - Obtain BMP prior to diuretic tx.
  - Mild compression (tensoflex)
  - Instruct on removal at HS
  - Elevate legs as much as possible
    - DO NOT START COMPRESSION IF SIGNIFICANT ARTERIAL DISEASE IS SUSPECTED
- Utilize Moist wound healing Algorithm

Midlevel Diagnostic Algorithm

Abnormal findings

- CSS, S/S soft tissue infection
- S/S of infection, + Co-morbidities, + CSS, + CRP, Sed Rate, GFR, + X-Ray, Vascular Study
- Discuss with collaborative
- Order additional diagnostics: Bone Scan, CT, CTA, MRI, MRA
- Refer to Primary Wound Center
- Refer to Specialist

NP Reevaluate 5-7 days
### Treatment Objectives

<table>
<thead>
<tr>
<th>Stage</th>
<th>Re≌nded Area</th>
<th>Slab</th>
<th>Partial Thickness</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Drainage</td>
<td>1-3  days</td>
<td>dressing, changing QD with 4x4 gauze</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2</td>
<td>WOUND Drainage—DRY</td>
<td>Minimal to Moderate</td>
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<td>3</td>
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<td>4</td>
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</tbody>
</table>

### Topical Treatments (Dressing/Change intervals)

<table>
<thead>
<tr>
<th>Stage</th>
<th>Full Thickness</th>
<th>Partial Thickness</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
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<tr>
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### Care Guidelines

<table>
<thead>
<tr>
<th>Week</th>
<th>Summary</th>
<th>Initial Visit</th>
<th>Follow-up</th>
<th>Exit Visit</th>
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</thead>
<tbody>
<tr>
<td>1</td>
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**Notes:**
- *Pharmacy item.*
- **Must have MD order.
Standing Protocol for Initial Visit

Mid-level Provider Competency

- Establish Process in the Collaborative Agreement.
  - Method of competency
  - Frequency of competency
  - Procedural Competency check list signed by collaborative
  - Maintain with collaborative agreement

Advanced Wound Care

- Sharps Debridement
- Ultrasonic Debridement
- Incision & Drainage
- Punch Biopsy
- Dermal Skin Substitutes
- Offloading Total contact casting and modified non contact casting.
- Chemical Cauterization
- Cryo treatment
## Competency Check List

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Competency Check List</th>
<th>Number Performed</th>
<th>Supervising Physicians</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharp Debridement without anesthesia</td>
<td>1 year</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Sharp Debridement with anesthesia</td>
<td>1 year</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Suture of simple wounds and lacerations (not requiring ligament or tendon repair)</td>
<td>1 year</td>
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<tr>
<td>Chemical debridement</td>
<td>1 year</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Removal of ingrown nail, trimming nails</td>
<td>1 year</td>
<td></td>
<td></td>
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<tr>
<td>Cryo therapy</td>
<td>1 year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemical debridement</td>
<td>1 year</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Midlevel Sig:</td>
<td></td>
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<tr>
<td>Collaborative physician sig:</td>
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## Sharps Debridement

- **Location of Wound**
  - Head, Hands, Genitals
- **Wound evaluation**
  - s/s infection, vascular status, pain management
- **Wound Bed**
  - Preparation >25% devitalized tissue

## Instruments of choice -
- 15 blade scalpel
- Adson multi tooth
- Tissue nipper
- Curette
- Iris Scissors

## Hemostasis

## Moist wound care

## Acute and Chronic Debridement Algorithm

>25% Devitalized Tissue

- **Surgical Sharps**
  - Scalpel
  - Scissors
  - Tissue nippers
  - Other instruments

- **Proteolytic enzymes**
- **Hydrotherapy**
  - Whirlpool wound irrigation

- **Autolytic debridement**

- **Chemical**
  - Hydrotherapy
  - Whirlpool wound irrigation

- **Biological**
  - Enzymatic autolytic debridement
  - Biological
  - Chemical
  - Larval therapy

- **Moist Wound Care Algorithm**
  - Painless, time consuming
**Sharps Debridement**

- Tissue Nippers
- 15 Blade Scalpel
- 3mm curette

**Total Contact Casting and Modified Non-Contact Casting**

- **TCC remains the gold standard**
- **Competency frequency proficiency**
- **Benefits**
  - Weekly application
  - Total off-loading pressure
  - Increased compliance
- **Cons**
  - Learning curve
  - Complications insensate population

**Diabetic Foot Ulcer**
6mm adhesive felt cut to fit

Off-loading shoe with removable hexagons
Ultrasound Technologies

• What is the goal of debridement?
• Ultrasonic wound treatment devices

• Ultrasound transfer mist
  – Ultrasonic stimulation of tissue
  – Non-contact
  – Non-thermal
• Ultrasound guided debridement
  – Deep tissue debridement and micro cavitations
  – Destruction of bacteria, viruses, fungi

Photo compliments of Dr. Niezgoda

I-&-D Procedures

• Sebaceous Cyst
• Boils
• Abscess
• Hematomas

• Appropriate antimicrobial therapy
• Moist wound healing algorithm
• Follow up
• Referrals

Punch Biopsy

• Failure to proceed through normal phase of wound healing
• Abnormal appearance
• Suspicious presentation malignancy

• Spontaneous presentation of ulcer
• Inflammatory presentation with bulla and ulceration
Patient Considerations Biopsy

- Rights and informed consent
- Comfort
- Site selection
- Appropriate biopsy technique
- Supplies needed

- Moist wound healing algorithm
- Follow up

Appropriate Wounds for Biopsy

- Type of wound
  - Diabetic
  - Venous leg ulcer
  - Traumatic wounds
  - Pressure ulcer

- ECM extra cellular matrix
- Bio-engineered skin substitutes
Dermal Skin Substitutes

- Product Preparation

Dermal Skin Substitutes

- Graft implantation
- Off-loading
- Dressing
- Follow up

Diabetic walking boot with removable hexagons
Impact of Mid-level Wound Care Specialist

- Compliance with Diagnostic Protocol
- Improved Financial Outcomes
- Improved Healing Rates
- Increased Marketability

Compliance with Standard of Care

Admission and monthly diagnostics protocol

Clinical Outcomes

- Healing rates 2007-2010
Improved Financial Benefit

- Development of Satellite clinic
  - Revenue source for rural hospitals
  - Added revenue source to practice group
- Contract Specialty Services
- Referral source to practice group
- Referral source to primary wound center for HBOT

Increased Marketability

Mid-level Providers

- Opportunities
  - Program Expansion
  - Satellite Clinic Development
  - Clinical Coverage
  - Research
Mid-level Providers…
Navigators of the Future

Jon Smith
United States Navy Intelligence Specialist

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