New Wound Clinic Aims to Close Hospital Care Gap

Patients at University of Colorado Hospital have long received skilled care for their wounds and surgically made incisions and openings. But with the debut of a new clinic last week, UCH has met a long-awaited goal of integrating wound care between its inpatient units and outpatient practices.

The Wound/Ostomy Care Practice quietly opened for business Aug. 6 on the sixth floor of the Anschutz Outpatient Pavilion, capping a lengthy period of discussion and preparation. For now, the practice is accepting only internal referrals of patients with a primary care provider, but it nonetheless fills what had been a wide gap in the hospital’s continuum of care, said its medical director, Michael Gordon, MD.

Medical Director Michael Gordon, MD, says the Wound Ostomy Care Practice closes a critical gap in the hospital’s care delivery system.

"Wound care is a critical component of health care delivery in a tertiary hospital system," he said. "It’s been a huge hole on a system-wide basis because we’ve had to refer patients out to other hospitals and facilities."

Taking it to the house. The new practice gives UCH providers an in-house referral source for patients, such as those with diabetes, who frequently need care for complex wounds, as well as those with ostomies — surgically created openings for discharge of body wastes.

The hospital’s certified wound, ostomy and continence nurses (CWOCNs) will continue to provide inpatient care and education, said the clinic’s program director, advanced nurse practitioner Ellen Vorbeck, DNP, ANP-BC, CWOCN, CWS. Vorbeck recently arrived from Mayo Clinic, where she developed and directed an integrated, system-wide wound care clinic.

“There is now no separation between the inpatient and outpatient areas,” Vorbeck said. “It’s one whole practice.”

Gordon said the idea of a hospital-based outpatient wound care clinic at UCH had been discussed for many years, but launching it was stymied as providers and administrators searched for a financially viable model that also could meet high clinical standards.

“It’s difficult because you want to provide a service in a financially responsible fashion," he said.

New tactic. Past efforts, lacking a sufficiently organized plan, had sputtered, Gordon said. This time around, supporters built the case for a new practice by creating evidence-based algorithms for wound care and solicited support and help from key referral services. These include general, plastic and vascular surgery; burn/trauma; cardiology; interventional radiology; infectious disease; rehabilitation; and internal and family medicine. The plan also integrates other key players, including nutrition, social work and case management.

“We’ve brought people into a system of evidence-based practice that we believe makes sense, both in terms of finances and outcomes," Gordon said.

Vorbeck said the practice will function as a kind of hub, providing direct wound care but also making referrals to other specialists.

“We’re pooling experts in a single-team approach," she explained.

For example, a patient with a skin breakdown related to poor nourishment might get a referral to a hospital nutritionist.

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On the flip side, Vorbeck said, specialists performing colostomies, ileostomies, urostomies and other opening procedures can refer their patients to the Wound Clinic for education on maintaining their pouches, preventing skin breakdown and avoiding other complications.

**Cost control.** Expert wound care obviously benefits patients, but it’s also important from a financial standpoint. By one estimate, chronic wounds affect some 5.7 million U.S. patients annually and cost $20 billion to treat. The federal government long ago took notice. The Centers for Medicare and Medicaid Services, for example, does not pay for care required to treat complex pressure ulcers that patients acquire while they are in the hospital.

The practice had patients scheduled each of its first three days, Vorbeck reported, but for now it has no set volume goals.

“It was kind of ‘build it and they will come,’” she said. “We’ll handle the hospital’s patients for now.” The practice also posted flyers and sent emails announcing the opening, and Vorbeck plans to attend grand rounds and leadership meetings to provide additional information.

Still, the fledgling practice is clearly looking ahead. Vorbeck said she’s already met with her counterparts at Poudre Valley Health System, which has its own outpatient Wound Healing Clinic.

“We’re looking toward system collaboration,” she said.

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Ellen Vorbeck (left) and Tonie Moore are program director and manager, respectively, of the recently opened Wound/Ostomy Care Practice at UCH.

“These wounds have high morbidity and mortality rates and are expensive to treat,” Vorbeck said.

In addition, Gordon noted, early intervention for patients with skin breakdown can save money for both the hospital and the health care system as a whole by reducing readmissions and limiting average length of stay. “Educating nurses to help patients prevent chronic wounds is a huge measure,” he said.

It’s difficult to measure the success of care designed to prevent other problems from occurring, Gordon conceded.

“The primary measure of success is closure and healing of wounds,” he said. But the practice will also look closely at its costs, its adherence to treatment protocols and algorithms, and its responsiveness to new developments in wound care as indicators,