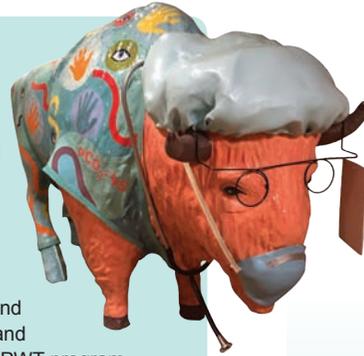


The NPWT Switch Worth Making - Learn How a Hospital System Successfully Transitioned to a New NPWT System

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Statement of Problem

Medicare expenditures related to wound care are far greater than previously recognized. Total Medicare spending for all types of wounds ranged from \$28.1 to \$96.8 billion with, inpatient costs at \$5-\$24.3 billion.¹ NPWT expenditures in hospitals accounts for a large portion of their associated wound care costs. The management and administration of a hospital's NPWT program can be time consuming and burdensome for the wound care team and staff nurses, leaving little time for actual patient care and teaching. However, transitioning to a new NPWT system is a herculean task which deters some from taking it on. The executive board at this 1,400-bed hospital system decided to make the switch from their existing NPWT company for both clinical and financial reasons.



Description of Approach

Kaleida Health, largest health system in Western New York, employed Therapy Confidence through education to empower clinical ownership of NPWT care.

- ❖ The successful training of 3,000 nurses to feel confident and competent with the new NPWT system was critical to the success of the conversion. This began with the attitude of leading with CARE which facilitates higher standards of care
- ❖ Creating a cohort of advocates within the facility, train the trainers to become the unit resource, training in multiple formats, ie: training videos, hands on sessions with device and supplies, certificates of NPWT competency
- ❖ Creative reminders and announcements for training sessions were successful for attendance and creating an engaging learning environment

- At our first meeting, we developed our learning objectives
- Adult learners need both visual and hands on learning: reviewed training videos and selected most pertinent (less than 10 minutes in length). Dressing change, pump set-up, operation and troubleshooting and cleaning
- Videos were downloaded to their online learning system for all RNs with set specifics: watch in entirety (no fast forwarding), attestation signature and ability to print certificate of new NPWT learning
- NPWT policy was updated to reflect the new NPWT system and submitted to the policy committee for review and approval
- Pump and dressing competencies were customized and approved to reflect facility's process
- Nursing education and the new NPWT system understood from the beginning that support from Nursing Administration was needed to support the value proposition
- Therapy Confidence, Administrative Freedom & Improved Patient Experience with NPWT was achieved with this conversion
- New NPWT system clinician and lead educator met biweekly
- Corporate Wound Committee (nurses, educators, physicians and wound care team members) were updated monthly including wound team manager
- Emails sent daily to nurse managers of updated progress on transition to new NPWT system
- Introductory in-service with nurse managers and wound team to demonstrate proposed education platform "Lead with CARE" (to create champions of change and resource support)
- Introductory in-service with discharge planners to ensure seamless transition from acute to sub-acute with no interruption of NPWT therapy



Phase I

Phase I

Scheduled skills work shops considered of the following:

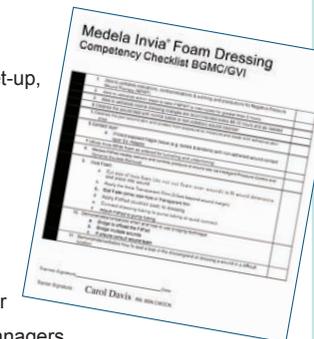
- Room availability, room size and audio visual availability
- Avoided change of shifts
- Minimized time off Unit/Floor (25 minutes max away from Unit/Floor)
- Posted daily sign up sheet on each Unit/Floor
- Limited to 20 nurses per work shop
- Goal was to complete within 14 days including nights and weekends; set limits to ensure timing participation and for progression to other facility sites



- Reminder emails sent to nurse managers of required skilled work shops and encourage participation
- Daily 8 am Organizational Huddle to remind nurse managers to have their staff attend work shops offered daily for next 14 days
- Daily flyers and sign up sheets posted on Unit/Floor white board for times and locations of work shops
- Walking rounds by NPWT system personnel to increase participation
- Received 2 copies of printed reference materials: Liberty Quick Cards, Clinical & Patient Selection Guidelines and Liberty wall posters

Skilled workshops included the following:

- NPWT clinician reviewed short PowerPoint
- Several pumps and wound models for hands on set-up, operation, troubleshooting and discharge process
- Completed both dressing and pump competencies
- Required sign in sheet
- Allowed time for questions
- After each skilled work shop nurses received Medela Invia® Liberty lanyard cards
- Competencies and certificate were stapled together
- All completed competencies were sent to nurse managers
- Same education format was completed at each additional facility site



Phase II

Phase III

- Continued on-going support with biweekly check-ins with wound team
- Available for consults on difficult dressing placements
- Attend new monthly nurse orientation
- All new monthly nurse orientation required to review the online learning system
- Pump and dressing competencies completed at each new monthly orientation
- Receive Medela Invia® Liberty lanyard card
- Meet with resource wound team monthly
- Work continues with electronic medical record (EMR) collaboration to reduce double documentation and reporting systems (administrative freedom)
- Monitor discharges to ensure seamless transition with no interruption of therapy

Results & Takeaways

- ❖ Heightened staff awareness of wound skin and prevention, noticeable reduction (downward trend) of injury and increased healing and prevention
- ❖ Leading with CARE the staff awareness has improved troubleshooting, documentation, accountability, critical thinking all essential in their scope of practice
- ❖ Patient is center of care
- ❖ Significant financial savings to Kaleida Health
- ❖ Training was complete within 2 months
- ❖ An overwhelmingly positive reaction was seen with minimal resistance to the change and conversion from the nearly 3,000 nurses
- ❖ For the dedicated wound teams who had been deeply engaged with the previous NPWT company, this transition was accepted and embraced

Conclusion

With a comprehensive, organized and collaborative education platform, the clinical staff was eager to take ownership of NPWT and embrace change. This conversion to a new NPWT* company proved successful and invaluable, clinically and financially, while empowering the nurses to perform within their scope of practice.

* Medela, McHenry Illinois
Reference 1. An Economic Evaluation of the Impact, Cost, and Medicare Policy Implications of Chronic Nonhealing Wounds. Samuel R. Nussbaum, MD, Marissa J. Carter, PhD, MA, Caroline E. Fife, MD, Joan DeVanzo, PhD, MSW, Randall Haught, Marcia Nusgart, RPh, Donna Cartwright, MPA. <https://doi.org/10.1016/j.jval.2017.07.007>