

Transitions of Care:

Clinician's Resource Guide



A guide to assist you in
ensuring optimal continuity
of care for your patient



PDQWC mission

PDQWC elevates the importance of critical thinking and educates to improve the practice of skin and wound care.



This brochure was developed with input from the Professionals Dedicated to Quality Wound Care.

For the purposes of this document, the term "patient" is intended to denote both patients and residents.

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Introduction

The Centers for Medicare and Medicaid Service's Health Information Exchange (HIE) objective requires that all eligible professionals or facilities who *transition* their patient to another setting of care or provider of care, or *refer* their patient to another provider of care, provide a summary care record for each transition of care or referral.

Transitions of care may be defined as the movement of patients from one healthcare setting to another. In today's specialized healthcare environment, it is quite common for this type of transition to occur as patients are transferred to facilities where they will receive the specific type of care that they need, or back to their homes. During these patient transfers, effective communication between facility staff, healthcare professionals, patients and their caregivers is of the utmost importance. A lapse in patient coordination can have serious consequences ranging from inefficient use of resources to life-threatening situations.

This Transitions of Care: Clinician's Resource Guide was developed by the Professionals Dedicated to Quality Wound Care (PDQWC). All members of the PDQWC have first-hand experience of the challenges associated with transitioning patients, and the importance of patient safety and quality of care during these transitions. In addition, The National Transitions of Care Coalition (NTOCC) has established seven essential intervention categories that should be addressed in each patient's Care Transition Bundle. These categories include Medication Management (and wound treatment), Transition Planning, Patient and Family Engagement/Education, Information Transfer, Follow-up Care, Healthcare Provider Engagement and Shared Accountability across providers and organizations. For more information visit www.ntocc.org. PDQWC members identified three areas within these seven categories where sample forms and checklists could be of benefit. They developed this resource guide to provide a framework to assist clinicians in developing their own sets of guidelines and checklists for their facilities.

Patient discharge planning: sample form

Each facility should have a designated individual to facilitate and coordinate the patient's transition plan. This is an example of a form that was developed to facilitate that individual's conversation with the patient (or their significant other/caregiver). When discharge planning is conducted within a pre-defined framework, it is less likely that important components are overlooked or misunderstood. It is also more likely that anything that might contribute to a break in the continuity of care is identified and addressed before it becomes an issue.

Patient discharge planning

Instructions: Please answer the following questions to the best of your ability. Based on your medical conditions, some questions may not apply to you. If they do not apply, please write "N/A" for Not Applicable. If this form is being completed by a family member or significant other, please ensure that questions are answered from the standpoint of the patient.

Today's date: ____/____/____
Date of birth: ____/____/____

Patient's name: _____

Plans to leave the facility (pre-discharge):

Can you tell me why you were admitted to this facility? _____

Please describe other major health problems for which you are being treated. _____

Do you understand the warning signs about your medical problems/conditions for which you need to call your practitioner? Yes No

Can you tell me about the appointments that have been scheduled for after you leave here? Yes No

Do you know who you should call at this facility if you have questions? Yes No

Have all of your questions about your health been answered? Yes No

Do your family and/or personal caregivers know when you are leaving this facility? Yes No

Can you tell me about what help you will need when you return home? Yes No

Do you have transportation arranged for when you leave this facility? Yes No

Do you have a copy of your advance directive to take home? Yes No

Medications:

Do you have a list of your medications and instructions on how to take them when you get home? Yes No

Do you know how long you should continue to take these medications? Yes No

Can you tell me why you are taking each of your medications? Yes No

Are you aware of the potential major side effects of your medications? Do you know who (name and number) to call if they occur? Yes No

Do you have the name and phone number of your home health agency, and details of when they will be visiting you? Yes No

Do you have the name and phone number of your rehabilitation agency, and the date, time, and location of your first visit? (This includes physical therapy, occupational therapy, and speech therapy). Yes No

Do you know what medical equipment (such as wheelchairs, walkers, hospital bed, oxygen) you will need after you leave this facility? Yes No

Do you know who will supply this equipment, and when it will be delivered? Yes No

Wound Care:

Do you have the name and phone number of your family doctor so that we may forward your medical records to them? Yes No

Do you have the name and phone number of your medical information? Yes No

Do you have the name and phone number of your appointments you need to make? Yes No

Do you have the name and phone number of your up doctor appointments? Yes No

Do you have the name and phone number of the procedures that have been ordered for you, including the date, time, and location? Yes No

Do you have the name and phone number of your caregiving, and other responsibilities you have at home? Yes No

Do you have the name and phone number of your home care nurse, a wound clinic or a wound care provider? Yes No

Do you have the name and phone number of your follow-up care? Yes No

Do you have the name and phone number of your wound care? Is it a home care nurse, a wound clinic or a wound care provider? Yes No

Do you have the name and phone number of the Green, Yellow, Red Zone wound tool? Yes No

Do you have the name and phone number of your supplies? Yes No

Do you have the name and phone number of the person managing your wound(s) and treatment? Yes No

Do you have the name and phone number of the hours of operation of the person managing your wound(s) and treatment? Yes No

Do you have the name and phone number of the person who will continue your treatment until your doctor instructs you to stop? Yes No

Follow-up care:

Do you have the name and phone number of your family doctor so that we may forward your medical records to them? Yes No

Do you have the name and phone number of your medical information? Yes No

Do you have the name and phone number of your appointments you need to make? Yes No

Do you have the name and phone number of your up doctor appointments? Yes No

Do you have the name and phone number of the procedures that have been ordered for you, including the date, time, and location? Yes No

Do you have the name and phone number of your caregiving, and other responsibilities you have at home? Yes No

Do you have the name and phone number of your home care nurse, a wound clinic or a wound care provider? Yes No

Do you have the name and phone number of your follow-up care? Yes No

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Do you have the name and phone number of the Green, Yellow, Red Zone wound tool? Yes No

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Do you have the name and phone number of the person managing your wound(s) and treatment? Yes No

Do you have the name and phone number of the hours of operation of the person managing your wound(s) and treatment? Yes No

Do you have the name and phone number of the person who will continue your treatment until your doctor instructs you to stop? Yes No

The document depicted above is an example of a patient discharge planning form. The checklist on the following page contains items that are common components of the discharge planning process. Feel free to refer to this checklist as you develop a form for your own facility that appropriately reflects the needs of your patient population. A template is available for review at www.pdqwc.com to help you develop and format your own form.

Patient discharge planning: sample checklist

Instructions

- Please answer the following questions to the best of your ability. Based on your medical conditions, some questions may not apply to you. If they do not apply, please write "N/A" for Not Applicable. If this form is being completed by a family member or significant other, please ensure that questions are answered from the standpoint of the patient.

General

- Patient name
- Patient date of birth
- Today's date

Plans to leave the facility (pre-discharge)

- Can you tell me why you were admitted to this facility?
- Please describe other major health problems for which you are being treated.
- Do you understand the warning signs about your medical problems/conditions for which you need to call your doctor?
- Can you tell me about the appointments that have been scheduled for after you leave here?
- Do you know who you should call at this facility if you have questions?
- Have all of your questions about your health been answered?
- Do your family and/or personal caregivers know when you are leaving this facility?
- Can you tell me about what help you will need when you return home?
- Do you have transportation arranged for when you leave this facility?
- Do you have a copy of your advance directive to take home?

Medications

- Do you have a list of your medications and instructions on how to take them when you get home?
- Do you know how long you should continue to take these medications? Indefinitely? Or until you meet with your regular doctor?
- Can you tell me why you are taking each of your medications?
- Are you aware of the potential major side effects of your medications? Do you know who (name and number) to call if they occur?
- Do you know where to get your medications?
- Can you afford to get your medications?
- Will you be able to obtain prescriptions from your pharmacy such as personally picking them up, having someone else pick them up, or arrange for mail order?

Wound care

- Have you been taught how to care for your wound?
- If not, do you have arrangements for follow-up care?
- Who is providing your follow-up wound care? Is it a home care nurse, a wound clinic or a wound care provider?
- Have you been taught how to use the Green, Yellow, Red wound tool?
- Do you have your wound care supplies? Or have arrangements have been made for them to arrive at your home?
- Do you know how to use these wound care supplies?
- Do you understand what diet and fluids you should be consuming?
- Do you have the name, number and hours of operation of the person managing your wound(s) and treatment?
- Do you understand that you should continue your treatment until your doctor instructs you to stop?

Medical equipment needs and follow-up care

- Do we have the name and phone number of your family doctor so that we may forward your medical records to them?
- Have we provided your caregiver a copy of your medical information?
- Do you have a list of the follow-up doctor appointments you need to make?
- Do you have transportation for you follow-up doctor appointments?
- Do you have a list of the follow-up tests and procedures that have been ordered for you, including the date, time, and location of the appointments?
- Have you informed us of your usual work, caregiving, and other responsibilities you have at home?
- Do you have the name and phone number of your home health agency, and details of when they will be visiting you?
- Do you have the name and phone number of your rehabilitation agency, and the date, time, and location of your first visit? (This includes physical therapy, occupational therapy, and speech therapy.)
- Do you know what medical equipment (such as wheelchairs, walkers, hospital bed, oxygen) you will need after you leave this facility?
- Do you know who will supply this equipment, and when it will be delivered?

Other

- Are you worried about getting to the bathroom?
- Are you worried about pain control?
- Are you worried about your safety?
- Are you worried about food and running water?
- Are you worried about your finances?
- Are you worried about heat and/or air conditioning?
- Is there anything else that you are worried about?

Provider to provider wound communication: sample checklist

General information

- Patient's name
- Patient's date of birth

Wound etiology

- Number of wounds
- Use a diagram to indicate location and type of wound:
 - Venous ulcer
 - Arterial wound
 - Mixed arterial/venous wound
 - Surgical
 - Trauma
 - Pressure
 - Moisture associated dermatitis
 - Burn
 - Other

Significant medical history

- Diabetes (Type 1/Type 2)
- Cancer (Type)
- Peripheral vascular disease
- Currently undergoing chemotherapy or other immune-modulating therapies
- Current steroid use
- History of thrombocytopenia
- History of radiation therapy to wound site
- Lymphedema
- Surgical procedures related to wound (Describe)
- How is the patient eating? (Very well, Fair, Poor)
- Nutritional deficiency? (Yes, No)

Results: wound diagnostics

- Cultures:
 - MRSA
 - Pseudomonas
 - Beta-hemolytic Strep
 - Other
- MRI:
 - Positive for osteomyelitis (location)/Other
- CT
- Wound biopsy
- Venous duplex
- Ultrasound
- Doppler non-invasive arterial studies
- Angiography

Current wound care goals

- Debridement
 - Enzymatic
 - Bio-surgical
 - Conservative sharp
 - Autolytic
 - Mechanical
 - Surgical
 - Synergistic
 - Identify which wound(s)/method/frequency
- Reduce bioburden
 - Topical antimicrobial dressings
 - Antiseptics
 - Topical antibiotic
 - Systemic antibiotic
 - Identify which wound(s)/method/frequency
- Enhance granulation and promote epithelialization
 - Topical dressings
 - Negative pressure wound therapy (NPWT)
 - Hyperbaric oxygen therapy (HBO)
 - Cell based therapy
 - Topical growth factors
 - Revascularization
 - Ultrasound
 - E-stim
 - Diathermy
 - Identify which wound(s)/method/frequency
- Palliative wound care
 - Topical dressings
 - Other
 - Identify which wound(s)/method/frequency
- Patient/family goals
 - Wound resolution (healing)
 - Wound maintenance
 - Wound palliation/pain management

Other

- Wound pain? (Yes, No)
- Patient requires pre-med before wound care? (Yes, No)
- Additional relevant patient information
- Name/phone number of wound provider in current setting
- If you have questions or wish to discuss this patient, call Name/Number

Wound care flags: sample form

Ensuring the appropriate and safe use of medications and treatments by patients, their families and caregivers is of the utmost importance during any transition of care, but particularly if the patient has a wound that requires monitoring. This is an example of a form that was developed to assist the patient and their family or caregiver to determine whether the wound(s) is progressing as expected, or if an adjustment to treatment, or a more serious intervention is required.

Wound care flags

Green flag = Good signs

- No fever
- No wound odor
- No change in pain or less pain in wound and surrounding area
- No change in wound drainage amount or color
- Less drainage from wound
- Skin around wound has not changed in color or redness around wound is decreasing
- You have the supplies you need to care for the wound
- You or someone caring for you knows how to care for the wound
- You are eating and drinking fluids as usual

What should I continue to do?

Continue with your wound care plan

Watch out for yellow and red flags

If you have Diabetes continue to monitor your blood sugar

Continue to talk with your health provider* about how to manage your wound(s)

*See contact information section for name and phone number details.

Yellow flag = Watch out!

- Increase in wound drainage amount
- Change of wound drainage color to bright yellow or blue/green
- Change in wound odor
- Wound is getting bigger in size or not progressing
- The skin around the wound feels warmer than usual
- You have a fever
- Increase in pain levels in the wound and surrounding area
- If you have diabetes, your blood sugars are higher than usual
- You have less than 5 days of wound care supplies
- You or someone caring for you is unsure how to care for the wound
- You have a change in appetite and fluid intake
- You have a change in mobility and/or ability to perform normal activities of daily living

What should I do next?

Call your wound care provider* to let them know what is different

If you have a home health nurse*, let them know what is different

Call your primary care provider to let them know what is different

If you need supplies to care for your wound, contact your supplier*

Take your temperature and record it

*See contact information section for name and phone number details.

Red flag = Get help!!

What should I do right away?

Call your wound care provider **immediately** and let them know what is different

If wound care provider is **unavailable**, call your primary care provider

If you have a home health nurse, let them know which Provider you have called

In the event of an emergency situation, consider visiting your local emergency center

Yellow flag = Watch out!

What should I watch for next?

Red flag = Get help!!

What should I do right away?

Contact information

If you have a home health nurse:

Name: _____

Phone number: _____

Your wound care supply provider:

Name: _____

Phone number: _____

Your primary care provider:

Name: _____

Phone number: _____

The document shown above is an example of a wound care flag form. The checklist on the following page contains items that you might want to consider including in your own wound care flag form. Feel free to refer to this checklist as you develop a form for your own facility that accurately reflects the needs of your patients. A template is available for review at www.pdqwc.com to help you develop and format your own form.

Wound care flags: sample checklist

Green flag = Good signs

- No fever
- No wound odor
- No change in pain or less pain in wound and surrounding area
- No change in wound drainage amount or color
- Less drainage from wound
- Skin around wound has not changed in color or redness around wound is decreasing
- You have the supplies you need to care for the wound
- You or someone caring for you knows how to care for the wound
- You are eating and drinking fluids as usual

What should I continue to do?

- Continue with your wound care plan
- Watch out for yellow and red flags
- If you have Diabetes continue to monitor your blood sugar
- Continue to talk with your healthcare provider about how to manage your wound(s)

Yellow flag = Watch out!

- Increase in wound drainage amount
- Change of wound drainage color to bright yellow or blue/green
- Change in wound odor
- Wound is getting bigger in size or not progressing
- The skin around the wound feels warmer than usual
- You have a fever
- Increase in pain levels in the wound and surrounding area
- If you have Diabetes, your blood sugars are higher than usual
- You have less than 5 days of wound care supplies
- You or someone caring for you is unsure how to care for the wound
- You have a change in appetite and fluid intake
- You have a change in mobility and/or ability to perform normal activities of daily living

What should I do next?

- Call your wound care provider to let them know what is different
- If you have a home health nurse, let them know what is different
- Call your primary care provider to let them know what is different
- If you need supplies to care for your wound, contact your supplier
- Take your temperature and record it

Red flag = Get help!

- Fever, chills or flu-like feeling
- Change in wound pain that is now severe
- Worsening foul smell from the wound
- Your wound changes from its usual color to black
- Redness around wound that is new or worsening
- You are eating or drinking very little or losing weight
- You are vomiting, have nausea, profuse sweating
- You have a decrease in mobility and/or ability to perform your normal activities of daily living
- If you have Diabetes, your blood sugars are not controlled or much higher than usual
- If you feel confused or disoriented

What should I do right away?

- Call your wound care provider immediately and let them know what is different
- If wound care provider is unavailable, call your primary care provider
- If you have a home health nurse, let them know which provider you have called
- In the event of an emergency situation, consider visiting your local emergency center

Contact information

- Wound care provider (name and phone number)
- Home health nurse (name and phone number)
- Wound care supply provider (name and phone number)
- Primary care provider (name and phone number)

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