   *Note: Moist wound treatment includes dressings such as hydrocolloids, foam, hydrofiber™, silver, etc. designed to keep the wound bed moist and undisturbed for days at a time. Real direct costs include (Ovington, 2001):
   - Price of the dressing
   - Other supplies and services, such as gloves, tape, biohazard waste containers, and disposal
   - Labor cost to change the dressing (include mileage, visit costs)
6. Compare findings for each physician, wound clinic, other referral source.
7. Prepare bar graphs of findings.
8. Determine how findings of each physician's wound treatment are affecting agency quality outcomes and costs.
9. Establish a wound products formulary with minimal choices for staff providing wound care.
10. Use wound product vendors to provide staff and physician education, and wound care tools.
11. Visit each physician and demonstrate how his/her wound treatment (quality and cost) compares with others.
12. Discuss positives and negatives.
13. Be prepared to offer a solution that includes the use of evidence-based moist wound treatment.

**Forming Alliances with Wound Care Vendors**

Wound care vendors are rich with resources for their customers. Ask about:

- Evidence-based protocols
- Product selection guides
- Scientific research for physicians
- Staff education assistance
- Patient teaching materials
- Wound measurement tools
- Staging guides
- Guidance with a wound prevalence study

Wound product vendors typically assist in the development of the agency's wound product formulary. Establishing a product formulary helps to keep costs down and narrows the selection for users, making it easier to identify the most appropriate product according to patient need.

**Wound Prevalence Study**

These studies give the agency a baseline that describes its wound patient population at a specific point in time. Wound prevalence is also used to guide agency leaders in prioritizing its wound populations of greatest need. When coupled with OBQI outcomes, wound prevalence data becomes powerful information for decision-making, outcomes management, staff development, an outcome-based collaborative, and business and marketing strategy.

A wound prevalence study includes a chart review of all patients with primary and secondary diagnoses of wounds. To determine wound prevalence in the agency's patient population, include at least the following data in the chart review:

1. Patient ID #
2. M0175 (Discharged from an inpatient facility?)
3. Age
4. Race
5. Gender
6. M0360 (Primary Caregiver)
7. M0370 (How often is assistance received?)
8. Number of wounds
9. Wound type, i.e., surgical, pressure, neuropathic, arterial, venous stasis
10. Wound size(s)
11. Wound stage(s)
12. Dressing type in current use, i.e., film, foam, occlusive, alginate, chemical debridement
13. M0520 (Urinary Incontinence)
14. M0540 (Bowel Incontinence Frequency)
15. Albumin level, if known

**Determine percentages using the following formula:**

**Numerator:** Number of the part in question

**Denominator:** Total number of parts making the whole

For example, at the time of the study, there are 50 patients with wounds. Eight patients have incontinence; 38 patients have pressure ulcers.

\[
\frac{8}{50} = 16\% \text{ of the agency's total wound population has incontinence.}
\]

\[
\frac{38}{50} = 76\% \text{ of the agency's wound patients have pressure ulcers.}
\]
Validity
The degree to which an instrument measures what it is supposed to measure (Polit, Beck and Hungler, 2001).

Example: There are different types of validity, such as content validity, where experts analyze an instrument's content to determine if the instrument adequately covers the subject area being measured. In home health, different tools are used to measure patient's responses or assessment. These tools must be considered valid to be worthy of use. Some examples are the OASIS instrument and wound risk assessment tools.

Value-Based Purchasing
The Agency for Healthcare Research and Quality (AHRQ, "Theory and Reality") states that the concept of value-based health care purchasing is that buyers should hold providers of health care accountable for both cost and quality of care. Value-based purchasing brings together information on the quality of health care, including patient outcomes and health status, with data on the dollar outlays going towards health. It focuses on managing the use of the health care system to reduce inappropriate care and to identify and reward the best-performing providers. This strategy can be contrasted with more limited efforts to negotiate price discounts, which reduce costs, but do little to ensure that quality of care is improved.

The key elements of value-based purchasing include:
- Contracts spelling out the responsibilities of employers as purchasers with selected insurance, managed care, and hospital and physician groups as suppliers.
- Information to support the management of purchasing activities.
- Quality management to drive continuous improvements in the process of health care purchasing and in the delivery of health care services.
- Incentives to encourage and reward desired practices by providers and consumers.
- Education to help employees become better health care consumers.

Variance
A state or quality varying or changing from the standard (Agnes, 2003).

Example: A care pathway is formulated to guide the clinician to deliver prescribed interventions over a defined period of time. If the patient is discharged earlier or later than the anticipated time, the patient is said to have a variance. A variance can be positive or negative. Some variances for home health include financial, lives alone, and difficulty reading/writing.

Variance management
The identification of causes of variance from planned length of stay or service, and the action taken to minimize or eliminate its effect on patient progress (Hill, 1999).

Example: An agency captures the variance of “financial difficulty” as it studies its patient outcomes related to compliance with diabetes standards of care. It is noted that this variance occurs 68% of the time for patients living in a particular geographic area. Having recognized this, the agency attempts to decrease this variance for this patient group by having increased involvement of social work services in this locale.

Visits by Discipline
The number of visits made by each discipline in a 60-day episode of care (Huffman, 2005b).

Example: Agency executives must know the number of visits that agency staff make to manage specific diagnoses effectively. This is a critical factor in determining overall costs of care.

Wound care outcomes
Results of wound care that are divided broadly into three categories:
1. Clinical efficacy
2. Health-related quality of life
3. Health economics (Soon and Chen, 2004).

Examples:
1. Clinical efficacy: Percent of wounds healed, change in wound dimensions, wound infection rate
2. Health related quality of life: Perceived pain, anxiety or fear; physical ability to carry out activities, experience with symptoms
3. Health economics: Direct costs to include dressings, cleansing agents, disposal, visit costs to include mileage