



Telehealth for Wound Care

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Wounds in Aged Care





Wounds & COVID-19



Cost burden





Tele-wound care



Consumers

- ✓ Improved wound healing outcomes
- ✓ Enhanced continuity & consistency of care
- ✓ Reduce travel-related costs
- ✓ Enhanced satisfaction & confidence



Clinicians

- ✓ Builds knowledge, skill & confidence
- ✓ Enables real-time, point-of-care education & training
- ✓ Easy to use

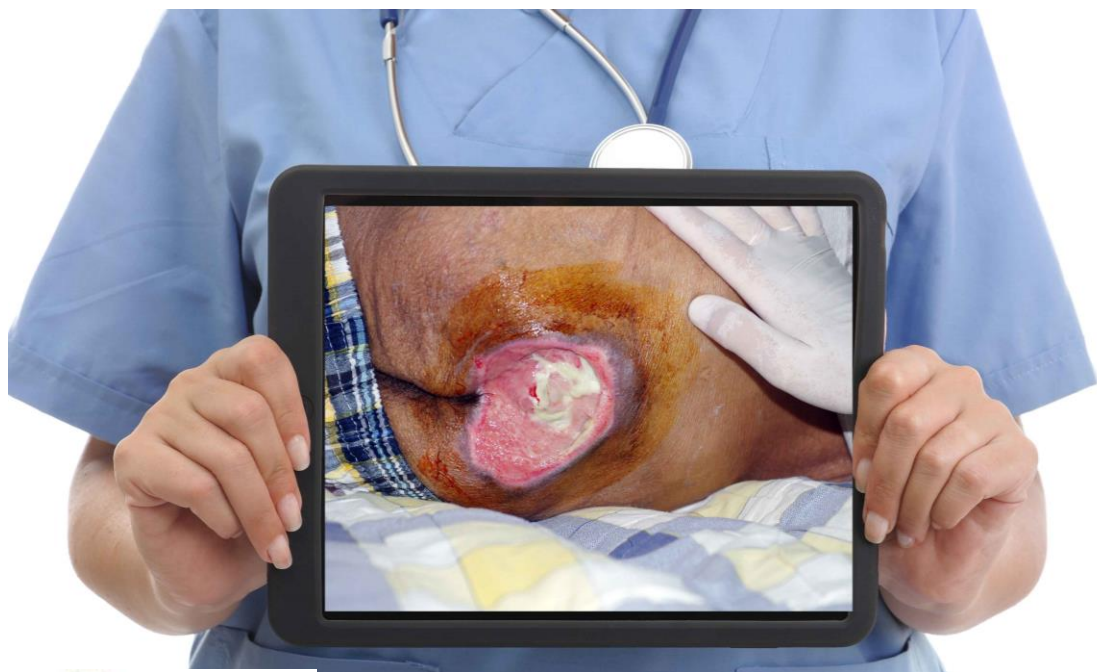


RACHs

- ✓ Fits seamlessly into workflow
- ✓ Improves access to specialist advice
- ✓ Improves workforce capacity
- ✓ Cost-effective & efficient



Wound Management Pilot Project in Residential Aged Care



Objectives

To develop a nurse-led service delivery model

Improve access & equity to specialist wound advice

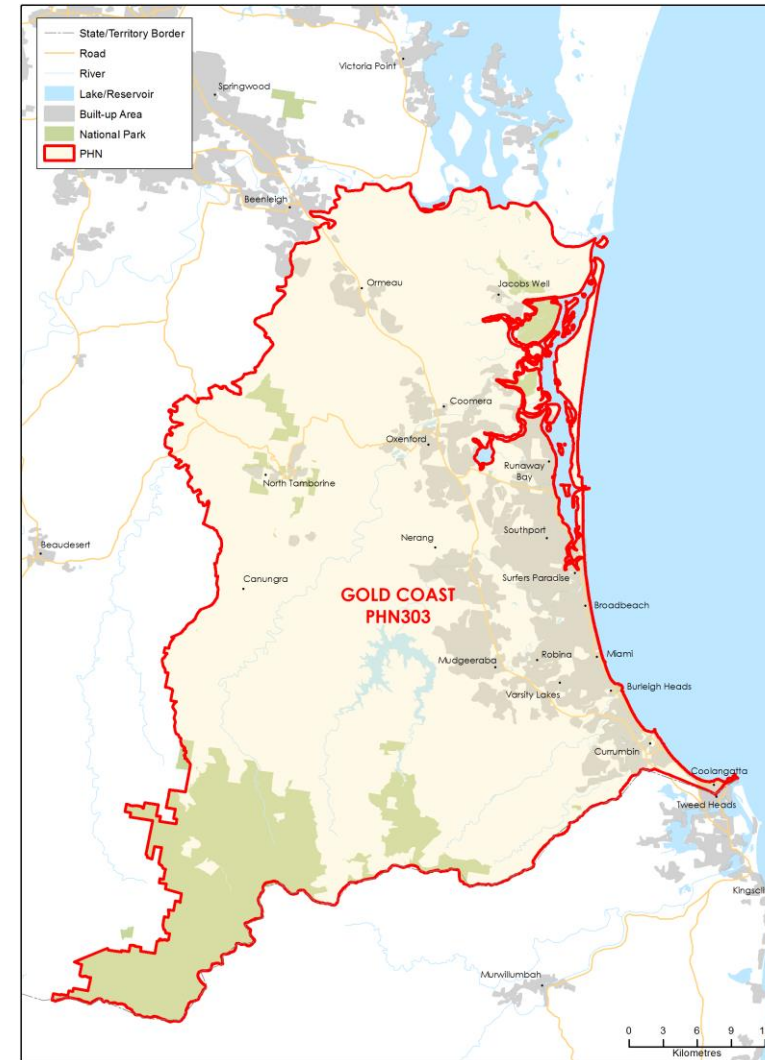
Build capacity of care providers

Improve wound outcomes



Methods

1. Education program
 - Virtual membership program
 - Practical skills workshops
2. Clinical services
 - Telehealth consultations
 - Onsite consultations





Results



Improved access to
expert clinical
opinion



Improved the safety
& quality of care



Facilitated remote
training & support of
healthcare workers in
real-time



Helped to avoid
complications,
hospital admissions &
readmissions



Improved the RACHs
cost efficiency &
effectiveness



Secure, integrated
collaborative
communication
platform



Affordable, mobile &
user-friendly



How much
will it cost?



Cost of care examples

A small RACH had 47 consultations over duration of project

- 15 were new consults & 32 review consults
- $15 \times \$215 = \3225
- $32 \times \$115 = \3680

Total = **\$6905**

With a Medicare Rebate, the costs would have been:

- $15 \times \$162.30$ (Rebate is \$52.70 each patient) = \$2,434.50
- $32 \times \$79.30$ (Rebate is \$35.70 each patient) = \$2,537.60

Total = **\$4,972.10**

Total out of pocket expense for the *smallest* RACH =
\$4,972.10 or **\$331.47** per resident



Cost of care examples

The biggest RACH had 129 appointments

- 32 new consults & 95 review consults
- $32 \times \$215 = \6880
- $95 \times \$115 = \$10,925$

Total = **\$17,805**

With a Medicare Rebate, the costs would have been:

- $32 \times \$162.30$ (Rebate is \$52.70 each patient) = \$5,193.60
- $95 \times \$79.30$ (Rebate is \$35.70 each patient) = \$7,533.50

Total = **\$12,727.10**

Total out of pocket expense for the *largest* RACH =
\$12,727.10 or \$397.72 per resident



Barriers

- COVID-19 & Influenza
- Lack of **knowledge & skills**
- **Time** constraints
- Access to **equipment & resources**
- Facility engagement
- Staff churn
- IT challenges
- Attitudes & behaviours
- Lack of awareness
- Disruptions in supply chains
- Reliance on acute sector
- Perceived costs of service
- Medical model of service delivery in aged care
- Disempowerment of care workers





Facilitators

- Relationship building
- 2 - 3 key contacts at each site
- Regular & consistent communication
- Cross-sector collaboration
- Uncomplicated referral pathways
- Concierge support
- No requirement for referral
- Responsive
- Enabling & empowering
- Consistency & continuity
- Consumer engagement
- Industry support
- Understanding of unique challenges of sector
- Evidence based approach
- Adaptability



How tele-wound care works





Virtual Wound Clinic

Synchronous telehealth (video - conferencing)

Photo

Health Summary

Medications

Current Treatment

RACH / Clinic

Treatment
Recommendations

Support

Education

Wound Specialist Services



Hints & Tips

3 photos

Close-up, middle
distance & regional

Include a disposable
ruler or other
calibration with photo

Wound
measurements
(length, width, depth)

Specify wound
location

Minimise distractions

Information to hand

Back up plan

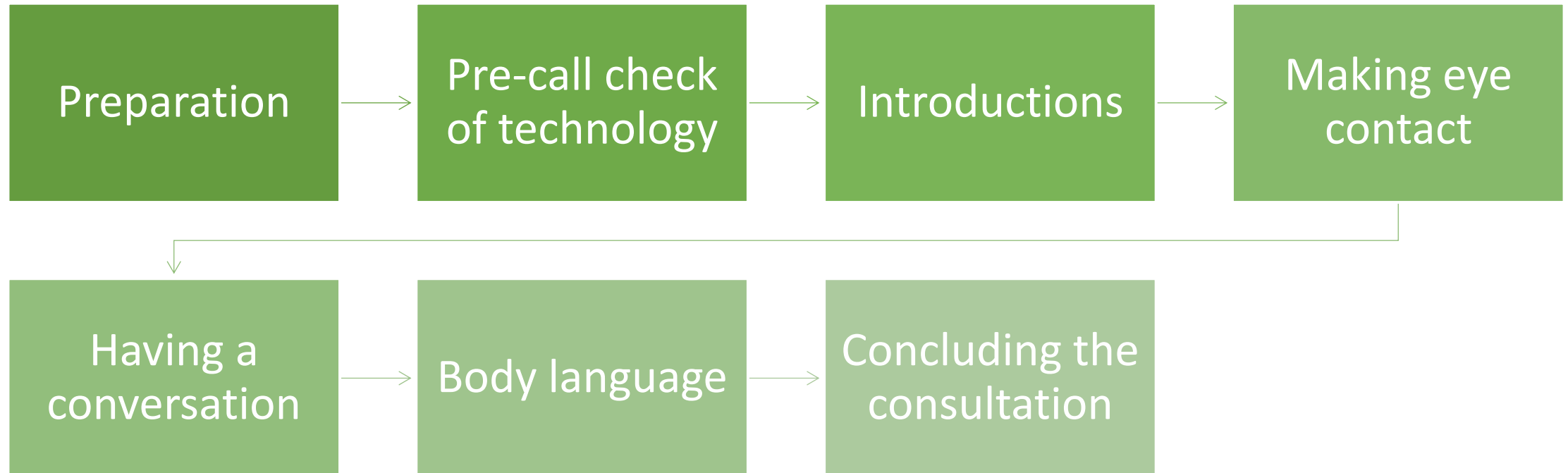


Hints & Tips





Video consultation Etiquette





Case Study

20 May 2022
(one month after initial injury)





Past health history

Health History

- Chronic cellulitis right leg
- Bilateral lower limb oedema
- Ischaemic heart disease
- Atrial fibrillation
- COPD
- Hypertension
- Vascular dementia
- Cerebrovascular accident
- Deafness/hearing loss
- Cataracts
- Osteoarthritis
- Macular degeneration
- Falls history

Medications

- Clindamycin
- Apixaban
- Atorvastatin
- Vitamin D3
- Coloxyl & senna
- Levothyroxin
- Frusemide
- Vitamin B12
- Iron tablets
- Macrovic
- Magnesium
- Macutec
- Paracetamol
- Zinc capsules
- Verapamil
- Tiotropium

Allergies / sensitivities

- Darifenacin hydrobromide



14 June 2022
(on admission - pre
debridement)



14 June 2022
(post-debridement)

Virtual Debridement

Lockdown



↑ Improvement in ulceration

↓ Wound size

↓ Volume of exudate

Improved patient outcomes

Staff more confident &
empowered



29 June 2022



14 July 2022



1 November 2022

Healing Trajectory



Outcomes

- Set treatment goals
- Aim for improvement within 2 weeks
- Reassess every 2 weeks to monitor progress
- Continuity & consistency of care
- Leg elevation & exercise
- Nutrition & hydration
- Fit with workflow processes
- Timely access to specialist advice
- Collaboration & communication
- Empowerment & support of workforce
- Monitoring of outcomes
- Cost effective
- High level of satisfaction



What consumers have to say

“We have progress with your recommendations finally after so long. Hilary is happy with her wound care. Thank you so much!! I’m having good outcomes with the plan you have provided and will try it on another lady too. Love working with you!”

“I just wanted to update you on mum’s leg ulcer. I am very happy to tell you that her leg after two weeks of your suggested treatment is almost completely healed. It has been miraculous really! Once it started to improve the healing was amazing and so fast. Mum is able to sleep well again and the burning in her leg has ceased. Your advice was invaluable, and we will be forever grateful for your assistance. I personally was at the end of a dark road before speaking with you. I have learned so much and will be so much better prepared if the ulcers develop in the future. Thank you so much for being there for us. You are amazing!”

“Thank you for your amazing help and advice. I know J and B are very appreciative of all your expert advice and help as are we”.



Lessons Learned

1

Telehealth
reduces the need
for hospital
admission & re-
admissions

2

Improves access
to specialist
wound care
services at the
point-of-care

3

Builds capacity of
staff & helps to
empower care
providers

4

Improves
knowledge, skills,
and confidence
of workforce

5

Enhances
intersectoral
collaboration and
coordination

6

Cost effective &
efficient

Questions & Thank you

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WOUND SPECIALIST
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An Australian Government Initiative



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