

Telemedicine Wound Care

In a Long term Care and Skilled Nursing facility

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Introduction

Rural long term care facilities often have minimal access to an academic medical center who manage patients requiring complex medical care. To change this, in 2014, the U.S. Department of Agriculture, Distance Learning and Telemedicine Program supported by the Central Virginia Telemedicine Network for Nursing Homes and Dialysis Centers awarded a grant to the University of Virginia Health System in the amount of \$253,330. Dogwood Village Health and Rehabilitation then partnered with UVA as one of their first Long term care facilities to indoctrinate telemedicine for wound care. The installment of telemedicine equipment and specialized training of staff later commenced.

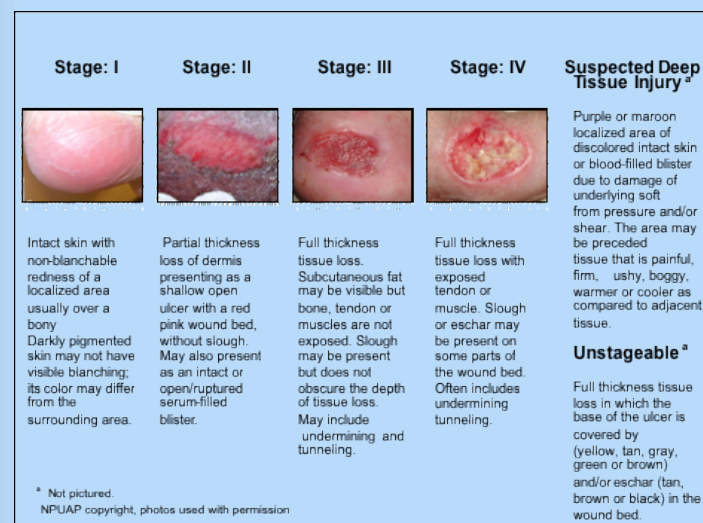
Objectives

To demonstrate that the use of advanced technology by the use of telemedicine in a rural setting improves access to specialized wound care by using a patient centered care approach for the frail geriatric population in rural long term care facilities.

Method

A formal program for remote wound care collaborative consultations with UVA's wound care team began January 2015.

Telemedicine wound care consultation with UVA's wound care team was performed for each of our cases between one certified WTA (Wound Treatment Associate), treatment nurse, and the Director of Nursing.



Results

The utilization of telemedicine consultation is a real time style of technology allowing for remote wound care for the frail geriatric patient in a rural area.

By January 2017, a total of twenty-one remote wound care consultations have been completed resulting in an estimated transportation savings of \$9,305.

Number of transports made	Insurance	Type of transport	Location transported	Cost per mile/trip	Total cost of transports
7	Medicaid	stretcher	UVA	\$7.31/mile*	\$5,805
5	Medicaid	w/c	Charlottesville	\$224.66/trip	\$1,250
9	Medicare	w/c	Charlottesville	\$250/trip	\$2,250
Total cost saved system:					\$9,305

* Note that it is 52 miles round-trip from Orange to Charlottesville.

The potential cost-savings related to a decrease in complications of wounds and the positive impact for patient progression and length of stay continues to be evaluated at our facility.



Telemedicine is a cost-effective way to help keep long term nursing residents out of the hospital who have wound care complications due to their chronic medical conditions.

Additionally, our residents spent on average 20 minutes in consultation compared to the average 8.5 hours spent for transportation to and from the acute care facility and actual clinic waiting and appointment time.

Conclusions

Our experience suggests that remote consultations between a rural long-term care facility and a leading academic medical center by utilizing real time telemedicine diminishes transportation costs, decreases pain, stress and anxiety for the elderly patient. In addition, remote consultations via telemedicine results in an overall decrease in healthcare related costs.



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